



NURSERY REGISTRATION FORM

Childs Name _____

Date of Birth _____

Address _____

Post Code _____

Home Telephone Number _____

Gender - Male/Female

Office use only

Birth Certificate Seen by _____

Copy of Birth Certificate _____

Proof of address seen by _____

Name of Parent/Guardian 1st Priority

Mother/Father/Other _____

Does this contact have Parental Responsibility Yes / No

Work Address (if applicable)

Work Tel No _____

Home Address (if different from Child)

Home Tel _____ Mobile No _____

Name of Parent/Guardian 2nd Priority

Mother/Father/Other _____

Does this contact have Parental Responsibility Yes / No

Work Address (if applicable)

Work Tel No _____

Home Address (if different from Child)

Home Tel _____ Mobile No _____

Emergency Contact

Name _____

Relationship to child _____

Address _____

Tel No. _____ Mobile No. _____

Name _____

Relationship to child _____

Address _____

Tel No _____ Mobile No _____

ETHNIC BACKGROUND INFORMATION

It is important that the school knows as much as possible about the background and languages of our children. This will help us to support them in their learning so that they can be successful in their school work. Please complete as much information as possible.

ETHNICITY

White

White English

White Scottish

White Irish

White Welsh

White and any other Asian background

White and any other Ethnic group

White and Black African

Asian

Bangladeshi

Kashmiri Pakistani

Kashmiri other

Mirpuri Pakistani

Other Pakistani

Other Asian

Kurdish

Asian and any other Ethnic group

Black

Black African

Black Caribbean

Black and any other Ethnic group

Others

Chinese

Portuguese

Turkish

Any other Ethnic background

RELIGION

Christian

Roman Catholic

Muslim

Hindu

No Religion

Other

FIRST LANGUAGE

What language did you use with your child when they were small? You may have used more than one language.

MEDICAL INFORMATION

DOCTOR

Practice Name _____

Practice Address _____

Tel No. _____

Medical Information (including allergies, medication)

Does your child use an inhaler? Yes / No

If yes, please provide school with an inhaler.

DISABILITY DISCRIMINATION ACT

As part of our Admissions Procedures we now ask parents/carers if they are registered as or have any disability. This is to ensure that they are able to attend and take part in all aspects of school life.

Obviously this information is confidential and will be handled sensitively. If you have any question please speak to Mrs Brougham.

DISABILITIES

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HEALTH VISITOR

Name of Health Visitor _____

Tel No. _____

OTHER CHILDREN IN THE FAMILY

Name _____ D.O.B _____

Name _____ D.O.B _____

Name _____ D.O.B _____

Name _____ D.O.B _____

ADDITIONAL INFORMATION

Morning or Afternoon session preferred _____

TRAVEL TO SCHOOL

Walk Car/Van Bus Taxi
Car Share Other

HAS YOUR CHILD ATTENDED ANY OF THE FOLLOWING:

Private Day Nursery

Childminder

Playgroup or preschool

Creche/Children's centre

If you have ticked any of the above could you please fill in the following:

Name of setting _____

Attended between _____ to _____

Currently attending _____

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY

I declare the above information to be correct to the best of my knowledge at the time of completion. I agree to notify the school of any change in my child's circumstances.

Signed _____ Date _____