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| **A blue square with white text and yellow figures  Description automatically generated with low confidence** | | **LITTLE TOTS NURSERY**  **STONEY HEATH**  **REGISTRATION FORM** | | | | | | | | | | | | | | | | | | | | A red circle with white text and a red ribbon  Description automatically generated | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C H I L D D E T A I L S** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Names | | | | | | | Surname | | | | | | | | | | | | | | | | | | | | | |
| Known As | | | | | | | Date of Birth | | | | | | | | | | Gender | | | | | | Preferred Start Date | | | | | |
| Religion | | | | Ethnic Origin | | | | | | | Nationality | | | | | | | | | Main Languages or Other Languages Spoken: | | | | | | | | |
| **P A R E N T / G U A R D I A N D E T A I L S** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Carer 1 – Legal Responsibility | | | | | | | | Yes / No | | | | Carer 2 – Legal Responsibility | | | | | | | | | | | | | | | Yes / No | |
| Relationship to Child | | | | |  | | | | | | | Relationship to Child | | | | | | |  | | | | | | | | | |
| First Name | | | | |  | | | | | | | First Name | | | | | | |  | | | | | | | | | |
| Surname | | | | |  | | | | | | | Surname | | | | | | |  | | | | | | | | | |
| Nationality | | | | |  | | | | | | | Nationality | | | | | | |  | | | | | | | | | |
| Child’s Home Address  Postcode | | | | | | | | | | | | Address (if different)  Postcode | | | | | | | | | | | | | | | | |
| Home Phone | |  | | | | | | | | | | Home Phone | | | | |  | | | | | | | | | | | |
| Mobile Phone | |  | | | | | | | | | | Mobile Phone | | | | |  | | | | | | | | | | | |
| Home Email | |  | | | | | | | | | | Home Email | | | | |  | | | | | | | | | | | |
| Occupation | |  | | | | | | | | | | Occupation | | | | |  | | | | | | | | | | | |
| Work Phone | |  | | | | | | | | | | Work Phone | | | | |  | | | | | | | | | | | |
| Work Email | |  | | | | | | | | | | Work Email | | | | |  | | | | | | | | | | | |
| **E M E R G E N C Y C O N T A C T S**  (Please provide 2 contacts is order of priority – please be aware the contacts need to be local in case they need to collect your child if you are not available) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact 1 Name | | | | |  | | | | | | | Contact 2 Name | | | | | | |  | | | | | | | | | |
| Relationship to Child | | | | |  | | | | | | | Relationship to Child | | | | | | |  | | | | | | | | | |
| Home Phone | | | | |  | | | | | | | Home Phone | | | | | | |  | | | | | | | | | |
| Mobile Phone | | | | |  | | | | | | | Mobile Phone | | | | | | |  | | | | | | | | | |
| Work Phone | | | | |  | | | | | | | Work Phone | | | | | | |  | | | | | | | | | |
| **A L L E R G Y / D I E T R Y I N F O R M A T I O N**  **(Please provide details of any medical allergies, food allergies or foods to avoid due to beliefs)** | | | | | | | | | | | | **M E D I C A L C O N D I T I O N S / M E D I C I N E S**  (Please provide details of any medicines your child takes regularly) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **M E D I C A L I N F O R M A T I O N** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doctor Name | | | | | | | | | | | | | **TWO YEAR CHECK** **COMPLETED:** | | | | | | | | | | | | | | | |
| Surgery Name | | | | | | | | | | | | | YES - Date Please | | | | | | | | | | | NO - Date Due | | | | |
| Surgery Address | | | | | | | | | | | | | **IMMUNISATIONS UP TO DATE:** | | | | | | | | | | | | | | | |
| YES | | | | | | | | | | | | NO | | | |
| Health Visitor’s Name | | | | | | | | | | | | | | | |
| Surgery phone number | | | | | | | | | | | | | Health Visitor’s phone number | | | | | | | | | | | | | | | |
| **D I S A B IL I T Y, D E V E L O P M E N T A L C O N C E R N S OR A D D I T I O N A L N E E D S.**  **(Important - Please circle Yes or No)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHYSICAL  Yes / No | | | SENSORY  Yes / No | | LEARNING  Yes / No | | | | BEHAVIOUR  Yes / No | | | | | | SPEECH  Yes / No | | | | | CHRONIC ILLNESS  Yes / No | | | | | | OTHER  Yes / No | | |
| If you have circled Yes to any of these options, please give full details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please provide details / Referrals applied for:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **S E S S I O N R E Q U I R E M E N T S**  **Open 51 weeks of the year (only closed Bank Holidays & one week at Christmas)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please note that a MINUMUM ATTENDANCE OF 3 SESSIONS OVER 3 DAYS A WEEK IS REQUIRED to make your child’s Nursery experience beneficial** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please circle times required | | | | | | | Monday | | | | | Tuesday | | | | | Wednesday | | | | Thursday | | | | | | | Friday |
| START TIMES | | | | | | | 8.00am 8.30am 9.00am | | | | | 8.00am 8.30am 9.00am | | | | | 8.00am 8.30am 9.00am | | | | 8.00am 8.30am 9.00am | | | | | | | 8.00am 8.30am 9.00am |
| FINISH TIMES | | | | | | | 1.00pm 4.30pm 6.00pm | | | | | 1.00pm 4.30pm 6.00pm | | | | | 1.00pm 4.30pm 6.00pm | | | | 1.00pm 4.30pm 6.00pm | | | | | | | 1.00pm 4.30pm 6.00pm |
| ALL YEAR |  | ALL YEAR = attending 51 Weeks of the year | | | | | | | | TERM TIME  ONLY | | | |  | |  | | | | | | | | | | | | |
| **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 2ND OR 3RD BIRTHDAY**  **Funding is only paid Term Time (38 weeks of the year). Little Tots is open 51 weeks. 15hrs funding can be taken on a Term Time space (depending on availability) or an All-Year space. 30hrs funding will be offered on an All-Year space only. Your funding entitlement will be taken off your bill, the remainder will be stretched over monthly payments. You will need to provide us with your funding code each term to ensure you are eligible. Please tick which funding you are eligible for below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2-YEAR-OLD FUNDING - 15 hours | | | | |  | 3-YEAR-OLD FUNDING - 30 hours | | | | | | | | | | |  | Parent/Carer National Insurance Number | | | | | | | | | | |
| Eligibility Code: | | | | | | Eligibility Code: | | | | | | | | | | | | Carer 1:  Carer 2: | | | | | | | | | | |
| **O T H E R U S E F U L I N F O R M A T I O N** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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**

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| --- | --- |
| **PHOTOGRAPHS**  **LEARNING JOURNAL** – 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.  **FACEBOOK / TWITTER** – we give permission for our child’s photo to be used on our public Facebook /Twitter page, enjoying nursery activities.  **WEBSITE** - we give permission for our child’s photo to be used on our website. | YES / NO  YES / NO  YES / NO  YES / NO |
| **OUTINGS**  We give permission for our child to accompany a member of staff on this kind of activity.  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. | YES / NO |
| **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. | YES / NO |
| **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. | YES / NO |
| **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. | YES / NO |
| **SUDOCREAM**  We give permission for Sudocream to be administered when nappy changing if needed. | YES / NO |

**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**

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| --- | --- | --- | --- |
| It is important that we are aware if your child attends another setting, to enable us to share information regarding their learning profile’s.  We also need this information to ensure that we correctly claim your nursery grant funding when your child becomes eligible at the age of 3.  These are guidelines set by Ofsted. | | | |
| 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 | | |