Ditchling (St Margaret's) CE Primary and Nursery School, Lewes Road, Ditchling, East Sussex, BN6 8TU, 01273 844130

Registration form

<table>
<tr><td rowspan="4">Child's Name</td><td>First name:</td><td rowspan="4">Date of Birth</td><td rowspan="4"></td><td rowspan="4">Gender: male/ female</td></tr>
<tr><td>Middle name(s):</td></tr>
<tr><td>Surname:</td></tr>
<tr><td>Name known as:</td></tr>
<tr><td>Parent's Name</td><td colspan="4"></td></tr>
<tr><td>Child's full address including postcode</td><td colspan="4"></td></tr>
<tr><td>Email</td><td colspan="4"></td></tr>
<tr><td>Telephone Numbers</td><td>home</td><td>work</td><td colspan="2">mobile</td></tr>
<tr><td>Anticipated start term/date</td><td colspan="4"></td></tr>
<tr><td>Country of Birth</td><td></td><td>First Language</td><td colspan="2"></td></tr>
<tr><td>Main religion</td><td></td><td>Name of siblings with whom the child lives</td><td colspan="2"></td></tr>
</table>

EMERGENCY Contact details 1:

Adult full name _____Date of Birth_____

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:

Adult full name _____Date of Birth_____

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 □

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

Preferred Sessions (Please tick)

DAY/TIME	08:00-08:40	08:40-11:40	11:40-12:20	12:20-15:20	15:20-16:10	16.10-16:30
	Invoiced	Funding	Invoiced	Funding	Invoiced	Invoiced
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

There is a maximum of four 2 year olds and thirteen 3-4 year olds in any session.

Are you entitled to funding?

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 for 15hrs - (can be taken as a combination of sessions)	
3/4yr old funding for 30hrs - (nursey is currently open for maximum of 27 hrs)	

Signed	Date

Please return this form to Ditchling (St Margaret's) CE Primary and Nursery school office or send via email office@ditchlingsch.co.uk.

Please note that a place is not confirmed until the office has had sight of the child's birth certificate and you have received a confirmation.

Health and development

Is your child known to have any allergies, food intolerances or dietary requirements? If so, please specify:

Does your child have any health needs/medical conditions? If so, please specify:

Does your child have any special needs or disabilities? If so, please specify:

Are any of the following in place for the child?

Early Years Action	Yes	□	No	□
Early Years Action Plus	Yes	□	No	□
Education and Health Care Plan	Yes	□	No	□

Parents should refer to the SEN Code of Practice for an explanation of the terms above.

What special support will he/she require in our setting?

Two year old progress check – children aged 24 – 36 months

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes □ No □

Setting completing check _____ Date completed _____

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check.

Details of professionals involved with your child

GP

Name _____ Telephone _____

Address _____

Health Visitor (if applicable)

Name _____ Telephone _____

Address _____

Social Care Worker (if applicable)

Name _____ Telephone _____

Address _____

What is the reason for the involvement of the social care department with your family?

NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.

Any other professional who has regular contact with the child

Name _____ Role _____

Agency _____ Telephone _____

Address _____

General parental permissions

Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the supervisor or authorized deputy for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

Signed _____ Date _____

Printed name _____

Policies and procedures

I have been provided with details of Ditchling (St Margaret's) CE Nursery in the Welcome Pack of nursery fees and the location of policies and procedures.

I have read, understood and agree to the Ditchling (St Margaret's) CE Nursery Home Nursery Agreement.

I understand where the policies are kept on the website, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

I understand and accept that a term's notice is required in order to remove a child and that if such notice is not given then fees will be charged in lieu.

I understand and accept that fees are still due even if a child is absent, for example due to sickness or family holiday, during term time.

I understand and accept that all fees and charges must be paid by the due date as stated on the invoice.

I have read, understood and agree to the above Policies and Procedures.

Signed _____ Date _____

Printed name _____

Please return this form to Ditchling (St Margaret's) CE Primary and Nursery school office or send via email office@ditchling-ce-prim.e-sussex.sch.uk.

Please note that a place is not guaranteed until you receive a confirmation.

Equalities monitoring form

Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.

White British	☐	Pakistani	☐
White Irish	☐	Indian	☐
White other	☐	Asian other	☐
Black British	☐	Chinese	☐
Black African	☐	Chinese other	☐
Black Caribbean	☐	White and Black Caribbean	☐
Black Other	☐	White and Black African	☐
Bangladeshi	☐	White and Black Asian	☐

Other please state _____