

Together from the start



Nursery School & Children's Centre

Registration Form

Name of Child: _____

Date of Birth: _____



Working in partnership with

SureStart



**INVESTORS
IN PEOPLE**

Together we will make a difference

WHICH SERVICE(S) DO YOU REQUIRE?

AGE GROUP	SESSION	DAYS REQUIRED (TERM TIME only for 3 plus* and over)					HOLIDAY DAYS REQUIRED					START DATE
		Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	
3 months old to Under 2 years old	07:30 -12:00											
	07:30 -13:00											
	12:00 -18:00											
	13:00 -18:00											
	07:30 -18:00											
2 years old to 3 plus*	07:30 - 09:00											
	07:30 -12:00											
	7:30 – 01:00											
	9:00 – 12:00											
	12:00 -18:00											
	12:30 – 15:30											
	15:30 – 18:00											
	13:00 -18:00											
	07:30 -18:00											
3 plus* and over	07:30 - 09:00											
	*09:00 -12:00											
	*12.30 -15:30											
	15:30 -18:00											
	07:30 -18:00											

*** 3 plus means the start of the next term after the child turns 3 years
(Terms are September, January and after Easter)**

1. SERVICE

Please indicate which service your child will be attending

Highfield Nursery School

Highfield Nursery

Highfield Cool Kids Club

2. YOUR CHILD

Child's surname/family name _____

Child's first name(s) _____

Child likes to be called _____

Child's date of birth _____ *(please produce proof i.e., birth certificate / passport, while submission)*

Child's gender MALE FEMALE

Child's home address _____

_____ Postcode _____

3. YOUR CHILD'S ETHNICITY, CULTURE & RELIGION

Please tick one from the list below.

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy / Roma
- Any other white background

Black

- British
- Caribbean
- African
- Any other black background

Asian

- British
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Other

- Chinese
- Any other ethnic background

4. YOUR CHILD'S CULTURE, LANGUAGE AND RELIGION

Child's first language spoken _____

Is English spoken? YES NO Is English understood? YES NO

Is your child's speech... Easily understood by you? Easily understood by others?

Child's Religion _____

Religious / cultural festivals celebrated _____

5. YOUR CHILD'S DOCTOR

Name of doctor _____

Doctor's practice address _____
_____ Postcode _____

Doctor's telephone number _____

6. YOUR CHILD'S HEALTH VISITOR

Name of child's health visitor _____

Health visitor's practice address _____
_____ Postcode _____

Health visitor's telephone number _____

7. YOUR CHILD'S DENTIST

Is child registered with a dentist? YES NO

Name of dentist _____

Dentist's practice address _____
_____ Postcode _____

Dentist's telephone number _____

8. YOUR CHILD'S HEALTH

Vaccinations received to date Triple Injection Meningitis C MMR HIB

Date next vaccination due _____

Any medical/health issues?
(e.g. hearing, vision, asthma
epilepsy, physical difficulties etc) _____

Childhood illnesses to date _____

Any allergies? _____

Any special dietary needs? _____

9. YOUR CHILD'S DEVELOPMENT AND WELFARE

Date of last developmental check _____

Were any issues identified? _____

Do **you** have any concerns? _____

Is your child known to the Child Development Centre? Yes No

If yes, please provide details _____

Is your child known to the Educational Psychologist Service? Yes No

If yes, please provide details _____

May information about your child be sought from Health / Education Service? Yes No

Is there anything else you feel is important that we know or understand about your child?
(for example: fears, changes in family life, hospitalisation, bereavement, moving home etc)

10. YOUR CHILD'S MAIN CARER(S)

Please indicate who has parental responsibility for the child.

*When a child is born to married parents, both have parental responsibility from birth.
If the parents is unmarried and the child's birth was registered before 1st December 2003,
the mother alone has parental responsibility from birth.
If the child's birth was jointly registered by the mother and unmarried birth father on or after
1st December 2003, the birth father shares parental responsibility equally with the birth mother.
The Children Act 1988 section 4A (1) Adoption and Children Act 2002 section 51 (4)*

Please record name and address details of your child's main carer(s) i.e. who they normally live with.

PARENT / CARER 1 Does this person have parental responsibility? YES NO

Full Name _____

Relationship to child _____ Date of Birth _____

Is this who the child normally lives with? YES NO

Home Address _____
(if different to that recorded in section 2)

Postcode _____

Home Telephone Number _____

Mobile Telephone Number _____

Work Telephone Number _____

PARENT / CARER 2

Does this person have parental responsibility? YES NO

Full Name _____

Relationship to child _____ Date of Birth _____

Is this who the child normally lives with? YES NO

Home Address
(if different to that recorded in section 1) _____

Postcode _____

Home Telephone Number _____

Mobile Telephone Number _____

Work Telephone Number _____

11. EMERGENCY CONTACTS

In the unlikely event centre staff are unable to contact you in the event of an emergency, we request your consent to seek emergency medical advice and/or treatment for your child. Please sign below to offer this consent.

Signed: _____

Should we need to seek medical advice for your child, we will continue to try to contact you or your nominated emergency contacts to ensure you are aware of the situation as soon as possible. Please provide details of the person(s) you would like us to contact.

Name	Relationship to Child	Telephone Number(s)
_____	_____	_____
_____	_____	_____

12. OTHER CONTACTS

Please record the details of all parents / carers / relations who will be bringing your child to or collecting them from the centre.

NOTE: Anyone under the age of 14 years is not permitted to bring or collect children from the Centre.

Name	Relationship to Child	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. YOUR OTHER CHILDREN / SIBLINGS

Please record the details of any siblings (brothers or sisters) that your child has

Name	Date of Birth	Address (if different to that recorded in Section 2)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. OUTREACH SERVICES

Do you feel we could provide you with any support, advice or guidance through our Child and Family Outreach Service?

YES NO

If yes, please provide details _____

The centre can provide you or any member of your family with support in developing skills in reading and/or writing. Would this be of interest to you?

YES NO

15. PHOTOGRAPHS AND VIDEOS

At Highfield, we regularly take photographs and occasionally video recordings of the children as they take part in activities here. These images may be used in the centre on visual displays either in the rooms the children occupy or across the rest of the centre, in children's record of achievement books, in centre records, press releases or on the centre's website and publications. If you have any concerns about this, please speak to the room co-ordinator.

16. INVOLVEMENT WITH THE CENTRE

We welcome parental/carer involvement in all aspects of the centre and value any hobbies, interests or talents that you would like to share with the children. Is there any way in which you feel you would like to become involved?

17. OTHER PLACEMENTS

Does your child access any other Nursery placement? If so, please give full details below

18. WORKING TOGETHER

Together from the start

At Highfield we aim to work with all parents/carers to ensure all children access quality services and we are always happy to receive compliments regarding any part of our service. In the event of a concern or complaint please speak to a member of staff. We will deal with your concern/complaint honestly, politely and in confidence and will keep you up to date with any action that we have agreed to take.

Together we can make a difference

19. VISITS AND OUTINGS

As part of the curriculum and to enhance the Learning and Development of children at Highfield, we do organise short visits in to the local community to raise awareness of our immediate environment. Such outings are of course supported by appropriately qualified staff as your child's safety remains our priority. Should you have any concerns regarding your child participating in these organised trips, please do not hesitate to speak to a member of staff. If you do not wish your child to take part in these short outings, could you please advise us of this in writing.

20. YOUR SUPPORT SERVICES

Do you access support from Home Start / Social Worker? YES NO

Do you receive Child Tax Credit? YES NO

Do you receive Working Tax Credit? YES NO

PLEASE NOTE THE FOLLOWING SECTIONS 21 – 24 REQUIRE YOUR SIGNATURE.

21. PAYMENT OF FEES

- Payments can be made weekly, fortnightly or monthly.
- All payments are due in advance of your child attending the centre. By this we mean that if you choose to pay weekly, the full week's payment should be made on the first day your child attends in the week.
- Individual payment plans can be agreed prior to your child starting at the nursery or if you want to change to monthly payments. Please speak to the head or our finance officer.
- Payments can be made in the office by cash, cheque or nursery voucher. Alternatively, payments can be made by standing order direct from your bank account. Standing order forms can be obtained from the office.
- If fees should become outstanding for two weeks, we will discuss the late payment with you.
- Failing to maintain regular, advance payments or adhering to an agreed payment plan may result in your child's place at the centre being reallocated.
- Payment is required for 51 weeks of the year, including bank holidays during this period. Payment is not required for the 5 days closure around Christmas including the Christmas Day / Boxing Day bank holidays.
- Fees are subject to review on an annual basis.

I have read and agree to the conditions of payment as detailed above.

Signed _____ Date _____

22. POLICIES AND PROCEDURES

I understand that the Centre's Policies and Procedures are available to be viewed at any time and I understand that it is my responsibility to familiarise myself with these documents

Signed _____ Date _____

23. DATA PROTECTION

All information provided is covered by the Data Protection Act 1998 and is strictly confidential.

I understand and agree to the details provided being shared with multi-agency professionals.

I confirm that the information given on this form is accurate and understand that my child's record will be held at Highfield Children's Centre.

Signed _____ Date _____

24. ACKNOWLEDGEMENT

I confirm that the information given on this form is accurate and understand that the completion of this form does not guarantee admission to the nursery school and/or other childcare services provided at Highfield Children's Centre.

Signed _____ Date _____

25. MONITORING

For monitoring purposes, please tell us where you heard about the services the centre offers?

- Family member Friend Newspaper
 Magazine Internet Other _____

26. COMMUNICATION

In order for us to communicate effectively with parents/carers regarding news and events at Highfield, please let us know your preferred method of communication below.

- Letter
e-mail e-mail address: _____
Text messaging Mobile no. to be used _____

PLEASE ENSURE THIS NUMBER IS KEPT UP TO DATE

27. TRAVEL

Please advise how you/your child travel to Highfield.
(This information is required only for the School Census)

- Car Bus Train
Walk Cycle Other (please specify) _____

