

Bubar Montessori

St Anselm's Church · Stanmore, NW London

Child Registration Form

To enable us to meet your child's individual needs, please complete this registration form carefully. All information is treated with the strictest confidence and in accordance with GDPR. Fields marked * are required.

1. Child's Details	
Child's Full Name * <i>First name and surname</i>	
Date of Birth * <i>DD / MM / YYYY</i>	
Gender <i>M / F</i>	
Child Prefers to be Called <i>Nickname, if different</i>	
Child's Age at Start Date * <i>e.g. 2 years 4 months</i>	
Sibling Name(s) & Ages <i>If applicable</i>	
Child's Home Address *	
Birth Certificate Seen? <i>(For internal office use only)</i>	
Yes ☐ No ☐ Certificate No. _____	

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2. Parent / Carer Details

Please complete details for both parents/carers where applicable. This information, including National Insurance number and date of birth, is required by Harrow Council to process government-funded childcare hours (15 / 30 hours funding).

Parent / Carer 1

Title <i>Miss / Mrs / Ms / Mr</i>	
Full Name *	
Date of Birth * <i>DD / MM / YYYY – required for funded hours</i>	
National Insurance Number <i>Required if claiming 15 / 30 hours funding</i>	
Relationship to Child <i>e.g. Mother, Father, Guardian</i>	
Occupation	
Home Address	
Home Phone Number	
Work Phone Number	
Mobile Phone Number *	
Email Address *	
Parental Responsibility? <i>Yes / No</i>	

Parent / Carer 2

Title <i>Miss / Mrs / Ms / Mr</i>	
Full Name	
Date of Birth <i>DD / MM / YYYY – required for funded hours</i>	
National Insurance Number <i>Required if claiming 15 / 30 hours funding</i>	
Relationship to Child <i>e.g. Mother, Father, Guardian</i>	
Occupation	
Home Address <i>If different from above</i>	
Home Phone Number	
Work Phone Number	
Mobile Phone Number	

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Email Address	
Parental Responsibility? <i>Yes / No</i>	

If there are other adults outside of the above who do or do not have parental responsibility and/or legal access to the child, please speak to a member of the management team.

Please provide one preferred email address and mobile number below to be used as our main point of contact for nursery information, newsletters, etc. By signing this form, you also give permission for this mobile number to be added to the parents' WhatsApp group.

Preferred Contact Email *	
Preferred Contact Mobile *	
Preferred Method of Contact <i>Email / Phone / WhatsApp</i>	

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3. Emergency Contact Details

These persons are authorised to collect your child if parents/carers are not available. They must be over 16 years of age and local to the nursery area. Please provide two separate emergency contacts.

Emergency Contact 1

Name *	
Relationship to Child *	
Address	
Telephone	
Mobile *	

Emergency Contact 2

Name *	
Relationship to Child *	
Address	
Telephone	
Mobile *	

Emergency Collection Password *For the collection of your child by an authorised person not listed above*

Password: _____

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4. Sessions Required

Please tick all sessions you are interested in – you can select more than one.

- ☐ **Early Birds Club** 7:30am - 8:00am
- ☐ **Morning Slot** 8:00am - 12:30pm
- ☐ **Afternoon Slot** 12:30pm - 3:00pm
- ☐ **Twilight Club** 3:00pm - 6:00pm
- ☐ **Full Day** 8:00am - 3:00pm
- ☐ **Holiday Camp (Half Term)** When school is closed

Which Days of the Week? *

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Proposed Start Date * DD / MM / YYYY

How Many Days Per Week? e.g. 3 days, 5 days

5. Government Funded Hours

We accept Tax-Free Childcare and all government-funded hours. Please indicate below. National Insurance number and date of birth for both parents/carers (see Section 2) are required by Harrow Council to verify and process funded hours.

- ☐ **Paying privately**
- ☐ **15 hours funded** Universal entitlement, 3-4 year olds
- ☐ **30 hours funded** Subject to eligibility criteria

30-Hour Eligibility Code If applicable – from HMRC Childcare Choices

Code Expiry Date DD / MM / YYYY

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6. About Your Child

Medical & Health

Does your child have any ongoing medical conditions? *If so, please specify*

Are any external agencies involved? *e.g. Paediatrician, Consultant, Dietician, Speech & Language Therapist*

Does your child require a health care plan? Yes ☐ No ☐

Does your child have any allergies or food intolerances? *If so, please specify*

A risk assessment will be completed and kept on the child's file for any known allergies or food intolerances.

What are your child's dietary requirements? *Please specify*

Immunisations

Has your child received the following immunisations? Please confirm and provide the date given.

Two months old	5-in-1 (DTaP/IPV/Hib) vaccine – diphtheria, tetanus, pertussis, polio, Hib	Yes ☐ No ☐	Date:
	Pneumococcal (PCV) vaccine	Yes ☐ No ☐	Date:
	Rotavirus vaccine	Yes ☐ No ☐	Date:
Three months old	5-in-1 vaccine, second dose	Yes ☐ No ☐	Date:
	Meningitis C vaccine	Yes ☐ No ☐	Date:
	Rotavirus, second dose	Yes ☐ No ☐	Date:
Four months old	5-in-1 vaccine, third dose	Yes ☐ No ☐	Date:
	Pneumococcal (PCV) vaccine, second dose	Yes ☐ No ☐	Date:
12-13 months old	Hib/Men C booster	Yes ☐ No ☐	Date:
	MMR vaccine – mumps, measles, rubella	Yes ☐ No ☐	Date:
	Pneumococcal (PCV) vaccine, third dose	Yes ☐ No ☐	Date:
Two to three years	Flu vaccine	Yes ☐ No ☐	Date:
3 yrs 4 months or soon after	MMR vaccine, second dose	Yes ☐ No ☐	Date:
	4-in-1 (DTaP/IPV) pre-school booster	Yes ☐ No ☐	Date:

Has the child's health record book been seen to confirm immunisation dates? Yes ☐ No ☐

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7. Development, SEND & Cultural Background

Development & Additional Needs

Do you have any concerns about your child's development?

Does your child have any special needs or disabilities? *If so, please specify*

SEN action plan in place? Yes ☐ No ☐

Education, Health and Care Plan in place? Yes ☐ No ☐

What special support will your child require in our setting?

Two-year-old progress check – for children aged 24-36 months

Has a two-year-old progress check already been completed for your child? Yes ☐ No ☐

Name of Setting Completing the Check	
Date Completed DD / MM / YYYY	

As required by the Early Years Foundation Stage, we will complete a progress check on your child between the ages of 24-36 months and discuss it with you.

Cultural Background

Child's Ethnicity / Cultural Background	
Main Religion (if applicable)	
Languages Spoken at Home *	
Festivals or special occasions celebrated in your culture <i>That you would like acknowledged while your child is in our setting</i>	

If English is not the main language at home, will this be your child's first experience of an English-speaking environment? Yes ☐ No ☐

Does your child need a bilingual support plan? Yes ☐ No ☐

If so, how can we support your child when settling in? *We will discuss this with your child's key person*

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8. Professionals Involved With Your Child

GP

Name	
Telephone	
Address	

Health Visitor (if applicable)

Name	
Telephone	
Address	

Social Care Worker (if applicable)

Name	
Telephone	
Address	

Reason for social care involvement

If the child has a child protection plan, please note this here but do not include details. We will obtain these details directly from the named social care worker and keep them securely on the child's file.

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9. Parental Permissions & Consents

Emergency Treatment Declaration

In the event of an accident or emergency involving my child, I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary, and I understand my child may be taken to hospital accompanied by the manager (or authorised deputy) for emergency treatment, and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed	
Print Name	
Date * DD / MM / YYYY	

Nappy Cream

I give permission for nappy cream (supplied by me) to be administered when required, in accordance with the manufacturer's instructions.

Signed	
Print Name	
Date * DD / MM / YYYY	

Paracetamol-Based Medicine (e.g. Calpol)

I give permission for staff to administer paracetamol-based products (e.g. Calpol) to my child in the case of a raised temperature, on the understanding that I will make arrangements for my child to be collected as soon as possible, in accordance with the setting's procedures on the administration of medicines.

Signed	
Print Name	
Date * DD / MM / YYYY	

Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by me) to my child when necessary, and to record its use.

Signed	
Print Name	
Date * DD / MM / YYYY	

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Short Trips & General Outings

Your child will be taken out of our setting as part of daily activities. Venues used include crossing the road outside the nursery, and nature walks around and within the church gardens.

I give permission for my child to take part in short trips and general outings. I understand that individual risk assessments are carried out for each type of trip or outing, and are available for me to see on request. For any planned outings, I understand I will be informed and my specific consent obtained.

Signed	
Print Name	
Date * DD / MM / YYYY	

Photographs & Video

As part of the ongoing recording of our curriculum and for children's individual development records, staff regularly take photographs of children during play. Only cameras supplied by the setting are used for this purpose; photographs are used for display and for your child's records within the setting, and may include video. Photos and videos are stored on the setting's computer only, for the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for that specific image.

By signing below, you also consent to your child being included in photos and videos taken by other families during events such as the Graduation Ceremony, Christmas Carol Concert, and celebrations such as Diwali, Eid, Halloween, Chinese New Year and birthday parties. Under no circumstances will such photos be posted or shared on the internet, via email, or on social networking sites.

Signed	
Print Name	
Date * DD / MM / YYYY	

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10. Key Person & Policies

Each child joining the setting will have a key person appointed to them. It is the key person's responsibility to ensure your child receives the best possible attention while in our care, and that their records are kept up to date. Your child's key person may change as they progress through the setting – you will be notified of any changes. Your child's key person is your first point of contact for anything you wish to discuss about your child.

Your Child's Key Person <i>To be completed by the manager</i>	
Your Child's 'Back-Up' Person <i>To be completed by the manager</i>	

Policies & Procedures

I have been provided with details of Bubar Montessori's policies and procedures. These have been explained to me, including the Information Sharing Policy, and I understand there may be circumstances where information is shared with other professionals or agencies without my consent.

Signed	
Print Name	
Date * DD / MM / YYYY	

I confirm that the information given on this form is accurate and correct, and that I will notify Bubar Montessori of any changes as they arise.

Signed	
Print Name	
Date * DD / MM / YYYY	

For Office Use – Completed by the Key Person / Manager

Start Date	
Days & Times of Attendance	
Settling-In Process Agreed? <i>Yes / No</i>	
Registration Fee <i>£100 per child, non-refundable</i>	
Deposit Amount <i>£800 total – see Section 10</i>	
Signed by Manager	

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11. Securing Your Place

Registration Fee

A non-refundable registration fee of £100 per child is payable upon submission of this form to hold your child's place on our waiting list.

Place Deposit — £800 Total

Upon confirmation of your child's place, a total deposit of £800 is required, structured as follows:

- **£400 First Term Deposit** — applied against your first term's fees upon your child starting.
- **£400 Security Deposit** — held throughout your child's time at Bubar Montessori and deducted from your final term's invoice when your child leaves.

Deposits are non-refundable if a place is cancelled with less than four weeks' notice.

Preferred Start Date * DD / MM / YYYY	
Signed	
Print Name	
Date * DD / MM / YYYY	

By signing this form, I confirm that the information provided is accurate and I give consent for Bubar Montessori to store and use this information for the purposes of childcare provision, in accordance with GDPR.

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12. Equalities Monitoring Form

Gathered for monitoring purposes only. Parents are not obliged to complete this section.

White British	☐	Pakistani	☐
White Irish	☐	Indian	☐
White other	☐	Asian other	☐
Black British	☐	Chinese	☐
Black African	☐	Chinese other	☐
Black Caribbean	☐	White and Black Caribbean	☐
Black other	☐	White and Black African	☐
Bangladeshi	☐	White and Black Asian	☐

Other (please state)	
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