



**REGISTRATION FORM**  
**TERM TIME/FULL YEAR**

Child's Name:	Date of Birth:
Name to be used at Kindergarten:	Gender:
Position in Family:	Preferred Start Date <i>(dependent on availability)</i>
Language Spoken at Home:	Ethnicity:

**Parent/Guardian Details**

Full Name	Full Name:
Address:	Address:
Post Code:	Post Code:
Home Telephone Number:	Home Telephone Number:
Mobile:	Mobile:
Email Address:	Email Address:
Parental Responsibility: YES/NO	Parental Responsibility : YES/NO

Please indicate your child's attendance pattern required

Days	Breakfast Club 8.00 – 9.00	Mornings 8.45 – 12.10	Afternoons 12.20 – 3.45	Kindergarten Day 8.55 – 3.45	Extended Kindergarten Day 8.45 – 6.00	Full Day 8.00 –6.00
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Emergency Contacts : Please give details of people who live within the local area, who can be contacted in an emergency, if parents are unavailable.

Full Name	Full Name:
Address:	Address:
Post Code:	Post Code:
Home Telephone Number:	Home Telephone Number:
Mobile:	Mobile:
Relationship to Child:	Relationship to Child:

Name of Adults permitted to collect your child from the Kindergarten	
Name:	Name:
Name:	Name:

Please provide a Password that may be used to authorise an emergency collection

Password: \_\_\_\_\_

Medical Details

Doctor Name:  Practice Address:   Post Code:  Telephone Number:  Health Visitor	Any Special Needs or other information we may need to care effectively for your child (please detail):  Any Special Medical Needs (please detail):  Any Special Dietary Requirements (please detail):  Any Allergies (please details):
Are all immunisations up to date: YES/NO  If no, state exceptions:	

**CONSENT TO EMERGENCY FIRST AID AND MEDICAL TREATMENT**

I consent to any emergency First Aid and Medical treatment necessary during the course of my child’s attendance at the Kindergarten. I give permission for a member of staff to accompany my child to hospital – should the need arise. I understand that all medical decisions in my absence are the responsibility of medical professionals and that I will be contacted as soon as possible.

**OUTINGS**

To support our curriculum provision, we occasionally take small groups out into the local environment including nature walks. I give permission for my child to be taken out of the Nursery Setting.

YES/NO (Please circle your response)

Name of infant school you hope your child will attend : \_\_\_\_\_

Any other information which may be relevant to ensure that the Kindergarten meets your child’s needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read and understood the Kindergarten’s Terms and Conditions and I agree to be bound by them and any other relevant booking terms and conditions that issued from time to time (with appropriate notice) .

This agreement must be signed by all persons with Parental Responsibility and/or those who are accepting responsibility for paying the fees.

To register, please sign and date this form, the terms and conditions (set out below) and transfer the £150.00 (payable to S & S Education Limited, being a deposit of £100 held against the final term’s fees and a non refundable registration fee of £50.00)

S & S Education Limited,  
Bank Account : 39891138  
Sort Code : 09-01-27

Please state your child’s name as reference.

Signed:	Print Name:	Date:
Signed:	Print Name:	Date:

