



Child Registration Form

Childs Full Name		Gender
Name to be called		Date of Birth ___/___/20___
Eligible for 2 year funding	Yes / No - Code:	Languages Spoken
Eligible for 3/4 year funding	Yes / No	
Eligible for 30 hour funding	Yes / No - Code:	
Child's NHS number		
Child's Birth Certificate or Passport number		

Please note a child may become eligible for funding and this starts the term after they turn 2 or 3

Emergency Contact Name 1		Do you have parental responsibility <input type="checkbox"/>
Relationship to child		
Home Address and Postcode		Place of work
Mobile Number		Work telephone
Email Address		

Emergency Contact Name 2		Do you have parental responsibility <input type="checkbox"/>
Relationship to child		
Home Address and Postcode		Place of work
Mobile Number		Work telephone
Email Address		

Emergency Contact Name 3		Do you have parental responsibility <input type="checkbox"/>
Relationship to child		
Home Address and Postcode		Place of work
Mobile Number		Work telephone
Email Address		

Medical Information

Please comment below if your child has any allergies/medical conditions/special needs/ or requires any additional support, if necessary a Health Care Plan will be completed before your child starts at pre-school:

Please list the names of any Health Professionals involved with your child:

Start date: Please note our main intake is the beginning of September but please indicate the term you would prefer your child to start: Autumn 20____ / Spring 20 ____ / Summer 20____

Days and Times you would prefer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning - 8, 8.30 or 9am to 11.30					
Lunch club - only available with morning session to 12.15pm					
Afternoon 12.30 - 3.30pm					

Terms and Conditions of Registration

- Parents/Carers must inform the pre-school and complete the necessary form if the child has had any medicine prior to attending their session.
- Parents/Carers must inform the pre-school and complete the necessary form if the child has had an accident or has an injury prior to attending their session.
- Fees must be paid by the deadline stated on the invoice, a £5.00 fee per week will be issued for late payments.
- A fee of £5.00 per 15 minutes will be charged for late collection.
- Children will not be accepted into the pre-school suffering from any contagious disease or if they have had diarrhoea or vomiting within the last 48 hours.
- 4 weeks notice in writing is required if you want to withdraw your child from The Early Bird Pre-School CIC.
- If a funded child leaves before the funding adjustment week (set by the local authority) an invoice will be issued for the remaining sessions of the term.
- You and any other adults responsible for dropping or collecting your child will read, support and sign our 'Parent Code of Conduct'.

Privacy Statement

By signing and submitting this form you are agreeing to your details and your child's details being used for the purpose of registering your child. You consent to your contact details being used in the future should the need arise. The information will only be accessed by necessary staff and sometimes The Children's Centre who we work alongside. The information will be held securely and will not be distributed to third parties. You have the right to change or access your information at any time. When the information is no longer required it will be disposed of following Local Authority guidelines. Please refer to our full privacy notice for further information, copies are available in the setting or on our website. If you accept a place for your child, a comprehensive permissions and consent form will be issued to you to complete at your home visit.

An administration charge of £10 is payable to place your child on the waiting list, this is non refundable.

Parent/Carer 1 Name _____

I agree with the privacy statement and I have read and accept the terms and conditions of registration

Signature _____

Date _____

Parent/Carer 2 Name _____

I agree with the privacy statement and I have read and accept the terms and conditions of registration

Signature _____

Date _____

Parent/Carer 3 Name _____

I agree with the privacy statement and I have read and accept the terms and conditions of registration

Signature _____

Date _____