



## STONEY HEATH REGISTRATION FORM





CHILD DETAILS											
First Names			Surna	Surname							
Known As			Date of Birth			Gend		Preferred Start Date		art Date	
Religion Ethnic Origin			Nationality			ionality	Main Lan Spoken:		guages or Other Languages		
PARENT / GUARDIAN DETAILS								эрокен.			
Carer 1 – Legal Re	sponsibil	ity		Yes / No Car			2 – Legal Responsibility			Yes / No	
Relationship to Child			Relations			Relationship to Ch	nild				
First Name			First Name			First Name					
Surname			Surname			Surname					
Nationality				Nationality							
Child's Home Address						Address (if differe	ent)				
Postcode						Postcode					
Home Phone						Home Phone					
Mobile Phone						Mobile Phone	obile Phone				
Home Email						Home Email					
Occupation						Occupation	on				
Work Phone					Work Phone	/ork Phone					
Work Email					Work Email						
EMERGENCY CONTAC						1. 1 1 1.			1.11.1.6		
(Please provide 2 contacts is order available)	r of priori	ty – please r	oe awai	re the con	itacts	s need to be local in ca	ase they nee	ed to collect y	our child if you	are not	
Contact 1 Name				Contact 2 Name							
Relationship to Child				Relationship to Ch							
Home Phone					Home Phone						
Mobile Phone				Mobile Phone							
Work Phone					Work Phone						
ALLERGY / DIETRY INFORMATION (Please provide details of any medical allergies, food allergies or foods to avoid due to beliefs)				s to	MEDICAL CONDITIONS / MEDICINES (Please provide details of any medicines your child takes regularly)						
,											

MEDICAL INFORMATION										
Doctor Name						TWO YEAR CHECK COMPLETED:				
Surgery Name						YES - Date Please		NO - Date Due		
Surgery Add	dress						IMML	JNISATIO	NS UP TO DAT	E:
							YES			NO
						Health Visitor's Name				
Surgery pho	one number					Health Vi	sitor's phon	ie number	•	
J 7.						Treath visitor s priorie number				
	ITY, DEVELOPMENT	TAL CON	ICERNS	OR ADI	DITIC	NAL N	E E D S.			
	ortant - Please circle Yes or No) PHYSICAL SENSORY LEARN			BEHAV	'IOUR	SI	PEECH	CHRON	IIC ILLNESS	OTHER
Yes /		Yes /							/ No	Yes / No
	circled Yes to any of these								,	,
Please provide details / Referrals applied for:										
			SESSIO	N REC	DUIRI	EMENTS	3			
			the year (only	closed Bank	Holiday	s & one weel	k at Christmas)			
	ease note that a MINUMUM ATT	ENDANCE OF					1			
Please circle	e times required		Mond			esday	Wednes		Thursday 8.00am	Friday 8.00am
START TIMES	<u> </u>		8.00am 8.30am		8.00am 8.30am		8.00am 8.30am		8.30am	8.30am
317 (KT THVIES	,		9.00am		9.00am		9.00am		9.00am	9.00am
			1.00pm		1.00pm		1.00pm		1.00pm	1.00pm
FINISH TIME	S		4.30pm		4.30pm		4.30pm		4.30pm	4.30pm
			6.00pm		6.00pm		6.00pm		6.00pm	6.00pm
ALL YEAR	ALL YEAR = attending 5	1 Weeks of	the year TERM		M TIME					•
7122 727111	7.12 1 27 11. 4110114119			ONI						
FUNDED SESSIONS  Children over the age of 2 may be entitled to 15 hours funding (subject to eligibility). All children over 3 years old are entitled to 15 hours funding (Universal entitlement – no eligibility required). Additionally, children over the age of 3 may be entitled to 30 hours funding (subject to availability).  FOR ALL TYPES OF FUNDING, THIS CAN BE CLAIMED THE TERM AFTER THE CHILD'S 2 <sup>ND</sup> OR 3 <sup>RD</sup> BIRTHDAY										
Funding is	only paid Term Time (38 v	weeks of th	e year). Litt	le Tots is	open 5	1 weeks.	15hrs fundi	ng can be	taken on a Te	rm Time space
(dependin	g on availability) or an All-	Year space	. 30hrs fund	ding will b	be offe	red on an <i>i</i>	All-Year spa	ce only. `	our funding e	ntitlement will
be taken of	ff your bill, the remainder				-		-		-	nding code each
	term to en	sure you ar	e eligible. P	lease tick	which	funding yo	ou are eligib	le for bel	ow:	
			B-YEAR-OLD FUNDING - 30 h			ours	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			surance Number
Eligibility Code: El		Eligibility Code:				C	arer 1:			
				Carer 2:						
OTHER USEFUL INFORMATION										
Siblings 1			Siblings 2							
Name			Name							
Age			Age							
Festivals Celebrated? Withdraw from any activity?										
Has your child attended another Play Group or Pre-School in the past?										
What school are you hoping your child will attend?										

## **PERMISSION FORM**

<u>PHOTOGRAPHS</u>						
<u>LEARNING JOURNAL</u> – we give permission for our child's photo to be used in our secure password protected electronic Learning Journal – iConnect. You will also be able to see this Learning Journal via the secure password protected "ParentZone".						
GROUP PHOTO LEARNING JOURNAL – sometimes the children will take part in a group activity which will be photographed for their Learning Journal. We give permission for our child to have group activity photos taken to be used in our personal Learning Journal but may also be shared on their peers Learning Journals.						
<u>FACEBOOK / TWITTER</u> – we give permission for our child's photo to be used on our public Facebook /Twitter page, enjoying nursery activities.						
<u>WEBSITE</u> - we give permission for our child's photo to be used on our website.	YES / NO					
<u>OUTINGS</u>						
We give permission for our child to accompany a member of staff on this kind of activity.	YES / NO					
For children over the age of three, there is an opportunity for them to take part in Forest School, or visit out allotment, or perhaps take them locally to the shops, library and other local areas or the park. This depends on the weather.						
FIRST AID						
We give permission for emergency first aid to be administered.						
In the event of your child requiring emergency aid, we need your authorization for senior staff at the nursery to call the emergency services and/or administer emergency first aid.						
CALPOL						
We agree that Calpol may be given upon our verbal consent.						
Should your child become ill during a session, we may feel that giving them Calpol is necessary. We will always seek verbal consent before administering.						
SUN PROTECTION CREAM						
We ask that you apply sun protection prior to arriving at the nursery – preferably once a day application but may need reapply.						
We give permission for sun cream to be administered when necessary.						
<u>SUDOCREAM</u>						
We give permission for Sudocream to be administered when nappy changing if needed.						

To ensure that we are aware of parents' wishes, please give details of any cultural and / or religious beliefs which need to be taken into account before emergency aid is administered

We also ne	•		g, to enable us to share information regarding their learning profile's. r nursery grant funding when your child becomes eligible at the age of 3.				
Does your child currently attend another setting? NO YES – Which Setting?							
	I agree to pay a NON-REFUNDABLE Administration Fee of £50 when I accept a Nursery space. (Cash or Cheques made payable to Little Tots Nurseries Ltd)						
	I agree to pay a REFUNDABLE DEPOSIT of £50 (returned when your child leaves the Nursery subject to a settled account) when I accept a Nursery space.						
	I agree to provide a copy of my child's birth certificate or passport (we require child identification to complete registration process) when I accept a Nursery space.						
	I have read and accept Little Tots Nurseries	Ltd Terms and	Conditions. E&OE				