**Registration form**

Office use only, date registration form received:

|  |  |  |
| --- | --- | --- |
| First name of Child(If baby bump please just complete surname) |  |  Surname: |
| Name child is known as |  |
| Date of Birth or due date please indicate which  |  | Gender M F  |
| Home Address including postcode |  |
| Nationality |  | Language/s spoken at home |  |
| Place of birth |  |
| Lives with |  |
| **Parent/carer with parental responsibility** |
| Full Name |  |
| Address if different from above |  |
| Email address (this must be supplied to set up FAMLY login) |  |
| Emergency contact number |  |
| **Parent/carer with parental responsibility** |
| Full Name |  |
| Address if different from above |  |
| Email address (this must be supplied to set up FAMLY login) |  |
| Emergency contact number |  |

|  |  |
| --- | --- |
| Yes: | No: |

Do you intend to use Tax free childcare?

Does your child now, or have they previously or will they attend another childcare setting/childminder?

**Requested Attendance**

Please indicate sessions and times you require (subject to availability) If you require full day please tick both am and pm boxes. Our session times are: am 8-12.45 pm 1:15-6pm and full day 8am-6pm

|  |  |  |
| --- | --- | --- |
| **Day** | **am** | **pm** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| **Requested Start Date at Nursery:** **This is the date once confirmed that you will be charged from, settle sessions are booked the week before start date.** |  |

You will be asked to complete additional forms during the settling in sessions to ensure management and staff fully understand your child's needs, can regularly review them and work in partnership with you and any health professionals.

Please provide full details of any additional needs and/or specific support your child may need, including for behaviour. We will require copies of all relevant documentation including Education Health Care Plans and correspondence from Health Professionals (i.e. Speech and Language Therapist, Paediatrician, Physiotherapist) upon registering. It is very important that we understand any additional needs your child may have prior to them starting nursery so that we can plan and make any adjustments required. Failure to declare any known needs may result in withdrawal of a place.

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Are there any other professionals involved with your child/family? (i.e. Social Care, Children's Centre or Family Support Worker) Please give details below

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|  |

Does your child suffer from any phobias or other conditions we should be made aware of?

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|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Date** |  |
| **Signed** |  |
| **Print Name** |  |
| **Date** |  |

Please comment on how you heard about our nursery?