

**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** ***(dependent on availability)*** |
| **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 – 8.45** | **Mornings****8.45 – 12.10** | **Afternoons****12.20 – 3.50** | **Preschool day****8.45 – 3.50** | **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:**  | **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):**  |
| **Health Visitor** |
| **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 £155.00 (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 £55.00 to include a Windsor Kindergarten Book Bag and T.Shirt)**

**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:** |