

Coombes Nursery School Registration Form 2018-2019

Child's Details	
First name (s)	Surname
Preferred choice of name if any	
Date of birth	
Gender M /F	
Address	
Is this child a 'Looked After Child' (looked after children' (LAC) means children in public care, who are placed with foster carers, in residential homes or with parents of other relatives)? Yes / No	

Name of First Parent/Guardian Living at Home Address Above		
Title	First name	Surname
Relationship to child		Parental responsibility? Yes / No
Home telephone number		Mobile phone number
Email address		
Work telephone number		

Name of Second Parent/Guardian			
Title	First name	Surname	
Relationship to child		Parental responsibility?	Yes / No
Mobile telephone number			
Work telephone number			

Emergency Contact Details	
Name of doctor	Telephone number
Practice address	
Other local contacts in case of emergency or illness at School	
Name(s)	
Telephone number(s)	
Who will collect your child on a regular basis	
Name	
Name	
Only authorised persons will be allowed to collect your child, please inform the Nursery Team of any changes before they are due to occur.	

Supplementary Details

Has your child had any serious illnesses or injuries?	Yes/No
Details	
Has your child completed an immunization program to date?	Yes/No
Details	
Has your child any known allergies and medical conditions?	Yes/No
Details	
Does your child have any particular or special needs?	Yes/No
Details	
Does your child drink milk? If NO, are they allowed ANY dairy products please give details:	
Languages spoken at home	
Religion	
Ethnic Origin	
Nationality	Country of Birth
Has your child attended an under five's group before?	Yes/No
If yes, please provide details:	
Fully toilet-trained	Yes/No
Service Family:	Yes/No

Permissions

Occasionally we may take the child away from the premises.

I give my permission for my child to take part in these activities

Signature

Date

Photographs

Photographs are used to track children's learning, in newsletters, displays and pre-school publications.

I give permission for my child to be photographed for the above reasons.

Signature

Date

First Aid

I give my permission for a trained first aider to administer first aid to my child.

Signature

Date

Any other information you think would be helpful for us to know about your child.

Your child will be placed on the waiting list and contacted when a place becomes available

Any information given to The Coombs Nursery as part of this registration form will be treated with the strictest of confidence.

Attendance preferences

Day	Mornings 0830-1130	Lunch Club	Afternoons 1230-1530	All Day (Incl. Lunch Club)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Nursery Funding

The government provides all three year olds with 15 Funded Hours

If you want 30 hours you can either pay or apply to www.gov.uk to see if you qualify for an additional 15 funded hours

Do you qualify for the 'Extended 15 Funded Hours' Yes/No

If yes, please provide your unique Thirty Hour Code: _____

Parent Name _____ Parent Date of Birth _____

National Insurance Number _____

In order to continue with your extended funding, you must renew the code regularly and advise us of any changes.

Nursery Pricing

Morning sessions or afternoon sessions cost £120 per week

All Day sessions cost £240 per week

Lunch Club costs £4.50 per day