

HEYHOUSES CHURCH OF ENGLAND NURSERY SCHOOL REGISTRATION FORM

| Child's First Name(s) | | | |
|-------------------------|-----|-----------|----|
| Child's Surname(s) | | | |
| Known As | | | |
| Date of Birth | | | |
| Gender | | | |
| Religion | | Ethnicity | |
| First Language | | · | • |
| Any other language | | | |
| spoken | | | |
| | | | |
| Parent/ Carer 1 | | | |
| Name | | | |
| Relationship to Child | | | |
| Parental Responsibility | Yes | | No |
| National Insurance No. | | | |
| Address | | | |
| | | | |
| | | | |
| Email Address | | | |
| Telephone Number | | | |
| Work Address | | | |
| | | | |
| | _ | | |
| Work Telephone Number | | | |
| | | | |
| _ | | | |
| Parent/ Carer 2 | | | |
| Name | | | |
| Relationship to Child | | | |
| Parental Responsibility | Yes | | No |
| National Insurance No. | | | |
| Address | | | |
| | | | |
| | _ | | |
| Email Address | _ | | |
| Telephone Number | | | |
| Work Address | | | |
| | | | |
| | | | |
| Work Telephone Number | | | |

Sessions

Breakfast Club 8am-8.45am AM session 9am-12pm Lunch 12pm-1pm PM session 1pm-4pm After School Club 3.30pm-5.45pm

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------------|--------|---------|-----------|----------|--------|
| Breakfast club | | | | | |
| AM | | | | | |
| Lunch | | | | | |
| PM | | | | | |
| After School Club | | | | | |

In the event of those sessions being unavailable, alternative sessions will be offered wherever

| possible. | | |
|------------------------------|------------------------------|--------------------------------|
| Preferred Start Date | | |
| | | |
| | | |
| Emergency Contacts | | |
| | Contact 1 | Contact 2 |
| Name | | |
| | | |
| Relationship to Child | | |
| Address | | |
| | | |
| | | |
| | | |
| | | |
| Telephone Number | | |
| Password for Collecting | | |
| We request that you inform | nursery of any delay or cha | inges to collection |
| arrangements. The person o | collecting your child should | be aware of your chosen |
| password prior to collection | า. | |
| I give permission for the ab | ove Emergency Contacts to | sign for my child in the event |
| of an emergency. Signed | | |

Please note- every effort will be made to reserve your preferred sessions.

Food Choice

| Hot dinner | |
|---------------|--|
| £2.50 per day | |
| Packed lunch | |
| | |

Medical Details

| Doctors Name | |
|---------------------|--|
| Address | |
| | |
| | |
| Telephone Number | |
| Health Visitor Name | |
| Telephone Number | |

Funding

All children get 15 hours funding starting from the term after they turn three years old. Some children are eligible to apply for a further 15 hours and will get a 30 hour code. Some two year old children may be eligible for 15 hours funding. Further information can be found on www.childcarechoices.gov.uk

| 30 hour code | |
|-------------------------|--|
| 2 year old grant code . | |

Visits and Photographs

| / to: | |
|-------|---------------------------------|
| Yes | No |
| | |
| Yes | No |
| | |
| Yes | No |
| | |
| Yes | No |
| Yes | No |
| | |
| Yes | No |
| | |
| | |
| | |
| | |
| | |
| | |
| Yes | No |
| | |
| te | |
| | Yes Yes Yes Yes Yes Yes Yes Yes |

Data Protection

Information collected from the enrolment form is stored on our IT system and is used to assist staff in the management of nursery. All information is treated in confidence by all members of staff who have a legitimate right to use it.

As a registered data user, the nursery takes every precaution to ensure that pupil data stored on our IT system is held and used only for specified and lawful purposes and is not disclosed in any manner incompatible with those purposes. Any parent who wishes to examine the data related to their child should apply to the nursery Business and People Manager for access.

In order that data can be kept up to date and accurate, parents/ carers are requested to inform Nursery of any change in their child's personal details.

| Please acknowledge this information regarding the By signing you consent to us holding & processing you | |
|--|--|
| Signed | Date |
| Transition to School | |
| At the end of the academic year when your child is period child's learning journey and transition report will be transition report to be passed on to your child's new child has made. | given to you. It is beneficial for a copy of the |
| Please sign below to give permission for your child r | report t be passed over to school. |
| Signed | Date |

Medical Consents

| I give consent for the staff of Heyhouses C of E Nursery to: | | | |
|--|-----|----|--|
| Administer emergency First Aid | Yes | No | |
| Seek emergency medical attention including | Yes | No | |
| hospital treatment if necessary | | | |
| Administer children's paracetamol if necessary | Yes | No | |
| Apply a plaster when necessary | Yes | No | |
| Apply sun cream (usually Aldi or Lidl Sensitive | Yes | No | |
| Factor 50) | | | |
| If own sun cream is to be applied, please clearly | Own | | |
| label with child's name | | | |
| Signed Date | | | |

Please give details of any difficulties or needs your child has or has had in the past, in order that we can offer the best support when they start nursery. All information will be treated with confidence.

| Has your child received treatment or t speech? | herapy for diffic | ulties with hearing | ng, vision or |
|--|--------------------|---------------------|---------------|
| speech: | | | |
| | | | |
| | | | |
| Does your child suffer from allergies, o | sthma, epilepsy | , physical difficu | lties or any |
| other medical problem? | ounna, aphapay | , priyoroar arriva | |
| other medical problem. | | | |
| | | | |
| | | | |
| Has your child had support from Blenh | eim House? | | |
| That your crima had support from Bierii | em mouse. | | |
| | | | |
| | | | |
| Are there any home, family circumstar | oces or other info | ormation the Nur | serv staff |
| should be aware of? | ices of other fill | ormation the Nai | sery starr |
| should be dware or: | | | |
| | | | |
| | | | |
| May information be sought from the re | equired person/s | s e a Health Visit | tor GP as |
| appropriate? | squired person/s | s e.g. Health visi | ioi, ar us |
| арргорпате: | | | |
| | | | |
| | | | |
| Any additional comments you would be | lica ta manica? | | |
| Any additional comments you would li | ke to make? | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Additional Requirements | | | |
| Does your child have any food allergie | s or special | Yes | No |
| dietary requirements? | s or special | 163 | 140 |
| Please give details | | | |
| i icase give details | | | |
| | | | |
| | | | |
| Are there any feeds you do not want y | our child to | Voc | No |
| Are there any foods you do not want y | our child to | Yes | No |
| have? | | | |
| Please give details | | | |

| Does your child have any Cultural or Religious | | Yes | No |
|--|--|-----|----|
| requirements? | | | |
| Please give details | | | |
| | | | |
| Any additional details | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Policies and Procedures

When you visit nursery you will have the opportunity to read our Policies & Procedures. They are also available to read on our website and the main policies are in the Parents Handbook. By signing below you confirm that you accept our Policies and Procedures.

| Signed | Date |
|---------|------|
| orgined | Date |

Notice

One month's written notice is required to terminate a child's place at nursery. Fees are still payable for the last month during notice even if the child does not attend nursery.