



# REGISTRATION FORM FROM SEPTEMBER 2024

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# Registration Form from Sep 2024 F1

How did you find us? \_\_\_\_\_

Is your child entitled to government funding? YES \_\_\_ NO \_\_\_

Are you claiming funded hours with another nursery or childminder? YES \_\_\_ NO \_\_\_

Registration fee £ \_\_\_ Deposit £ \_\_\_\_\_ Pay by: bacs \_\_\_ cheque \_\_\_ PayPal \_\_\_ cash \_\_\_ Other \_\_\_

Our bank details: Barclays, LG Montessori School, Sort Code 20-78-58 Account: 30127132

Documents provided: child's birth certificate \_\_\_ Local authority parent form \_\_\_

## CHILD'S DETAILS

Child's first name(s):	Child's surname:
Gender (male or Female):	Date of birth:
Ethnic origin:	Language(s) spoken:
Religion:	
Which of the parents/carers below does your child normally live with?	

## PARENT OR CARER DETAILS

<b>PARENT OR CARER (1)</b> Responsible for payments: YES ___ No ___	
First name(s):	Surname:
Relationship to child:	Occupation:
Home address (incl. postcode):	Work address (incl. postcode):
Home phone number:	Work phone number:
Email:	Mobile number:
Does this person have legal "parental responsibility" for the child? YES: _____ NO: _____	
<b>PARENT OR CARER (2)</b> Responsible for payments: YES ___ No ___	
First name(s):	Surname:
Relationship to child:	Occupation:
Home address (incl. postcode):	Work address (incl. postcode):
Home phone number:	Work phone number:
Email:	Mobile number:
Does this person have legal "parental responsibility" for the child? YES: _____ NO: _____	

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## ALTERNATIVE EMERGENCY CONTACTS

<b>EMERGENCY CONTACT (1)</b>	
First name(s):	Surname:
Collection password (if child is to be collected by someone not known to the nursery staff):	
Relationship to child:	Contact number:

<b>EMERGENCY CONTACT (2)</b>	
First name(s):	Surname:
Collection password (if child is to be collected by someone not known to the nursery staff):	
Relationship to child:	Contact number:

## SESSIONS

I would like my child to attend Oratory Montessori Day Nursery on: Please tick session required:

DAYS	Full Day	Nursery Day	Half Day A.M	Half Day P.M	15/30 hours EYFE Term time only		Flexible Sessions
<b>MONDAYS</b>	8-6	9-3	8-1	1-6	8:3:30	9-3	
<b>TUESDAYS</b>	8-6	9-3	8-1	1-6	8:3:30	9-3	
<b>WEDNESDAYS</b>	8-6	9-3	8-1	1-6	8:3:30	9-3	
<b>THURSDAYS</b>	8-6	9-3	8-1	1-6	8:3:30	9-3	
<b>FRIDAYS</b>	8-6	9-3	8-1	1-6	8:3:30	9-3	

**Notes:** If your child is involved with any outside agency please provide details

**My child will attend nursery, you must tick the right box below:**

- o Contract: Term Time Only (38 weeks) nursery discounts **don't** apply
- o Contract: Calendar Year (49 weeks) nursery discounts apply
- o Starting date: \_\_\_\_\_ Room: \_\_\_\_\_





## MEDICAL/GENERAL CONSENT AND REPORT F2

### A: MEDICAL, Please tick as appropriate:

I consent any emergency medical treatment necessary during the childcare session. I authorise the manager to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the senior medical staff. **Yes No**

I give consent to the Nursery to administer prescribed **ANTIBIOTICS** to my child. **Yes No**

I give consent to the Nursery to administer **MEDICINE / CREAM** (Calpol, prescribed inhaler or cream, sun cream) to my child in my absence. **Yes No**

I give consent to the Nursery to apply a hypo-allergenic plaster to my child in the event of an injury. **Yes No**

### B: General, Please tick as appropriate

I give permission for my child to take part in organised outings at the setting. I understand that these outings may be by foot or by hired transport. **Yes No**

I give permission for my child to watch U certificate videos or children's Television. **Yes No**

I consent for my child to be photographed or filmed while she/he is at the nursery, for the purpose of monitoring their progress and achievements or school photographer or plays. **Yes No**

I confirm that I am the legally responsible parent or carer for this child **Yes No**

I have read and agree to abide by the terms and conditions of the childcare setting **Yes No**

### C: Information Sharing agreement (please tick)

Under the GDPR Act 2018, I give permission for setting staff to share relevant information with and receive information from other agencies regarding my child. I understand that I will be informed when information is shared, and that information will remain confidential between the setting staff and the agencies involved and will be used in the best interest of my child to support his/her progress and promote his/her welfare. I undertake to keep the setting informed of the agencies and services involved with my child.

**Signature of Parent/Carer:** .....**Date:** .....

**Full name (in Block Capitals):** .....



**Details of immunizations that your child has been given (please tick and state date)**

Immunization	Tick	Date given
Diphtheria		
Tetanus		
Whooping cough		
Measles, Mumps, Rubella MMR		
Polio		
Other		

Does your child suffer from: Speech Defects  Hearing Defects  Visual Defects

Please give details of the above or any other medical conditions and special needs that your child has or may have- please provide as much information as possible to ensure that your child's needs are met whilst in our care:

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Are there any agencies or organisations involved with you, your family or your child: **YES** **NO**

If yes who: \_\_\_\_\_

Please give details of any special dietary requirement (including food allergies):

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Is there any other information you feel the staff need to be aware of:

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Name and Address of Child's Doctor:

Name and Address of Health Visitor:

Telephone :	Telephone:



# Allergy and Dietary requirements F3

Child's name.....

Classroom.....

Allergies

Dietary requirements

Medical Issues that you feel the school needs to be aware of and any treatments necessary

Please return either by email to [manager@oratorymontessori.com](mailto:manager@oratorymontessori.com) or a hard copy to the room leader or school office. Thank you



## TAPESTRY ONLINE LEARNING JOURNAL CONSENT F4

We use an online Learning Journal provided by Tapestry. As this is an online profile, we will need your permission to set up your child's account. Please rest assured that the information about your child and their learning is secure and is only accessible by the members of staff and yourselves as parents. Any personal details about your child are confidential and will not be disclosed. There may also be instances where your child appears in a photograph documenting another child's learning.

We may take photographs for a number of reasons whilst your child is with us:

- to document what they enjoy doing;
- to record their learning and development progress;
- to include in learning journals;
- to record special events and achievements;

**Please complete the following permission slip to show you have read, understood and agree with our guidelines, tick as appropriate.**

I consent to photographs of my child being taken by authorised personnel representing the Nursery.

Yes  No

I consent to photographs containing my child's image being included in other children's learning journals.

Yes  No

I consent to treat photographs containing images of other children for my own personal use only. (This means that the information cannot be shared with others, or published in any way, without the explicit written consent of the parents or carers of those children who are included in the photographs. For example, any such photographs cannot be posted onto a social networking site or displayed in a public area.)

Yes  No

Child's name: ..... Date: .....

Parent's name: ..... Signature: .....

**Please note that you can withdraw your consent, in writing, or request to see photos taken at any time. This form is valid for the duration of your child's time at Nursery. It is your responsibility to let us know if you want to withdraw or change your consent at any time.**





## PHOTOGRAPH CONSENT FOR GENERAL PURPOSES F5

Parental/guardian consent form to use Image, video or photograph:

Child's name \_\_\_\_\_ Date: \_\_\_\_\_

I give consent for my child to be photographed/videoed during nursery activities and be published on:

Social media	Yes	No
Facebook		
Instagram		
Youtube		
Tiktok		
All social media		
<b>Nursery</b>		
Website		
Newsletters		
Prospectus		
Leaflets		
Classroom displays		
Tapestry		
Whiteboards		

Some photographs, videos and images may be retained by the nursery as part of its historical record.

**Parent comments:**

Parent/guardian Name: \_\_\_\_\_



# ALL ABOUT ME F6

## My Learning Journal



Full name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_



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**Does your child have any particular health issues at the moment which may affect them during their time at nursery e.g poor sleep patterns, eating difficulties etc?**

**Is there anything you would like to share with us about your child's toileting habits at home e.g you are starting toilet training/moving from nappies to pulls ups, they need help with bottom wiping etc?**

**What are your hopes for your child during their time at Oratory Montessori Day Nursery?**

**Is there anything else you would like to mention to us at this stage?**

**Thank you for sharing this information with us.**



**My family includes:**

**My favourite toy is:**

**My favourite activity is:**

**I need support with:**

**My favourite story is:**

**My favourite song:**

**When I am upset or tired I need:**

**When I go outside I like to play with:**



**For children attending all day, would you like your child to have a rest during their time at nursery?**

**Yes/No**

**If so, for how long?**

How does your child sleep?

Does your child have a comforter/dummy?

The 'All About Me' form is a way to tell us more about your child's likes and dislikes, personality, and what you would like them to achieve from their time at the Oratory Day Nursery.

