

Harris Street, Darlington, DL1 4NL

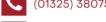
stteresasdarlington.bhcet.org.uk



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(01325) 380754







Chief Executive Officer: Stuart McGhee Executive Head Teacher: Paula Strachan Deputy Head Teacher: Fiona Lindsay

## **NURSERY REGISTRATION FORM**

Child's Full	Date of Birth		
Name			
Address	Postcode		
Child's	Town/Place		
Religion	of Baptism		
Church of	Date of		
Baptism	Baptism		
Home	Country of		
Language (If	Birth		
not English)			
Nationality			
PARENT 1			
Full name and	Address if		
relationship	different to		
to child	child		
Contact	Contact		
Number 1	Number 2		
Employer	Work		
	Number		
Email			
	PARENT 2		
Full name and	Address if		
relationship	different to		
to child	child		
Contact	Contact		
Number 1	Number 2		
Employer	Work		
	Number		
Email			

	PARE	NT 3		
Full name and		Address if		
relationship		different to		
to child	child			
Contact		Contact		
Number 1		Number 2		
Employer		Work		
		Number		
Email				
	MEDICAL INE	OPMATION		
Medical	MEDICAL INFORMATION  Tolonhone			
Surgery		Telephone Number		
Address		Number		
Address				
	Medical information	please state be	elow)	
Is your child in receipt of Disability Living Allowance (DLA) YES/NO				
Special Education Needs (please indicate below)				
Visual	Speech and Language	Pa	nediatric Consultant	
Impairment				
Hearing	Occupational Therapy		Other	
Impairment				
	Please give details regardir	ng the informati	on above:	

Nursery Information			
Preferred Session	Morning		Afternoon
Entitled to 30hrs	Yes No		Unsure

## **End of School Arrangements**

Please list below any authorised relative, adult, childminder etc who has your permission to collect your child after school on a regular basis.

Name	Relationship	Contact Number

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry of family history. **Ethnic background is not the same as nationality or country of birth**. The Information Commissioner (formerly the Data Protection Register) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents of those with parental responsibility are asked to support or advise those children over 11 in making the decision, wherever necessary.

Please study the list below and use one box only to indicate the ethnical background of your child.

White	Mixed	Asian or Asian British	Black or Black British	
British	White and Black Caribbean	Indian	Caribbean	Chinese
Irish	White and Black African	Pakistani	African	Any other ethnic background
Traveller of Irish Heritage	White and Asian	Any other Asian background	Any other black background	I do not wish an ethnic background category to be recorded
Gypsy/Roma	Any other mixed background			
Any other white background				

## School use only

Child's Name	Date of Birth
Date of application	
Date admitted into Nursery and allocated session	
Birth certificate copied	
Baptism certificate copied	
UPN	
Any other information:	