**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**](http://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:  Work:  Mobile: | | Home:  Work:  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 |  | | |
| Special Dietary  Requirements |  | | |
| Health Requirements/  Illnesses | **(Please attach a separate sheet if necessary)** | | |
| PASSWORD  (for others to use when picking up your child) |  | | |

**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](http://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 |

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.