

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: \_\_\_\_\_

Has your child been immunised against?

Polio: yes/no  
Diphtheria: yes/no  
Tetanus: yes/no  
Whooping cough: yes/no  
BCG: yes/no

Does your child have any of the following?

Asthma yes/no  
Eczema yes/no  
Allergies yes/no  
Fits yes/no  
Sickle cell: yes/no

Any relevant health information? \_\_\_\_\_

Child's doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

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

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 £2.50 is charged for the extra ½ hour lunch). 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**

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**

If you are willing and able to pay for a 2 year old place then please indicate by circling the following yes/no  
Currently (September fees are £18 for a 2 – 3 year old session of 3 hours and £15 for a 3 year old session until government funding starts)

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			

The Cornerstone Under 5s General Data Protection Regulations (GDPR) statement is as follows:  
GDPR (2018): By providing your personal details you agree to allow the Cornerstone Under 5s to contact you by mail, email, telephone or SMS text messages. The Cornerstone Under 5s does not make personal data available to external individuals or organisations. Please refer to our Privacy Policy on our website. [www.cornerstoneunder5s.org.uk](http://www.cornerstoneunder5s.org.uk)