



Registration Form

■ PARKSTONE ■ SHILLINGSTONE ■ MUDDY MUNCHKINS

Please fill in and tick boxes as appropriate



Please complete all parts of this document, paying particular attention to contacts and allergies (including asthma). Once you have completed the forms and read our terms and conditions please sign, date and return this form together with the registration fee to the Sunbeams Office (subject to terms and conditions).

Child's full name:		Date of birth:	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Preferred name/known as:	
Have you registered a sibling with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>		Does your child attend anywhere currently? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, where?	
Preferred start date:		
Primary Carer Title:	Name:	Date of birth:	
Relationship to child:		Occupation:	
Do you have parental responsibility for this child? Yes <input type="checkbox"/> No <input type="checkbox"/>		National Insurance No.	
Address:			
Postcode:			
Mobile:	Work tel:	Home tel:	
Primary email address: (Invoices will be sent to this address)			
Secondary Carer Title:	Name:	Date of birth:	
Relationship to child:		Occupation:	
Do you have parental responsibility for this child? Yes <input type="checkbox"/> No <input type="checkbox"/>		National Insurance No.	
Address: (if different from above)			
Postcode:			
Home tel:	Work tel:	Home tel:	
Email address:			
Other contacts in case of emergency:			
Name:		Relationship:	
Name:		Relationship:	
Allergies/medical/dietary/developmental conditions:		Are all vaccinations up to date? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Please list any that are not:	
Doctors name/practice:		Health visitor name:	
		Tel no:	

Do you have involvement currently with any other agencies such as social care/ family outreach/speech and language services etc? Yes No

If so please list:.....

Does your child have any diagnosed/recognised developmental conditions (i.e. SEND) Yes No
If yes please give details:

Do you have any concerns about your child's development? Yes No
If yes please give details:

Any other info which may help us settle in your child: (what they like to do/eat/celebrate at home)
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I hereby give permission for the staff to seek any necessary emergency medical treatment for my child in my absence Yes No

Does your child need an inhaler? (If yes, provide inhaler + spacer to keep on the premises and relevant document completed) Yes No

I give permission for my child to have face paints Yes No

I give permission for my child's image to be used on social media Yes No

I give permission for staff to apply insect repellent to my child as appropriate Yes No (I will provide my own)

I give permission for staff to administer medication if necessary Yes No

I give permission for the staff to take my child on impromptu visits to the shops/park/library etc and understand they will be appropriately supervised Yes No

I give permission for Sunbeams to apply high factor good quality Sunscreen to my child as appropriate Yes No (I will provide my own)

I give permission for staff to keep records about my child, including photographs on an appropriate cloud based licenced application. I understand these records are totally confidential but that my child may appear in the background of other children's photographs Yes No

I give permission for Sunbeams Day Care to store my child's/family details to appropriate licenced database, communication apps and emails Yes No

I give permission for Sunbeams Day Care to discuss my child's progress and wellbeing with their chosen school and other professionals with the parent's knowledge Yes No

I give permission for my child to be transported in vehicles registered to Sunbeams Day Care, I understand they carry appropriate vehicle insurance and licences Yes No

If you have answered No to any of the above please specify why:
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FOR OFFICE USE ONLY:	DEPOSIT PAID? <input type="checkbox"/>	FUNDING FORM? <input type="checkbox"/>	CONFIRMATION LETTER/EMAIL? <input type="checkbox"/>
	DETAILS ON SYSTEM? <input type="checkbox"/>	T'S & C'S SIGNED <input type="checkbox"/>	PARENTS EMAILS <input type="checkbox"/>
	BOOKINGS ON SYSTEM? <input type="checkbox"/>	BIRTH CERT / PASSPORT SEEN & VERIFIED <input type="checkbox"/>	