 

Iford and Kingston C of E Primary School

Little Saplings Nursery Registration Form

Please use BLOCK CAPITALS when completing this form

The information you give on this form will help the school to give your child the best possible support. It is important therefore that you fill in this form as accurately as possible. The personal information you give will be held on computer systems at the school and by the Childrens’ Services Department in accordance with relevant data protection legislation (General Data Protection Regulation 2018 and the Data Protection Act 2018). For more information about how your information is used, please see the school’s privacy notice.

Please return this form to the School Office, or email to iknursery@skylarkfed.education.

**Pupil details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | First name | Child's full address, including post code |  |
|  |
| Middle name(s) |
|  |
| Surname |
|  |
| Name known as |
|  |
| Date of Birth |  | Gender |  |
| Is this address permanent or temporary? |  | Telephone number |  |
| Child’s first language |  |
| Any other language spoken at home |  |
| Requested start date |  |

**Family Details**

Does your child have any siblings attending this school? Yes No

If yes, please give details below

|  |  |
| --- | --- |
| Full Name | Date of Birth |
|  |  |
|  |  |
|  |  |

**Parent / Carer Details**

|  |  |  |
| --- | --- | --- |
|  | Parent / Carer 1 | Parent / Carer 2 |
| Title |  |  |
| Surname |  |  |
| First name |  |  |
| Address |  |  |
| Postcode |  |  |
| Mobile number |  |  |
| Home telephone number |  |  |
| Work telephone number |  |  |
| Email address |  |  |
| Relationship to child |  |  |
| Parental responsibility? | **Yes / No** | **Yes / No** |
| National insurance number |  |  |
| First language |  |  |
| Should school correspondence be sent to this person? | **Yes / No** | **Yes / No** |

**Medical Details**

We need to know about any medical conditions your child may have. Please tick **all** relevant boxes.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asthma |  | ADHD |  | Colour blindness |  |
| Eczema |  | ASD |  | Eyesight Impairment |  |
| Epilepsy |  | Dyslexia |  | Hearing impairment |  |
| Hay fever |  | Dyspraxia |  | Diabetes |  |

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any allergies that we should be aware of? Yes No

If yes, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child wear corrective glasses or contact lenses? Yes No

If yes, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child require any ongoing medication? Yes No

If yes, please give clear information about the name of the medication, strength and dose, even if it is not required during the school day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child up to date with their vaccinations? Yes No

Are there any departments or agencies that your child is already involved with, eg speech and language or social worker?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact details, in priority order**

To help Nursery staff to know who your emergency contacts are, we ask that you add photos of them to Tapestry. Please let us know if you would like support doing this.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Priority | Full name | Mobile  | Landline | Relationship to child |
| 1 |  |  | H |  |
| W |
| 2 |  |  | H |  |
| W |
| 3 |  |  | H |  |
| W |
| 4 |  |  | H |  |
| W |

**Doctor’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Practice Name |  | Doctor’s Name |  |
| Practice Address |  |
| Telephone Number |  |

**Other Health Professionals**

|  |  |  |  |
| --- | --- | --- | --- |
| Health Visitor Name |  | Contact Details |  |
| Dentist Name |  | Contact Details |  |

**Emergency Treatment Consent**

I/we consent to my/our child receiving emergency treatment should it be considered necessary by a medical professional if I am/we are unable to be contacted.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Full name |  | Full name |  |
| Date |  | Date |  |
| Relationship to child |  | Relationship to child |  |

**Ethnicity**

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth. Please study the groups listed below and **tick one box only** to indicate the ethnic background of the pupil named on this form.

|  |  |
| --- | --- |
| **White** | **Black/African/Caribbean/Black British** |
| English/Welsh/Scottish/NI/British |  | Caribbean |  |
| Irish |  | African |  |
| Gypsy or Irish Traveller |  | Any other Black background |  |
| Any other White background |  | **Asian/Asian British** |
| **Mixed/Multiple ethnic groups** | Indian |  |
| White and Black Caribbean |  | Pakistani |  |
| White and Black African |  | Bangladeshi |  |
| White and Asian |  | Chinese |  |
| Any other Mixed background |  | Any other Asian background |  |
| **Other group (please specify)** | **Other Ethnic Group** |
|  | Arab |  |

**Parental Declaration**

The details in supplied on this form are correct to the best of my/our knowledge. I/we understand that the Head of School must be informed of any changes which might affect my/our child’s education.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Date |  | Date |  |

**Nursery Session Booking Form**

|  |  |
| --- | --- |
| Child’s Name |  |
| Child’s Date of Birth |  |
| Name of parent/guardian completing the booking form |  |

I would like to book the following nursery sessions for the child named above. I understand that these session bookings are fixed for the term and are not guaranteed until confirmed by the school.

Please note that each child must register for a minimum of two days a week.

|  |  |  |
| --- | --- | --- |
| Please tick your choices | Full Day8.35am - 3.15pm | Funded Day8.35am - 2.35pm |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday  |  |  |
| Friday |  |  |

|  |  |
| --- | --- |
| **Funding** | Tick as appropriate |
| My child is entitled to 15 hours free childcare. I will complete a signed declaration for the school to claim these funds. |  |
| My child is entitled to 30 hours free childcare. I will complete a signed declaration for the school to claim these funds. |  |
| I will self-fund any additional hours booked over the funded hours. |  |
| I will self-fund all hours at the self-funded rates published on the school website. |  |

If you are unsure if you are entitled to government funding, please check on [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk) or phone 0300 123 4097.

**Registration Fee**

You are required to pay a deposit to secure your child’s place at nursery. The fee is £30.00 which will be deducted from your first invoice. Using your child’s name as the reference, please pay the £30.00 deposit to:

|  |  |
| --- | --- |
| Bank | NatWest Bank |
| Account Name | Skylark Federation |
| Sort Code | 60-13-09 |
| Account Number | 0429 8675 |

Please note that a place is not confirmed until we receive a completed and signed Registration Form, a completed and signed Booking Form, the Registration Fee and you have received a confirmation from the school.

|  |  |
| --- | --- |
| **Parent/guardian signature** |  |
| **Date** |  |

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