



Office use only

Date form received: _____

Term starting: _____

Room: _____

Child Registration Form

Sessions Offered _____

Key person: _____

Key person meeting date: _____

Childs Full Name		Gender
Name to be called		Date of Birth ____/____/20____
Circle which funding your child is eligible for:		Funded children only:
2 year funding (15 hours for supported families)	30 hours funding (for working families with children aged 9+ months)	15 hours funding (for all families with children aged 3-4 years old)
Funding Code:		Parent 1: DOB:
Child's NHS number		Parent 1 National Insurance Number:
Child's Birth Certificate or Passport number		Parent 2 DOB:
		Parent 2 National Insurance Number:
		Languages spoken

*For funding information go to www.beststartinlife.gov.uk Funding starts the term after a child turns 9 months, 2 or 3 years
All children aged 3-4 are eligible for 15 hours free childcare the term after their 3rd birthday

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

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

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

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 (Sept) 20____ / Spring (Jan) 20 ____

Preferred days and times:

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast (8 - 8.30)					
Morning (8.30 or 9 - 11.30)					
Lunch (11.30 - 12.15)					
Afternoon (12.30 - 3.30)					

Terms and Conditions of Registration - please read alongside our guide to fees and funding

- 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 (as indicated in our guide to fees and funding) must be paid by the deadline stated on the invoice, a £5.00 fee per week will be issued for late payments. All sessions must be paid for even if your child does not attend including holidays, sickness.
- 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.
- 6 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. 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.

Parent/Carer 1 Name:

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

Parent/Carer 2 Name:

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

Signature_____

Date:

Signature_____

Date:

How did you hear about us? _____