

## Office use only

Place accepted: \_\_\_\_\_ Date received \_\_\_\_\_  
 Place not accepted: \_\_\_\_\_  
 Fees/Deposit: \_\_\_\_\_  
 Key Person \_\_\_\_\_  
 Start date: \_\_\_\_\_  
 Sessions: \_\_\_\_\_  
 C.P (alert) location: \_\_\_\_\_

**REGISTRATION FORM**

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 \_\_\_\_\_ Home no: \_\_\_\_\_  
 Gender: Male/Female Religion: \_\_\_\_\_  
 Home language: \_\_\_\_\_ Child's ethnic origin: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
 Mobile or Work No: \_\_\_\_\_  
 Does this parent have parental responsibility for the child? Yes/No

Father's Name: \_\_\_\_\_ Mobile  
 or Work No: \_\_\_\_\_ Does this  
 parent have parental responsibility for the child? Yes/No

## Brothers/Sisters:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Family email address: \_\_\_\_\_

PASSWORD: \_\_\_\_\_  
 (Pre-School password for security)

## Previous settings attended. (Pre-school/Nursery/Childminder)

Name: \_\_\_\_\_ Date attended from: \_\_\_\_\_ to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Tel: \_\_\_\_\_

Childminder's Name: \_\_\_\_\_ Number: \_\_\_\_\_

## Emergency contact to use if unable to contact any of above:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Has your child been immunised against?

Does your child have any of the following?

Polio:	yes/no	Asthma	yes/no
Diphtheria:	yes/no	Eczema	yes/no
Tetanus:	yes/no	Allergies	yes/no
Whooping cough:	yes/no	Fits	yes/no
BCG:	yes/no	Sickle cell:	yes/no

Any dietary requirements or anything else you would like to tell us about your child? \_\_\_\_\_

Any relevant health information/allergies? \_\_\_\_\_ (please complete the Individual Health Plan please ask a staff member) \_\_\_\_\_

Child's doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Health Visitor's name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Any other professional who has regular contact with the child? Yes/No (delete)

Name _____	Role _____	Agency _____
Telephone _____	Address _____	Email _____

**Please fill in if you have a preference; Morning/ Afternoon/ All Day.** Please be aware that our admissions policy states that children must attend for a minimum of 3 sessions per week. **Is your child on a nursery waiting list? Y/N**

\*I agree to my child being seen by a health visitor at pre-school and being contacted.\*I agree to my child being seen by a doctor in an emergency.\*I understand that all agreed sessions must be paid for on the day or in advance, whether my child attends or not.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(On the day of registration you will need to produce a photo I.D for parents who have parental responsibility)

### IMPORTANT INFORMATION

From the month following your child's 3rd birthday you are eligible for a grant for 15 hours care per week. (570 hours per year, this is broken down into mornings 9am-12pm or afternoons 12.30pm-3.30pm, however, this can be used flexibly, i.e 2 full days and 1 half day where a cost of £2.75/£3.00 is charged for the extra ½ hour either for the lunch/end of da, depending on the child's age). From September 2017, working parents will be entitled to up to 15 hours a week of additional extended entitlement on top of the universal entitlement of 15 hours of free early education. The additional 15 hours will be available to eligible children aged 3 at the start of the term following their 3rd birthday until the child is attending Reception. Please go to [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk) to see if your child is eligible. Ticket/Unique reference number confirmed as eligible \_\_\_\_\_ **Parent/Carer you will need to provide documentary evidence of meeting the criteria . ( a copy of a benefits letter will be fine) which will need to be attached to this signed parental declaration. The local authority has set a new system which allows providers to process the re-validation codes for the 30 hours (that you re-confirm every 3 months) free childcare.**

If you are in receipt of benefits then please go to [www.walthamforest.gov.uk/eychecker](http://www.walthamforest.gov.uk/eychecker) to check if your child is eligible for a 2 year old free funded place. Ticket/Unique reference number confirmed as eligible \_\_\_\_\_ **Parent/Carer you will need to provide documentary evidence of meeting the criteria . ( a copy of a benefits letter will be fine) which will need to be attached to this signed parental declaration.**

For further information on any services provided by the local authority 'LOCAL OFFER' please visit [www.walthamforest.gov.uk/localoffer](http://www.walthamforest.gov.uk/localoffer)

If you are willing and able to pay for a 2 year old place then please indicate by circling the following yes/no  
Fees are £19.50 for a 2 year old session of 3 hours and £16.50 for a 3 year old session until government funding starts or in addition to.

Please contact **Ruby Marwat on 020 8556 8585** if any circumstances change or you no longer need this place. This helps keep the waiting list up-to-date. The pre-school will phone you when your child has a place.

#### The following data is voluntary and use for information purpose only

1 parent in full time work	2 Parent in full time work	1 Parent in part time work	2 Parent in part time work	Single parent family
1 Parent on Benefit	2 Parent on Benefits			