Registration Booklet

Welcome to Mana Childcare. Please complete all sections. All information is treated confidentially.

1. Child Details

• Child's Name:

_____

_____

• Date of Birth:

_____

_____

• Home Address:

_____

_____

_____

_____

_____

_____

• Persons Responsible for Child:

_____

_____

_____

_____

_____

_____

2.1 Responsible Adult 1

• Full Name:

_____

_____

• Date of Birth:

_____

_____

• National Insurance Number:

_____

_____

• Parental Responsibility ☐ Yes ☐ No:

_____

_____

• Home Address (if different):

_____

_____

_____

_____

_____

_____

2.2 Responsible Adult 2

• Full Name:

_____

_____

• Date of Birth:

_____

_____

• National Insurance Number:

_____

_____

• Parental Responsibility ☐ Yes ☐ No:

_____

_____

• Home Address (if different):

_____

_____

_____

_____

_____

_____

3. Child Information

• Birth Gestation & Birth Weight:

_____
_____

_____
_____

_____
_____

• Medical Information / Allergies / Medication:

_____
_____

_____
_____

_____
_____

• Previous Nursery / Childcare Settings:

_____
_____

_____
_____

_____
_____

• Doctor Contact Information:

_____
_____

_____
_____

_____
_____

• Health Visitor Contact Information:

_____
_____

_____
_____

_____
_____

• Birth Marks / Visible Features:

_____
_____

_____
_____

_____
_____

• Children & Families Services Involvement:

_____
_____

_____
_____

_____
_____

4. Requested Sessions

Day	AM	PM
Monday	☐	☐
Tuesday	☐	☐
Wednesday	☐	☐
Thursday	☐	☐
Friday	☐	☐

5. Funded Hours

Day	Hours
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____

6. Permissions

☐ I have read and understood all Mana Childcare policies and permissions.

☐ I agree staff may be left alone with my child.

☐ I give permission for suncream to be applied.

☐ I consent to first aid being administered if required.

☐ I give permission for my child to attend outings.

☐ I will provide healthy meals in line with Mana Childcare guidance.

7. Signatures

Parent/Carer Signature: _____ Date: _____

Parent/Carer Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____