Little Scholars Nursery
where learning is fun

Ofsted Outstanding Provider 2024 2018

REGISTRATION FORM

CONTACT DETAILS					
Please affix your child's photograph to this form.					
Child's Forename		Child's Surname		Date of Birth	
Mothers Name			Fathers Name		
Address			Address		
	Post Code			Post Code	
Home Telephone No			Home Telephone No		
Mobile Number			Mobile Number		
Email Address			Email Address		
Place of Work			Place of Work		
Work Telephone No			Work Telephone No		
Who has parental responsibility and legal contact to the child:			Who does the child normally live with?		
Additional contact details:					

EMERGENCY CONTACTS					
Please provide three emergency contacts who are not the child's mother or father (if provided above):					
Name		Contact No		Relationship to Child	
Name		Contact No		Relationship to Child	
Name		Contact No		Relationship to Child	
Password for collecting Child					
As security is of the utmost importance, we request that you inform the nursery of any delay or changes to collection arrangements. The person collecting your child should be known to the nursery and be aware of the chosen password.					

MEDICAL DETAILS					
Name of GP		Address			
				Telephone No	
Name of Health Visitor				Telephone No	
Name of Social Worker				Telephone No	
Has your child had all the recommended vaccinations?	YES ☐	NO ☐	If no, please specify:		
Has your child had their 2years Development Review with the Health Visitor?	YES ☐	NO ☐			
Has your child been referred to a Health Professional?	YES ☐	NO ☐	If yes, please provide details:		

ADDITIONAL INFORMATION				
Does your child have any of the following:				
Medical Allergies	YES ☐	NO ☐	If yes, please specify:	
General Allergies	YES ☐	NO ☐	If yes, please specify:	
Phobias	YES ☐	NO ☐	If yes, please specify:	
Food Allergies/ Intolerances	YES ☐	NO ☐	If yes, please specify:	
Food Dislikes	YES ☐	NO ☐	If yes, please specify:	
Special Dietary Requirements	YES ☐	NO ☐	If yes, please specify:	

YOUR CHILD PERSONAL INFORMATION			
Nationality			
Ethnic Origin		Religion	
Home Language			
Sibling Details			

Please provide information about your child's daily routine including interests, likes, dislike favourite toys and words:			
Does your child have any additional needs?	YES ☐	NO ☐	
Is your child known to the Early Years SEN Support Team or Kirklees Portage Services?	YES ☐	NO ☐	
If yes, please provide details:			

CONSENT			
I hereby give my permission and consent for my child's:			Signature
Information to be shared with other professionals	YES ☐	NO ☐	
To have a hypoallergenic plaster applied	YES ☐	NO ☐	
To have emergency attention and treatment	YES ☐	NO ☐	
To have sun cream, ointment or moisturiser applied when required	YES ☐	NO ☐	
To be cleaned and washed when required	YES ☐	NO ☐	
To be taken on walks, trips, and outings	YES ☐	NO ☐	
To be registered to an online learning journal	YES ☐	NO ☐	
Key person to track my child's learning and development	YES ☐	NO ☐	
To have developmental observations	YES ☐	NO ☐	
To have photographs taken for observational purpose	YES ☐	NO ☐	
To have photographs displayed within the setting, e.g. coat peg	YES ☐	NO ☐	
To have photographs published on the nursery website	YES ☐	NO ☐	
To have photographs published in the nursery newsletter	YES ☐	NO ☐	
To have photographs published on social media, e.g. WhatsApp, Instagram	YES ☐	NO ☐	

YOUR CHILD HOURS & FUNDING

Please Specify the days & hours you would like your child to attend nursery:

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Hours					

Does your child receive Free Early Education Funding? YES ☐ NO ☐ If yes, please specify:

2yr ☐ Please provide code: 15 Hours ☐ 30 Hours ☐ Please provide code:

For funding purposes, please could you provide us with the following information:

Mothers Full Name	Fathers Full Name
Mothers Date of Birth	Fathers Date of Birth
Mothers National Insurance Number	Fathers National Insurance Number

By providing your details, you are agreeing for Little Scholars Nursery to use these details to confirm your child's eligibility for FEEC funding, Working Parents Entitlement and EYPP.

ADDITIONAL INFORMATION-NOTES

PREFERRED METHOD OF COMMUNICATION

Please select your preferred method of communication with Little Scholars Nursery:

In-person Conversation ☐ Telephone/Video call ☐ WhatsApp Message ☐ Email ☐ Postal Mail ☐

SIGNATURE

I am aware the information on this form will be solely used for teaching purposes only and will not be used, shared, or distributed without my prior permission. Information will not be passed onto any third parties unless Little Scholars Nursery are legally required to do so.

The information I have provided to Little Scholars Nursery is to my best of understanding and is correct at the time of signing. I will notify Little Scholars Nursery of any changes that occur immediately.

Parent /Guardian Name			
Parent /Guardian Signature		Date	

OFFICE USE ONLY

Date Received	Application Status	Child's Photograph Attached	Start Date	Staff Name & Signature