

AM/PM

Date of application



NURSERY REGISTRATION FORM

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 _____

Childs Name _____

Date of Birth _____

Address _____

Post Code _____

Home Telephone Number _____

email address _____

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 _____

1. 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 _____

Email Address _____

Name of Parent/Guardian 2nd Priority

2. 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 _____

Email Address _____

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 Miss Wilson.

DISABILITIES

HAS YOUR CHILLD 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 _____

Additional Emergency Contact (Not Mum or Dad)

3. Name _____

Relationship to child _____

Address _____

Tel No. _____ Mobile No. _____

4. 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 not listed _____

RELIGION

- Christian
- Roman Catholic
- Muslim
- Hindu
- No Religion
- Other

COUNTRY OF BIRTH _____

NATIONALITY _____

FIRST LANGUAGE _____

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

ASYLUM STATUS

- Asylum Seeker
- Refugee