



Registration Form

The welfare, safety and protection of your child are at the heart of everything we do. To enable us to make the best provision for your child we are officially required to ask for the information to be provided to us.

Current full name of child:	
Any previous names and 'also known as'	
Date of birth:	Sex: Male/Female
Nationality:	Religion:
Ethnicity:	1 st Language spoken:
Collection password:	

Please complete the below with details of Parents/Guardians with whom the child normally lives with:

	Parent/Guardian 1	Parent/Guardian 2
Mr/Mrs/Ms/Miss		
Full name		
Address		
Postcode		
Relationship to child		
Home telephone number		
Work telephone number		
Mobile number		
E-mail address		
National Insurance number		
Tick if you have parental responsibility		

Details of any persons authorised to collect the child from the setting and for emergency contacts

	Authorised person 1	Authorised person 2
Mr/Mrs/Ms/Miss		
Full name		
Address		
Postcode		
Relationship to child		
Home telephone number		
Work telephone number		
Mobile number		
E- Mail address		
Tick if you have parental responsibility		

Doctors and Allergy/Dietary information

Doctors name, address and telephone number:	
<p>Please advise us if you child is up to date with vaccinations and had the following, please tick and add year</p>	<ul style="list-style-type: none"> ● Tetanus ● Chicken pox ● Poliomyelitis ● HIB (Meningitis) ● Diphtheria ● Whooping Cough ● MMR
Dentist Name, address and telephone number	
Name and Contact for Health Visitor	

Has your child ever had any infectious illnesses? If so please give details and dates below:
Does your child have any medical conditions and/or special needs? If so please give details including treatment required if necessary:
Does your child have any special dietary requirements? If so please give details (Please note, requests for special diets must be supported by a letter from your child's GP/Nutritionist)
Does your child have any known allergies? If so please give details of the allergy, including action that should be taken to prevent or treat it:

Does your child attend any other settings

Name of setting, address, tel no, email	Days they attend

Information on outside agencies

Are there any court orders surrounding your child that we need to be aware of? If yes please provide details:
Are social services involved with your child/family? If yes please give full details:
Is your child supported by any outside agencies? If yes please provide details: (Speech & language etc)

To comply with Data Protection Act 1998 we need to ask permission before we take or use and photographs of your child or data we hold for you:

I/We are the parent/legal guardian of the child named on this form and I/We give permission for the following whilst in the care of the nursery. (Please tick all the apply)			
Medical			
Administer teething gel	Give emergency medical attention	Administer prescribed medication	Nappy cream
Email address			
Email address for EYLog	Email address for nursery communication	Email for invoices	Email for newsletters
Photos/Videos			
Photo for local/national media	Photo leavers for schools	Photo staff coursework	Photo video permission learning journey/EYLog
Photos for displays	Photos for flyers	Photos for social media	Photos for web site
Use of mobile phone Number			
Emergency contact	Text messages		
Outings			
Do you consent to your child going out on recreational and educational walks/visit within the local surroundings?			
Suncream			
I give consent for sun cream to be applied			

If you are eligible for funding please tick relevant box

For 2 year funding and 30 hours we need copy of eligibility before we can apply funding

2 Year funding (15 hours) Term Time (Payable in holidays) We have limited spaces for just 15 hours term time		3&4 Year funding (15 hours) Term time (Payable in holidays) We have limited spaces for just 15 hours term time		Extended entitlement funding 30 hours Term Time (Payable in Holidays) We have limited spaces for just 15 hours term time	
2 Year Funding Code (please email/send confirmation of funding letter)	N/A		30 hrs Funding Code		

Start date required:

Please tick all the relevant sessions that you wish your child to attend

Funded sessions are 8am-1pm, 1pm-6 pm or 8am-6pm

When you have a funded session you can pay for 7.30-8am and 6-6.30pm. Please state in additional box if you do NOT need these sessions

Full Time	7.30-1	1-6.30	7.30-6.30	I DO NOT require 7.30-8	I DO NOT require 6-6.30
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I enclose a copy of my child's birth certificate and a non refundable admin fee of £100 per child.

If funded only a charge of £75 reservation fee is required and will be given back when leave.

Parents signature

Date

Print Name

Payment details

**BACS payments : Barclays
Rooftops Montessori Nursery School
Account number 73413993
Sort Code 202529
Please use your child's name as reference**

**Please return all forms to
Rooftops Montessori Nursery
8-10 Queens Road
Richmond
North Yorkshire
DL10 4AE**

**For any other questions or quires please phone
01748 823667 or email
info@rooftopsnurseryschool.co.uk**