



Wivelsfield Primary School and Nursery

South Road, Wivelsfield Green, RH17 7QN

Telephone: 01444 471393 (School Office)

01444 716503 (Nursery Direct Line)

office@wivelsfield.e-sussex.sch.uk www.wivelsfieldschool.org

Headteacher: Mrs H Smith BA Hons NPQH



Wivelsfield Wrens Nursery

Registration form

Child's Name	First name:	Date of Birth:		Gender:
	Middle name(s):			
	Surname:			
	Name known as:			
Name of parent or legal guardian	Parent 1: Mother /Father /Legal Guardian	Parent 2: Mother /Father /Legal Guardian		
Email				
National Insurance No				
Telephone Numbers	Home:	Home:		
	Work:	Work:		
	Mobile:	Mobile:		
Child's full address including postcode				
Anticipated start term/date				
Country of Birth		First Language		
Languages spoken at home		Child's Religion/Culture		
Religious Celebrations				
Name(s) of other children in your child's home				

Medical Information

Child's Doctor	
Surgery Address	
Surgery Tel Number	

Immunisations/Vaccinations

Has your child been fully immunised against? (please tick)

4-in-1 vaccine (incl. Diphtheria, Whooping Cough, Tetanus & Polio)			
Measles		Mumps	
Rubella		Hib/Men C	
Meningitis		Other	

Allergies & Intolerances	
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Special Dietary Requirements	
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(Please attach a separate sheet if necessary)

Health Requirements/ Illnesses	
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PASSWORD (for others to use when picking up your child)	
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EMERGENCY Contact details 1 (other than yourself):

Adult full name _____

Relationship to child _____

Daytime/work telephone Mobile _____

Home Telephone _____

Email _____

Home address _____

Work address _____

Does this person have parental responsibility for the child? Yes No

EMERGENCY Contact details 2 (other than yourself):

Adult full name _____

Relationship to child _____

Daytime/work telephone Mobile _____

Home Telephone _____

Email _____

Home address _____

Work address _____

Does this person have parental responsibility for the child? Yes No

EMERGENCY Contact details 3 (other than yourself):

Adult full name _____

Relationship to child _____

Daytime/work telephone Mobile _____

Home Telephone _____

Email _____

Home address _____

Work address _____

Does this person have parental responsibility for the child? Yes No

Is your child being supported by other services?

E.g. Speech and Language/Health Visitor etc...

Health Visitor: _____ Health Clinic: _____

Is there anything else we should know about your child?

Does your child have previous experience of attending a childcare setting? If so, please specify:

Many thanks for completing this form.

Please let the office know if any of these details change once your child has started in Nursery.

Preferred Sessions (Please tick)

Please see our information pack for the cost of different sessions according to the age of your child

DAY/TIME	Morning Session	Lunchtime Session	Afternoon Session
	8.30 - 11.30 Funding available	11.30 - 12.30 Invoiced	12.30 - 15.30 Funding available
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Are you entitled to funding?

Please indicate below which funding you wish to claim

If you are unsure if you are entitled to funding please check on www.childcarechoices.gov.uk or phone 03001234097.

2yr old funding	
3/4yr old funding up to 15hrs	
3/4yr old funding up to 30hrs	

Parent's/Guardian's/Carer's signature	Date
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Please return this form to Wivelsfield Primary School office or send via email to nursery@wivelsfield.e-sussex.sch.uk along with a £35 registration fee (non-refundable)

Please make the £35 registration fee (non- refundable) payment to:

Bank:	National Westminster
Account:	ESCC Wivelsfield

Sort code:	60-13-09
Account number:	04298993

Please note that a place is not confirmed until we receive this Registration Form with the Registration Fee of £35, and you have received a confirmation.