

Contract and Registration Form

Childs Details

Childs Full Name	Child known as	Date of Birth	Male/Female/Rather not say
Child's religion		Ethnic Group	
Parent/Carer Details			
Parent/ Carer	Mobile / Phone	Email address	Home Address

Parent/ Carer	Mobile / Phone	Email address	Home Address
name	Number		
Parent/ Carer	Mobile / Phone	Email address	Home Address
Name	Number		

Security Collection Details

We allow authorised adults to collect your child. Please give us prior notice for the day in question. By giving us the details below you are giving consent for collection of your child from the named people below.

Collectors Name	Relationship to the Child	Contact Telephone No:	Password



Health Declaration and Emergency Contact Details

In a	a case o	f emergency	do we have	vour	permission to	o seek	medical hel	p for v	vour child?
				,					

YES	NO			
Doctors name and address	Doctors Pho	one Number		
Health Visitor Name and Child Centre address	Hoolth Visits	ors Phone Num	hor	
nearth visitor Name and Child Centre address	nealth visit	ors Phone Num	per	
Please give details of any known				
allergies.				
Is your child up to date with any	Yes	No	Don't know	
immunisations				
Please give details of any				
current/ongoing medication.				
Please give details of any specific				
dietary requirements.				
Any other information you would like us				
to know about your child.				
Please give any details of family medical issues that you feel may be relevant.				
Do we have permission to disclose the pursury	nama if cont	acting you at w	uark2	
Do we have permission to disclose the nursery YES	NO	actilig you at v	VOIK!	
1123	140			
Parent/ Carer Work details				
Mothers/Carers Work address	Phone Numb	per		
	51 1			
Fathers / Carers Work address	Phone numb	oer		
Emergency Contact name and address	Phone Numb	per		



Attendance Details

Please indicate which sessions your child will be attending.

	Early Start	Full day	School Day	Ext. School	AM	PM
	(7.30-8.00)	(8.00-6.00)	(9.00-3.00)	(8.30-4.30)	(8.00-1.00)	(1.00-6.00)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Please indicate your preferred method of payment

Brighton and Hove Early	100% Invoice	Childcare Voucher	Tax Free Child Care
Years Free Entitlement		Scheme	Scheme
(Funded Hours)		Scheme	Scheme
(Funded Hours)			

Consent form

We hereby give permission for Wise Owls Nursery School to:-	Yes	No
take photos of our child to use within the nursery for displays, and art work.		
be used in advertising such as the Website, local newspapers or social media pages.		
apply sun cream to our child.		
apply nappy cream to our child if necessary.		
administer prescribed medication provided by the parent/carer with written consent.		
take our child off the premises to go to the shops, park or library.		
contact any previous playgroups or nursery schools to discuss their developmental progress. Like wise, when moving up to school.		
allow our child access to the nursery's computer and internet facilities, with supervision from nursery practitioners.		



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Share our child's photo with other parents on		
Tapestry when relevant to an observation.		

Please give details about how you came to hear about Wise Owls.		

Child's Name	Date
Parents/Carers Name	Signature
Parents/Carers Name	Signature

Thank you for choosing Wise Owls for your child. We hope they will be really happy here.

Laura, Alison and Anna

