**Registration Form**

BC: Start: KP: Allergies:

|  |  |  |  |
| --- | --- | --- | --- |
| Full name of child: |  | Date of birth: |  |
| Address: |  |
|  | Postcode: |  |
|  |
| **Parent/Carer 1** |
| Name: |  |
| Address if different from the child’s: |  |
| Home Telephone: |  | Mobile number: |  |
| Email Address: |  |
| Do they have parental responsibility? YES / NO | Does the child live with this parent/carer? YES / NO |
|  |
| **Parent/Carer 2** |
| Name: |  |
| Address if different from the child’s: |  |
| Home Telephone: |  | Mobile number: |  |
| Email Address: |  |
| Do they have parental responsibility? YES / NO | Does the child live with this parent/carer? YES / NO |
|  |
| **Emergency Contact 1 (DIFFERENT TO PARENT/CARER)** |
| Name: |  | Relationship to child: |  |
| Home number: |  | Mobile number: |  |
|  |
| **Emergency Contact 2 (DIFFERENT TO PARENT/CARER)** |
| Name: |  | Relationship to child: |  |
| Home number: |  | Mobile number: |  |
|  |
| Password to be used if anyone else needs to collect your child in an emergency: |  |
|  |
| Will your child be attending another Nursery or Pre-school, if so which one? |  |
|  |
| Please provide any information on disabilities or medical needs that we will need to be aware of: |  |
|  |  |
| Does your child have any allergies or intolerances? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Please tick your preferred sessions: | Morning9.00 – 12.00 |  |  |  |  |  |
| Afternoon12.00 – 3.00 |  |  |  |  |  |

|  |
| --- |
| **Additional Information** |
| Gender: | M/F | Ethnicity: |  |
| Home Language: |  |

**Consents**

I consent to my child having their photo taken. Photos may be displayed around the setting. Photos are also used in the child’s personal learning journey and your child may appear in the background of photos in other children’s folders.

I consent to my child having sunscreen applied.

I give consent for my child to receive emergency medical treatment, including anaesthetic/blood transfusion, as considered necessary by the medical authorities. I understand that a member of staff will accompany my child in an emergency vehicle if I or my emergency contacts are not present.

I hereby confirm that the above named emergency contacts have seen the nursery privacy notice.

I hereby confirm that the above named emergency contacts have agreed to act as an emergency contact for my child in case of emergencies.

**Contract**

* I have read the pre-school policies and agree with them.
* I give permission for the information I have provided to be processed in accordance with the privacy policy.
* Fees are payable termly in advance by bank transfer, cash or cheque. They must be paid within 7 days from receiving the invoice unless otherwise agreed by the pre-school.
* Funding for 3 & 4 year olds cannot be altered until the beginning of the next term. If you increase your hours mid-term you will be charged for the additional hours.
* The pre-school reserves the right to disallow your child to attend any chargeable sessions if fees are unpaid. (Refer to Fee Structure).
* A whole half-term’s notice is required to reduce chargeable hours or terminate your child’s place with the pre-school, unless your child is moving up to primary school.
* Fees are applied for holidays and sick days taken during term time.
* You are required to provide a copy of your child’s birth certificate.

**Parent/Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**