



## Registration Form and Parent Contract

Child's full name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Please complete all parent/carer details below.

### Parent/Carer with whom the child lives: First Contact

Name: Mr/Mrs/Miss \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

Does this person have legal contact with the child: Yes / No

Does this person have parental responsibility for the child: Yes / No

### Parent/Carer with whom the child lives: Second Contact

Name: Mr/Mrs/Miss \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

Does this person have legal contact with the child: Yes / No

Does this person have parental responsibility for the child: Yes / No

**Parent/Carer with whom the child does not live:**

**Name:** Mr/Mrs/Miss \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Tel No:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

Does this person have legal contact with the child: Yes / No

Does this person have parental responsibility for the child: Yes / No

**Third Emergency Contact**

Please give details of a third person who can be contacted in your absence and ensure they are aware you have given their details to the Nursery.

**Name:** Mr/Mrs/Miss \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Tel No:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Birth Certificate** - seen by \_\_\_\_\_

**Other proof** (if not certificate) \_\_\_\_\_

**Health Visitor Name:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

We may contact the health visitor for routine enquiries regarding your child's development. Please tick this box if you wish to be consulted prior to any contact with the health visitor. ☐



Childs Name \_\_\_\_\_ Starting Date at Busikids \_\_\_\_\_

Days Booked	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>Morning 8am -1pm</b>					
<b>Afternoon 1pm - 6pm</b>					
<b>Pre-school only</b>					
<b>Term Time hours</b>					
<b>Breakfast Club 7.30 – 8am</b>					

The above-named child has been offered a place at Busikids Nursery and Pre-school for the above dates and sessions in line with our terms and conditions.

Suitable activities, sleep and care facilities, in accordance to the Early Years Foundation Stage, will be provided for all children of all ages.

When attending all day, a mid-morning snack, full cooked lunch, mid- afternoon snack and tea will be provided.

When attending morning sessions, mid-morning snack and full cooked lunch will be provided.

When attending afternoon sessions, mid-afternoon snack and tea will be provided.

Drinks will be provided to all children throughout the day.

Babies will require all their own milk preparations and sterile bottles to be brought in daily by the parent/guardian.

All nappies, wipes and creams also need to be provided.

- ☐ I/We agree to comply with Busikids Terms and Conditions as laid out in full in the Busikids Information Pack, on the website, [www.busikids.com](http://www.busikids.com) or are available on request
- ☐ I/We have read and understood Busikids policies. A full copy can be found on the web site [www.busikids.com](http://www.busikids.com) or is available on request and
- ☐ I/we agree to comply with these.
- ☐ I/We give permission for the above-named child to be taken out of the Nursery on planned trips/activities. (Information with full details will always be provided prior to the trip/activity.)
- ☐ I/We consent to any emergency medical treatment deemed necessary to be administered to the above-named child whilst under the care of Busikids Nursery.  
In a life-threatening emergency Busikids staff will call an ambulance then contact the parents/carers.  
A member of staff will escort the child to hospital if the parents are not in attendance.  
In the case of an injury sustained at nursery that requires medical attention but is not deemed an emergency, parents/carers will be contacted and expected to collect their child in order to seek prompt medical treatment.
- ☐ I/We understand that no information will be shared with other agencies without my/our consent, unless a safeguarding issue which poses any harm is raised.

- ☐ I/We agree to sharing information with schools/other settings that the above-named child is attending/will attend, to provide continuity of care.
- ☐ I/We consent to the collection and storage of relevant data, and to receive notifications and newsletters by email. Busikids will not share your details with any other companies.

Permissions	Yes	No
I/We give consent for photographs of my child to be used within the nursery setting and in their learning journal on Parent Zone.		
I/We give consent for photographs of my child to be used within another child's learning journal on Parent Zone (playing together for example).		
I/We give consent for photographs of my child to be used for the Busikids website and Promotional sites such as DayNurseries.co.uk		
I/We give consent for photographs of my child to be used for the Busikids social networking sites:		
Facebook		
Instagram		
Other		
I/We give consent for my child to have face-paint applied		
I/We give consent for nappy creams any other unprescribed creams brought in by us to be applied as instructed		
I/We understand that CCTV is recording the front facing exterior of these premises		
I/We give consent for Busikids staff to apply Nivea factor 50 sun cream as required to my child.		
<b>If no</b> , I request that Busikids staff apply the sun cream supplied by myself, due to allergy/sensitivity as instructed ere: -		

I have enclosed / paid the £50 registration fee or the £25 sibling discounted fee.  
(No charge for a fully funded place)

☐

Busikids Bank Details for online payment: Sort Code: **40-42-18** Account No: **91782096**  
Please use child's name as the reference.

**First Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

**Second Parent's signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Print Name: \_\_\_\_\_

By signing this registration form and parent contract you accept the terms and conditions as laid out in The Parent Information Pack and The Busikids website [www.busikids.com](http://www.busikids.com) You may also request a printed copy. All information will be treated as confidential.  
Busikids will not share your email address with other companies.