



Headteacher: Mr L. Henderson

### Coombes Nursery School Registration Form

<b>Child's Details</b>	
First name (s)	Surname
Preferred choice of name if any	
Date of birth	Gender
Application for entry in Term: Autumn   Spring   Summer   (please circle)	Year 20__
Address	
Postcode	
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	
Fully toilet-trained    Yes/No	
Service Family:    Yes/No	
Has your child attended an under-five's group before?    Yes/No If yes, please provide details:	

<b>Ethnic/Cultural Information</b>	
Is English an additional language for your child?    Yes/No	
If yes; What is your child's first language?	What languages are spoken at home?
Religion	Ethnicity
Are you a member of the GRT community?    Yes/No Please specify:	

Please provide two points of contact for your child. This is especially important should we need to contact you during the school day for whatever reason (e.g. illness, injury)

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

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

<b>Other local contacts in case of emergency or illness at School</b>
Name(s)
Telephone number(s)

<b>Who will collect your child on a regular basis</b>
Name
Name

**Only authorised contacts will be allowed to collect your child, please inform the Nursery Team and/or the school office of any changes before they occur.**

**Medical & Dietary Information**

Has your child had any serious illnesses or injuries? Yes/No

If yes, please provide details

Has your child any known allergies? Yes/No

If yes, please provide details

Please note that if the allergies are dietary, the school kitchen will contact you and you may be asked to provide medical evidence.

Has your child any medical conditions e.g. asthma, eczema? Yes/No

Details

Does your child drink milk? Yes/No  
If NO, are they allowed ANY dairy products please give details:

**SEN & Welfare Information**

Is your family working with any of the following:

Family Worker? Yes/No

CAMHS? Yes/No

SENDIASS? Yes/No

ASSIST? Yes/No

Please provide further information.

### 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

### Provision of Intimate Care

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I give my permission for one member of staff to change my child on their own if this is necessary.

If my child is still in nappies, I agree to send in spare nappies and wipes every day. I will encourage my child with toilet training at home, in order to develop their independence.

If my child is starting Nursery and is out of nappies, I agree to send a bag with spare pants and a change of clothes each day.

If my child is starting School and is prone to accidents, I agree to send a bag with spare pants and other necessary clothes each day. If my child is changed into clothes belonging to School due to a toileting accident, I agree to wash and send them back.

Signature

Date

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.

### 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.

### Attendance preferences

Day	Mornings 0830-1130	Lunch Club*	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](http://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.

