

Cedar Grove

DAY NURSERY

02 / AFTER YOUR PLACE IS CONFIRMED

Registration form

Care details, permissions and agreements

CARE • LEARN • GROW

Your confirmed place

Complete after your place is confirmed and the applicable registration fee has been paid.

Keep your Application with this booklet. We carry forward your child's date of birth, application contact details and requested attendance; please record changes below. Your booking confirmation sets the agreed sessions, start date and fees. No registration fee is required for a funded-only entitlement place. Daily routines and preferences belong in All About Me.

Child's full name

Application / booking reference

Changes to details in the Application (write NONE if unchanged)

Child's home address and postcode

Any second home / shared-care address and arrangements

Gender (optional)

Ethnicity (optional)

Write N/A where a question does not apply. Ask management for help or a private discussion. Attach a named sheet if needed. Tell us promptly about changes to care, contacts, funding or permissions.

Parents and parental responsibility

The applicant's name, email and telephone details are held with the Application.

Child's name: _____ Reference: _____

Applicant / main parent or carer

Do you have parental responsibility?

☐ Yes ☐ No ☐ Please discuss

Can we contact you in an emergency?

☐ Yes ☐ No

Are you authorised to collect your child?

☐ Yes ☐ No ☐ Please discuss

Address if different from the child's / optional work telephone

Second parent / carer, if applicable

Full name

Relationship to child

Address and postcode, or SAME AS CHILD

Mobile telephone

Alternative / work telephone

Email address

Parental responsibility?

☐ Yes ☐ No ☐ Please discuss

Emergency contact and collection status

☐ Emergency contact ☐ Authorised collector ☐ Please discuss

For any additional person with parental responsibility, attach their name, relationship, contact details and address.

Emergency contacts

Give two additional people we may contact if we cannot reach a parent. Let them know you have shared their details.

Child's name: _____ Reference: _____

Emergency contact 1

Full name

Relationship to child

Mobile telephone

Alternative telephone

Address and postcode

Is this person authorised to collect?

☐ Yes ☐ No

Emergency contact 2

Full name

Relationship to child

Mobile telephone

Alternative telephone

Address and postcode

Is this person authorised to collect?

☐ Yes ☐ No

Emergency contact status alone does not authorise collection. Tell management promptly if a contact becomes unavailable.

Safe collection

Tell management in advance whenever another authorised adult will collect your child.

Child's name: _____ Reference: _____

Additional authorised collectors

Full name	Relationship	Telephone

Authorised collectors must be aged 18 or over. For someone unfamiliar to the team, arrange identification in advance and share a photograph securely through Famly or another agreed method.

Collection password (avoid obvious names or dates)

Restrictions and court orders

Are there court orders or collection restrictions we need to follow?

☐ Yes ☐ No ☐ Discuss privately

Details / persons affected / documents supplied

Provide relevant court orders securely to management. A password does not override restrictions or replace prior authorisation. If identity or authority is unclear, staff will verify before releasing your child.

Health and medical care

Give formal health information here only. All About Me covers everyday routines.

Child's name: _____ Reference: _____

GP name

Surgery name

Surgery address and telephone

Does your child have a medical condition or ongoing health need?

☐ Yes ☐ No ☐ Being assessed

Condition, symptoms and support needed (or NONE)

Medicines, dose/timing as prescribed and emergency treatment plans (or NONE)

Give management current medical advice and care plans where available. Medication must be labelled, in date and supported by the required medicine-specific written permission. This booklet is not authority to administer a medicine.

Allergies and dietary requirements

Record safety-critical food information here. Food likes and feeding routines belong in All About Me.

Child's name: _____ Reference: _____

Known allergies or intolerances?

☐ Yes ☐ No ☐ Under investigation

Allergen(s), type of reaction and severity, including non-food allergens

Action required after exposure, emergency medicine and care plan

Required diet / foods to avoid / suitable alternatives, including cultural or religious requirements

If there are no requirements, write NONE. Tell management about every change before attendance. The nursery will agree any necessary healthcare plan, food arrangements and risk assessment with you.

Nursery use only

Care plan / risk assessment agreed by and date

Kitchen / relevant staff informed by and date

Support and professional contacts

Tell us what is needed for safe, inclusive care. Everyday strengths and interests go in All About Me.

Child's name: _____ Reference: _____

Additional needs, disabilities, assessments or support required (or NONE)

Professionals involved: name, role, organisation and telephone

Is a social worker involved with your child or family?

☐ Yes ☐ No ☐ Discuss privately

Social worker name, local authority and telephone

Relevant reasons for involvement and information to discuss confidentially with management

Please share relevant plans or reports securely. We will explain routine information sharing; safeguarding information may need to be shared where required to protect a child.

Other childcare settings

Tell us about every other nursery, preschool or childminder your child attends, whether or not they claim funded hours.

Child's name: _____ Reference: _____

Other setting 1

Setting / childminder name

Telephone

Email address

Key person / main contact

Days / sessions attended

Other setting 2

Setting / childminder name

Telephone

Email address

Key person / main contact

Days / sessions attended

May Cedar Grove communicate with the setting(s) above to support continuity of care and learning?

☐ Yes ☐ No ☐ Please discuss

Any restrictions, or additional settings to list on an attached named sheet

We will explain what information is relevant before routine contact. Safeguarding information may be shared where required to protect a child. Tell management if another childcare arrangement changes.

Two-year progress check

Complete this page if your child is around two years old or has already had an EYFS progress check at age two.

Child's name: _____ Reference: _____

Has the EYFS progress check at age two been completed?

☐ Yes ☐ No ☐ Not yet applicable

Date completed, if known

Completed by / setting

Can you share a copy securely with Cedar Grove?

☐ Yes ☐ No ☐ Please discuss

Main findings, next steps or support that would be helpful

Health visitor

Health visitor name

Team / base

Telephone

Email, if known

Has the integrated review / health review taken place?

☐ Yes ☐ No ☐ Not sure

Relevant information to discuss with management

A copy helps us avoid repeating information and plan consistent support. Please use Famly or another secure method agreed with management.

Immunisation record

Record the information available to you. Speak to management if a vaccine is delayed, declined or medically unsuitable.

Child's name: _____ Reference: _____

Child's full name _____ Record checked / updated on _____

Immunisation / vaccine	Date given	Notes / next dose

Is the child's routine vaccination record up to date for their age?

☐ Yes ☐ No ☐ Not sure

Further information, delayed doses or records to be supplied

_____

_____

_____

This page records information shared by the family. The nursery does not provide medical advice; contact your GP or health visitor for advice about immunisations.

Funding details, if applicable

Skip this page if you are not requesting funding. Management will explain exactly which details are required.

Child's name: _____ Reference: _____

Parent / partner NI details are only for relevant funding eligibility checks. Do not supply a child's NI number or your HMRC password. This page does not replace the local authority's funding declaration.

Funding route

☐ 15-hour universal ☐ Working parent ☐ Other / discuss

Working-parent eligibility code (11 digits), if applicable

☐☐☐☐☐☐☐☐☐☐☐

Parent whose details support the claim - full name

Parent date of birth

Parent National Insurance number / applicable asylum support reference

Partner full name - only if required for this check

Partner date of birth - if required

Partner National Insurance number - only if required

Other funding / local authority reference

Term funding requested from

Universal 15-hour funding does not require a working-parent eligibility code. Reconfirm a working-parent code when required and tell the nursery about changes. Management can explain eligibility deadlines and any support funding.

Nursery verification and start checks

For nursery staff to complete before the child starts, and update when required.

Child's name: _____ Reference: _____

Medical documents checked

- ☐ Healthcare plan received, agreed and current, or marked not applicable.
- ☐ Risk assessment completed and current, or marked not applicable.
- ☐ Medication labelled, in date and checked against instructions, or marked not applicable.
- ☐ Medical letters / professional advice received and reviewed, or marked not applicable.
- ☐ Medicine and care permissions received and checked, or marked not applicable.

Checked by _____ Date checked _____

Funding verification, if applicable

Eligibility code verified by / date _____ Code valid for term starting _____

Validity / grace-period dates recorded _____ Reconfirmation deadline _____

Local authority / portal result and action needed _____

Office use

Birth certificate checked where required?

☐ Yes ☐ No ☐ N/A

Child and family details entered on Famly?

☐ Yes ☐ No ☐ N/A

All relevant documents complete?

☐ Yes ☐ No - follow up ☐ N/A

Final check completed by _____ Date _____

Billing and agreed arrangements

Your booking confirmation records your agreed start date, sessions and charges.

Child's name: _____ Reference: _____

Person responsible for fees

Who is the contracting parent / bill payer?

☐ Applicant ☐ Second parent ☐ Other - give details

If OTHER: full name, relationship, address and contact details

_____

_____

_____

Billing email / address if different from the details already supplied

_____

_____

Expected payment method (tick all that apply)

☐ Bank transfer ☐ Direct debit ☐ Tax-Free Childcare ☐ Other

Payment reference / voucher provider if applicable (no bank or card details)

_____

_____

Any direct debit mandate is completed separately. Funded hours and optional extras are agreed in the funding declaration or booking documents. Read the current Fee Schedule and full Parent Terms & Conditions before signing the final declaration.

Nursery use only

Booking confirmation supplied / date

_____

Fee paid / not applicable / date

_____

Care and activity permissions

Choose separately for each item. Ask to discuss anything you are unsure about.

Child's name: _____ Reference: _____

Trained staff may provide appropriate first aid when needed.

☐ Yes ☐ No ☐ Please discuss

Staff may seek emergency medical advice or assistance for my child.

☐ Yes ☐ No ☐ Please discuss

Staff may apply the sun cream identified below.

☐ Yes ☐ No ☐ Please discuss

Staff may apply the nappy barrier cream identified below.

☐ Yes ☐ No ☐ Please discuss

My child may take part in face-painting activities, subject to allergy checks.

☐ Yes ☐ No ☐ Please discuss

My child may join local routine outings after I receive details of the arrangements.

☐ Yes ☐ No ☐ Please discuss

Sun cream / barrier cream: product names and any restrictions

In an emergency staff will contact emergency services and try to reach you promptly. Medicine permissions, including pain relief, prescribed treatments and teething products, are recorded separately for the particular medicine and instructions. Additional outing permissions are obtained where required.

Photographs and shared updates

These choices are separate from the childcare agreement. Saying no does not affect your child's place.

Child's name: _____ Reference: _____

Photos for displays and name pegs within the nursery.

☐ Yes ☐ No ☐ Please discuss

Photos / videos in weekly Famly group posts visible to enrolled families.

☐ Yes ☐ No ☐ Please discuss

Photos / videos included in another child's learning record, visible to that child's family.

☐ Yes ☐ No ☐ Please discuss

Photos on the public nursery website or printed publicity.

☐ Yes ☐ No ☐ Please discuss

Photos / videos on the nursery's public social-media accounts.

☐ Yes ☐ No ☐ Please discuss

Restrictions or details to discuss

You can change optional choices by telling management. Public images may be copied or shared by others. Please do not share images of other children. Individual care and learning records are explained in the Privacy Notice; these are separate from optional publicity.

Declaration and final checks

Read the nursery documents and check your choices before signing.

Child's name: _____ Reference: _____

Cedar Grove Day Nursery Limited uses these details for care, administration, funding and required records. We use Famly and locked paper files, with access for authorised staff. Our Privacy Notice explains sharing, retention and rights. Signing is not blanket consent to every use of information.

- [ ] The information is accurate to the best of my knowledge. I will promptly report changes to contacts, collection, health, allergies or funding.
- [ ] I have parental responsibility or have explained my authority to register this child. The contacts know I have provided their details.
- [ ] I have received the Privacy Notice and understand that optional photo choices are separate.
- [ ] I confirm that I have received, read and agree to Cedar Grove Day Nursery's Parent Terms & Conditions.
- [ ] I agree to pay the nursery's agreed fees by the due date. I understand that failure to pay may result in my child's privately booked sessions being suspended or their place being ended, in accordance with the Parent Terms & Conditions and any applicable funding rules.

Signing parent / carer full name

Relationship to child

Signature

Date

Second parent / carer, where applicable

Second parent / carer full name

Relationship to child

Signature

Date

If only one parent or carer signs, management may record why a second signature is not applicable. The nursery may request further evidence of parental responsibility or authority where necessary.



Cedar Grove

DAY NURSERY

We’re here to help.

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Enfield, EN2 0JH

020 8166 6395

enquiries@cedargrovenursery.org

www.cedargrovenursery.org

Monday to Friday | 7:30am–6:30pm

Please return completed booklets securely to management.