

# 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			
N/ 1 = 1 1			
Work Telephone Number			

#### **Sessions**

Breakfast Club 8am-9am AM session 9am-12pm Lunch 12pm-1pm PM session 1pm-4pm After School Club 4pm-6.00pm

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

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

In the event of those sess	ions being unavailable	, alternative sessions will	be offered wherever
possible. Preferred Start Date			
Treferred Start Bate		••••••	
<b>Emergency Contact</b>	ts and collection		
	Contact 1	Contact 2	Contact 3
Name			
Relationship to Child			
Address			
Telephone Number			
•			
Password for Collecting			
We request that you info	rm nursery of any delay	y or changes to	
collection arrangements.	. The person collecting	your child should be	
aware of your chosen pa	ssword prior to collecti	on.	
I give permission for the	above Emergency Cont	acts to sign for my child	
in the event of an emerg	ency		
Signed		•••••	

## **Food Choice**

Hot dinner	
£2.90 per day	
Packed lunch	

#### **Medical Details**

Doctors Name		
Address		
Telephone Number		
Health Visitor Name		
Telephone Number		
Funding		
_	per week, starting from the term after they	turn three.
Some children are eligible to apply for a fur Some two year old children may be eligible	_	
Further information can be found on www.c	_	
30 hour code		

# **Visits and Photographs**

Non funded- payable by invoice

2 year old grant code ......

<u> </u>		
I give consent for the staff of Heyhouses C of E Nurser	y to:	
Take my child for supervised walks from Heyhouses	Yes	No
Nursery		
Take my child's photograph and use those	Yes	No
photographs in displays around nursery		
Use photographs taken in nursery in another child's	Yes	No
Evidence Me observations		
Film my child during nativity or other such events	Yes	No
Film my child within the nursery setting for	Yes	No
educational purposes only		
Use photographs of my child's face on the nursery	Yes	No
website, Facebook and Instagram		
Names of children will never be shared.		
Please note our Facebook, Instagram and website		
are public pages. This means that Nursery has no		
control over who views and potentially shares the		
photographs		
Use photographs of my child for advertising	Yes	No
purposes		
Signed Do	ate	•••••

## **Transition to School**

At the end of the academic year when your child is pre			
child's learning journey and transition report will be given	•		
transition report to be passed on to your child's new te	eacher so they are	e aware of the pr	ogress your
child has made.			
Please sign below to give permission for your child repo	ort to be passed	over to school.	
Signed Da	te		
Medical Consents			
I give consent for the staff of Heyhouses C of E Nurser	ry to:		
1 give consent for the staff of neyhouses c of E Nurser	y 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			
Please give details of any difficulties or needs in order that we can offer the best support wh will be treated with confidence.			• •
Has your child received treatment or therapy for diffic	culties with hearin	ng, vision or	
speech?			
Does your child suffer from allergies, asthma, epilepsy	y, physical difficu	Ities or any	
other medical problem?			
Has your child had support from Blenheim House?			
7.22 <b>,</b> 2.3. 2.3. 2.4 2.5 2.5 2.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3			
Are there any home, family circumstances or other inf should be aware of?	ormation the Nur	sery staff	

May information be sought from the required perso appropriate?	on/s e.g. Health Visi	cor, GP as
Any additional comments you would like to make?		
Additional Requirements		
Does your child have any food allergies or special	Yes	No
dietary requirements? Please give details		
Please give details		
Are there any foods you do not want your child to have?	Yes	No
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 available to read on our website and the main polici		-
By signing below you confirm that you accept our Po	olicies and Procedur	es.
iigned D	ote	•••••

#### **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.