



Registration Form

Childs first names:	Male	Female	D.O.B.
Surname/Family name:			
Home address:			
Postcode:			
Home Telephone Number:			
Childs Religion:		Home Language:	
Ethnic Group:			
Mothers Name:		D.O.B.	Age:
Mobile number:			
NI. No:			
Email:			
Address if different from child:			
Does this person have parental responsibility ?			Yes/ No
Fathers Name:		D.O.B	Age:
Mobile number:			
NI No			
Email:			
Address if different from child:			
Does this person have parental responsibility ?			Yes / No
GP practice details:			
GP address			
GP Telephone Number:			
Health Visitors Name:			
Health Visitors Telephone Number:			

Does your child have any medical conditions, additional learning needs or disability that requires our support?													
Is your child on any regular medication ? Please give details:													
Does your child have any allergies? Please give details:													
Does your child have any special dietary requirements?													
Has your child had any childhood illnesses? Please give details													
<p>Is your child receiving any support from any of the following services?</p> <table border="0"> <tr> <td>Additional Needs Service</td> <td>No/Yes</td> <td>Speech and Language Service</td> <td>No/Yes</td> </tr> <tr> <td>Social Worker</td> <td>No/Yes</td> <td>Visual/ Hearing impaired Service</td> <td>No/Yes</td> </tr> <tr> <td>Support worker</td> <td>No/Yes</td> <td>Other please state</td> <td></td> </tr> </table> <p>If yes please give details;</p>		Additional Needs Service	No/Yes	Speech and Language Service	No/Yes	Social Worker	No/Yes	Visual/ Hearing impaired Service	No/Yes	Support worker	No/Yes	Other please state	
Additional Needs Service	No/Yes	Speech and Language Service	No/Yes										
Social Worker	No/Yes	Visual/ Hearing impaired Service	No/Yes										
Support worker	No/Yes	Other please state											
<input type="checkbox"/> I give permission for the nursery to administer first aid/plasters													
<input type="checkbox"/> I give permission for the nursery to take my child on outings													
<input type="checkbox"/> I give permission for the nursery to consent to Emergency treatment being given and if necessary transport to hospital by the emergency services.													
<input type="checkbox"/> I give permission for nursery staff to undertake observations and complete development records for my child and share this information with other professionals as necessary.													
<p>We may take photographs/videos for a number of reasons whilst your child is with us:</p> <ul style="list-style-type: none"> • to document what they enjoy doing; • to record their learning and development progress; • to include in newsletters, learning journals and displays; • to record special events and achievements; • occasionally, we may invite the media to take photographs or film footage for publicity purposes and to record any special events; • images may also be used in our publicity, in our prospectus or on the website, and Social Media <p>A learning journal will be used to reflect your child’s time at Nursery. It will include photographs of your child at play with other children, for example in a group activity.</p> <p><input type="checkbox"/> I consent to photographs/videos of my child being taken by authorised personnel representing the Nursery.</p> <p><input type="checkbox"/> I consent to photographs/ videos containing my child’s image being included in theirs/ other children’s learning journals e.g. group activities</p> <p>I understand that I CANNOT share any images with others, or publish in any way, without the explicit consent of the parents or carers of those children who may be included. For example, any such photographs CANNOT be posted on a social networking site or displayed in a public place.</p> <p>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.</p>													

Who (apart from yourself) is authorised to collect your child from the nursery? Please inform Butterflies on the day if any of these people are collecting.		
Name:	Relationship to child:	Tel No:
Please give a password:		

Free Early Education Entitlement code (2yr old funding)
30 hour funding code (3 and 4 years only)

Oldham College Privacy Notice for Childrens Learning Development and Care within Butterflies Nursery.

Oldham College is collecting this information from you for the purpose providing your child with Early Years Education and may update existing data, to fulfil our Public Task; to fulfil our Contractual obligation; to fulfil our Legal Obligation. The information collected is stored in a secure, protected environment, not transmitted outside the EU and kept in line with the [College Data Retention Schedule](#). This information may be accessed by college staff and its partners who will help us deliver our services. It may also be shared with government agencies, departments or their agents. You may have the right to withdraw your consent, make a complaint or make an enquiry about your information that we hold. To do so or gain further understanding of your rights please access the website www.oldham.ac.uk.

I understand that my information will be recorded and used for the purposes stated and without this I will not be able to have use of childcare facilities at Oldham College.

Any change in the information on this form must be notified immediately. All information will be treated in the strictest confidence. <input type="checkbox"/> I have read and understood all terms and conditions.
Print Name:
Signature:
Date:
Office use only:
Signed Manager/Senior:
Date:

Please provide details if known

Booking Details			
	am	pm	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Course Details:		College ID No.	
Course:	Course Level:	Tutor:	
Start Date:			

Butterflies

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