



# Child Registration Form

Office use only

Date form received: \_\_\_\_\_

Term starting: \_\_\_\_\_

Sessions Offered \_\_\_\_\_

Key person: \_\_\_\_\_

Key person meeting date: \_\_\_\_\_

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

\*To apply for funding go to [www.childcarechoices.gov.uk](http://www.childcarechoices.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 3<sup>rd</sup> birthday

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

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

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