

**Scholar Green Primary and Nursery School**

**Nursery Registration Form**

**Please ensure that all boxes are complete. We cannot offer a place if any details are missing.**

**Key Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Surname** | |  | | | | | | | | | | | | | | | | | | | | |
| **Child’s First Name(s)** | |  | | | | | | | | | | | | | | | | | | | | |
| **Known As** | |  | | | | | | | | | | | | | | | | | | | | |
| **Date Of Birth** | |  | | | | | | | | | | | | | | | | | | | | |
| **Sex** | | **Boy** |  | | | | | | **Girl** | | | |  | | | | | | | | | |
| **Religion** | |  | | | | **Ethnicity** | | | | | | |  | | | | | | | | | |
| **First Language** | |  | | | | | | | | | | | | | | | | | | | | |
| **Any Other Language spoken** | |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| **Parent/Carer 1** | | **Relationship to the child** | | | | | | | | | | | |  | | | | | | | | |
| **Parental Responsibility** | | | | | | | | | | | | Yes | | | | | | | No | |
| **Name** | |  | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth** | |  | | | | | | | | | | | | | | | | | | | | |
| **National Insurance Number** | |  | | | | | | | | | | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | **Post Code** | | | | |  | | | |
| **Email Address** | |  | | | | | | | | | | | | | | | | | | | | |
| **Telephone Number** | | **Home** | |  | | | | | | | **Mobile** | | | | | |  | | | | | |
| **Place of Work** | |  | | | | | | | | | | | | | | | | | | | | |
| **Job Title** | |  | | | | | | **Dept** | | | |  | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | **Post Code** | | | |  | | |
| **Telephone Number** | |  | | | | | | | | **Ext.** | | | | | |  | | | | | | |
| **Able To Collect Child** | | **Yes** |  | | | | | | | **No** | | | | | |  | | | | | | |
|  | |  |  | | | | | | |  | | | | | |  | | | | | | |
| **Parent/Carer 2** | | **Relationship to the child** | | | | | | | | | | | | | |  | | | | | | |
| **Parental Responsibility** | | | | | | | | | | | | | | Yes | | | | | | No |
| **Name** | |  | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth** | |  | | | | | | | | | | | | | | | | | | | | |
| **National Insurance Number** | |  | | | | | | | | | | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | **Post Code** | | | | | |  | |
| **Email Address** | |  | | | | | | | | | | | | | | | | | | | | |
| **Telephone Numbers** | | **Home** | | |  | | | | | | | | **Mobile** | | | | |  | | | | |
| **Place of Work** | |  | | | | | | | | | | | | | | | | | | | | |
| **Job Title** | |  | | | | | | **Dept** | | | |  | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | **Post Code** | | | |  | | |
| **Telephone Number** | |  | | | | | | | | **Ext.** | | | | | |  | | | | | | |
| **Able To Collect Child** | | **Yes** |  | | | | | | | **No** | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Do any other individuals have Legal contact arrangements with the child** | | | | | | | | | | | | | | | | Yes | | | | | No | |
| If Yes please provide details below and a copy of relevant documentation | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Contacts Other Than Parents/Carers** | | | | | | | | | | | | | | | | | | | | | | |
|  | **Contact No. 1** | | | | | | **Contact No. 2** | | | | | | | | | | | | | | | |
| **Name** |  | | | | | |  | | | | | | | | | | | | | | | |
| **Relationship To**  **Child** |  | | | | | |  | | | | | | | | | | | | | | | |
| **Address** |  | | | | | |  | | | | | | | | | | | | | | | |
| **Tel. No** |  | | | | | |  | | | | | | | | | | | | | | | |
| **Mobile No.** |  | | | | | |  | | | | | | | | | | | | | | | |
| **Password for**  **Collecting child** |  | | | | | |  | | | | | | | | | | | | | | | |
| **As security and safeguarding our children is of the utmost importance we request that you inform the nursery of any delay or changes to collection arrangements. The person collecting your child should be known to the nursery and be aware of**  **your chosen password.**  **Sessions Required** | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| AM Session |  |  |  |  |  |
| PM Session |  |  |  |  |  |
| Full Day |  |  |  |  |  |
| Additional Requirements |  |  |  |  |  |
| Ideal Start Date:  (New intakes are usually September, January and April.) |  |  |  |  |  |

**Medical Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Doctors Name:** |  | | | | |
| **Address** |  | | | | |
| **Tel. No.** |  | | | | |
| **Health Visitor Name** |  | | | | |
| **Address** |  | | | | |
| **Tel No.** |  | | | | |
| **Does your child have a Personal Child Health Record book (Red Book)**  **If yes, please bring to induction visit.** | | Yes | | No | |
| **Sharing information** | | | | | |
| **I hereby give consent for the staff of Scholar Green Nursery to** … | | | | | |
| Share information about my child with other agencies such as :  Speech and Language, Health Visitors, Special educational need support | | | Yes | | No |
| Signature................................................................ Date...................................................................  **Please note staff will share information without consent if they are concerned about the welfare of the child** | | | | | |

**Childcare Vouchers**

Are you currently (or planning to be) in receipt of childcare vouchers? Yes No

If so, which provider are you registered/will be registered with? ………………………………..

**For September enrolment:**

Registration closing date: 1st March Offer date: 30th March

**For January enrolment:**

Registration closing date: 1st November Offer date: 31st November

Office use only

Details of Placement…………………………………………………………………………………....

Date Received………………………………Date Acknowledged……………………………………

Staff Name…………………………………………………………..Date……………..………….……