

REGISTRATION FORM



CHILD DETAILS		*delete as applicable
Child's full name		
Name known as (if different)		
Date of Birth	Male/Female*	

PARENTAL DETAILS		*delete as applicable
Name of parent(s) with whom the child lives: 1. Does this parent have parental responsibility? Yes/No* 2. Does this parent have parental responsibility? Yes/No*	Name of parent with whom the child does not live: 1. Does this parent have parental responsibility? Yes/No* Does this parent have legal access to the child? Yes/No*	
Address: Postcode:	Address: Postcode:	
CONTACT DETAILS	CONTACT DETAILS	
Home telephone: Mobile (Parent 1): Email (Parent 1): Mobile (Parent 2): Email (Parent2):	Home telephone: Mobile: Email:	

EMERGENCY CONTACT DETAILS	
Work/daytime contact number(s) Parent 1: Parent 2:	Other emergency contact number if parents cannot be reached: Name: Home: Mobile:
Person authorised to collect your child if you cannot be contacted (must be over 16 years of age) Name: Relationship to child: Home / Mobile no.:	

PERSONAL DETAILS OF CHILD	
Doctor's Name: Doctor's Address: Doctor's number:	Dentist's name: Last date of dental check-up:
MEDICAL DETAILS *delete as applicable	
Are the child's immunisations up to date? Yes / No*	Has your child had chicken pox? Yes / No*
Dietary Needs Does your child have any food allergies or special dietary needs that we should know about? Yes / No* If yes, please specify:	
Special Needs Does your child have any special needs, disabilities or medical conditions? Yes / No* If yes, please specify:	
Are any of the following in place for your child? Early Years Action? Yes / No* Early Years Action Plus? Yes / No* An Education and Health Care Plan (EHCP)? Yes / No*	
How would you describe your child's ethnicity or cultural background?	
What is the main religion of your family?	
Are there any festivals or special occasions celebrated in your culture that you child will be taking part in and that you would like to see acknowledged and celebrated whilst in our setting?	
What language(s) is/are spoken at home?	
Will this be your child's first experience of being in an English speaking environment?	
Does your child regularly attend another Nursery, Pre-School or childminder? Yes / No* If yes, please give details so that we can share information about your child's development: Name of Nursery, Pre-School or Childminder: Telephone no: Email address: Sessions attended at additional setting:	

OTHER PROFESSIONALS INVOLVED WITH YOUR CHILD	*delete as applicable
Do you have a Health Visitor? Yes / No*	
Name:	
Based at:	
Telephone no.:	
Does your family have a Social Care Worker? Yes / No*	
Name:	
Based at:	
Telephone no.:	
Are there any other professionals involved with your child? Yes / No*	
If yes, please give details below:	

SESSION TIMES AND START DATE
Please indicate here your preferred start date: <i>(Please note that we enrol new starters at the start of each term in September, January and April)</i>
Please see table below for our session times and days. Please select your preferred sessions and days below – <i>please note that these choices are subject to availability; we do our best to accommodate parent's requests, but this may not always be possible</i>

	Morning (3.5 hours)		Afternoon (3.5 hours)	
Monday	8:30am – 12:00pm		12:00pm – 3:30pm	
Tuesday	8:30am – 12:00pm		12:00pm – 3:30pm	
Wednesday	8:30am – 12:00pm		12:00pm – 3:30pm	
Thursday	8:30am – 12:00pm		12:00pm – 3:30pm	
Friday	8:30am – 12:00pm		12:00pm – 3:30pm	

CONSENT		*delete as applicable
Do we have your consent for the following:		
To obtain the appropriate medical assistance in the case of an emergency?		Yes / No*
To apply a plaster to your child in the case of a minor injury that causes a graze/cut?		Yes / No*

To apply sunscreen to your child for their safety in hot weather? <i>(Please note: it is the parent/carers responsibility to apply sunscreen before the child attends nursery)</i>	Yes / No*
To video, photograph and make written observations of your child to support their development through the Early Years Foundation Stage Framework?	Yes / No*
To use your child's photograph (digital or printed) as part of a display within the Nursery?	Yes / No*
To use your child's photograph when Nursery events are promoted in local press?	Yes / No*
To use your child's photograph on the Nursery website, Twitter and Instagram accounts? (no names will be used)	Yes / No*
To allow your child to participate in the Nursery Christmas Nativity in St Mary's Catholic Church?	Yes / No*
To allow your child to appear in photographs or videos taken by other parents at Nursery events throughout the academic year?	Yes / No*
To take your child on outings by foot?	Yes / No*
To give your child 2.5ml (1mg) of Piriton in the case of an unexpected allergic reaction?	Yes / No*
To use face paints on your child's face or arm?	Yes / No*

COMMITTEE MEMBERSHIP *delete as applicable	
St Mary's Nursery is unique in that it is run by volunteer parent helpers <i>and</i> staff. The Nursery cannot legally operate without a Committee. Would you be interested in taking a role in how the nursery is run by:	
Being a parent helper only (e.g. helping at annual fundraising events)	Yes / No*
I would like more information about joining the St Mary's Nursery Committee to ensure the Nursery is able to operate and to have a unique overview of my child's care?	Yes / No*

ACKNOWLEDGEMENT OF CONTRACTUAL OBLIGATION	
<ul style="list-style-type: none"> To the best of my knowledge, the details on this form are correct. I have given consent to the agreed statements mentioned above. I understand that all sessions missed through sickness and holidays will be paid for. I understand that late payment will incur a surcharge. Where payment is continually withheld, the Nursery has the right to review the child's place at the nursery school. I understand that St Mary's Nursery School requires 4 weeks written notice if my child is to leave, so we can adjust staffing accordingly. I have read and understood the above terms and conditions, as well as the policy documents of St Mary's Nursery School. Please note that our core policies can be viewed on our website at www.stmarysnurseryschool.org.uk – please advise us if you require a paper copy. 	
Parent 1 Signature Print Name Date	Parent 2 Signature Print Name Date

ADDITIONAL FUNDING FOR YOUR CHILD – Information Required

We need information about you and your child, to provide the best education and support, by making sure we receive all the government funding to which we and your child are entitled. If you think your child may be eligible for either 2 Year funding, the 30 Hours funding, or Pupil Premium funding, please complete the details below and we will check for you with the East Sussex Team.

ABOUT YOUR CHILD/CHILDREN

Child's Last Name:

Child's First Name:

Child's Date of Birth:

Name of preschool, nursery, childminder:

PARENT/GUARDIAN DETAILS *Complete as appropriateParent/Guardian 1

Last Name:

First Name:

Date of Birth:

National Insurance Number:

National Asylum Support Service (NASS) Number*:

Daytime Telephone Number:

Mobile Number:

Address:

Postcode:

Parent/Guardian 2

Last Name:

First Name:

Date of Birth:

National Insurance Number:

National Asylum Support Service (NASS) Number*:

Daytime Telephone Number:

Mobile Number:

Address:

Postcode:

Data Protection Act

Personal information that you have provided will be used carefully and may be held on computer systems at the Nursery/School and in the Children's Services Department. These uses of personal information are covered by registration under the data protection legislation. Under this legislation you have the right to obtain a copy of the information we hold about you.