



HEYHOUSES CHURCH OF ENGLAND NURSERY SCHOOL REGISTRATION FORM

Key Information

| | | | |
|---------------------------|--|-----------|--|
| 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-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 sessions being unavailable, alternative sessions will be offered wherever possible.

Preferred Start Date

Emergency Contacts and collection

| | Contact 1 | Contact 2 | Contact 3 |
|-------------------------|-----------|-----------|-----------|
| Name | | | |
| Relationship to Child | | | |
| Address | | | |
| Telephone Number | | | |
| Password for Collecting | | | |

We request that you inform nursery of any delay or changes to collection arrangements. The person collecting your child should be aware of your chosen password prior to collection.

I give permission for the above Emergency Contacts to sign for my child in the event of an emergency

Signed

Food Choice

| | |
|----------------------------|--|
| Hot dinner (chargeable) | |
| Packed lunch | |

Medical Details

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

Information Sharing Permission

We will ask your permission before sharing information with other professionals where it is appropriate to do so. However, if we believe a child is **at risk of harm** we may need to share information **without consent**. This is to keep children safe, following national safeguarding guidance.

Sharing information helps us:

- Keep children safe
- Offer early support when needed
- Understand your child’s needs

We will always act in your child’s best interests.

I give written consent for contact to be made with external professionals e.g. Health Visitor, Children’s Services (Social Worker), GP, Portage, Children’s Development Centre, Speech and Language etc when necessary to support your child?

Signed Date

If **not** providing written consent for nursery to share information with other professionals/organisations after a discussion with you, please give a reason why.

.....

Signed Date

Funding

All children are entitled to 15 hours funding per week, starting from the term after they turn three. 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 or 30 hours funding. Further information can be found on www.childcarechoices.gov.uk

30 hour code

2 year old grant code

Non funded- payable by invoice

Visits and Photographs

| | | |
|--|-----|----|
| I give consent for the staff of Heyhouses C of E Nursery to: | | |
| Take my child for supervised walks from Heyhouses Nursery | Yes | No |
| Take my child's photograph and use those photographs in displays around nursery | Yes | No |
| Use photographs taken in nursery in another child's Evidence Me observations | Yes | No |
| Film my child during nativity or other such events | Yes | No |
| Film my child within the nursery setting for educational purposes only | Yes | No |
| Use photographs of my child's face on the nursery 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 | Yes | No |
| Use photographs of my child for advertising purposes | Yes | No |
| Signed Date | | |

Transition to School

At the end of the academic year when your child is preparing to transition to school, a copy of your child's learning journey and transition report will be given to you. It is beneficial for a copy of the transition report to be passed on to your child's new teacher so they are aware of the progress your child has made.

Please sign below to give permission for your child report to 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 hospital treatment if necessary | Yes | No |
| Administer children's paracetamol if necessary | Yes | No |
| Apply a plaster when necessary | Yes | No |
| Apply sun cream (usually Aldi or Lidl Sensitive Factor 50) | Yes | No |
| If own sun cream is to be applied, please clearly label with child's name | Own | |
| 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 therapy for difficulties with hearing, vision or speech? |
| |
| Does your child suffer from allergies, asthma, epilepsy, physical difficulties or any other medical problem? |
| |
| Does your child have any access requirements in nursery? e.g. wheelchair access, adapted equipment. |
| |
| Are there any Parent/Carer access requirements? |
| |
| Has your child had support from Blenheim House? |
| |
| Are there any home/family circumstances or other information the Nursery staff should be aware of? |
| |

| |
|---|
| Do we have permission to share the Progress Check at 2 Years Old? |
| |
| If your child has/still does attend another setting/nursery do we have permission to share information about your child ? |
| |
| Any additional comments you would like to make? |
| |

Additional Requirements

| | | |
|--|-----|----|
| Does your child have any food allergies or special dietary requirements? | Yes | No |
| 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 requirements? | Yes | No |
| 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

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.