



## Nursery Registration Form for 3 and 4 Year Olds

DATE STAMP

Full Name of Child: ..... Male / Female

Address: ..... Date of Birth: .....

..... Home Tel No: .....

Postcode: ..... Mobile No: .....

Email Address: .....

Full Names of Parents/Carers: .....

.....

Address of parents if different from above: .....

.....

Other children in the family: (Names/Ages) .....

.....

**FUNDED SESSIONS** - All children are entitled to 15 hours FREE Early Years Education from the term after their 3<sup>rd</sup> birthday (5 funded sessions). Some families are eligible for 30 hours (10 funded sessions), please go to [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk) for more information.

Please tick the funded sessions you require:

Nursery Funded Sessions	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>MORNING</b> 8.45am to 11.45am					
<b>AFTERNOON</b> 12.30pm to 3.30pm					

**PAYABLE SESSIONS** - These sessions can be used in addition to the above funded sessions or, if spaces are available, as a payable place during the term before funding is available.

Please tick the payable sessions you require below:

Nursery Payable Sessions	Cost per Session	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>BREAKFAST</b> 8am to 8.45am	£3.71					
<b>MORNING</b> 8.45am to 11.45am	£14.85					
<b>LUNCH</b> 11.45am to 12.30pm	£3.71					
<b>AFTERNOON</b> 12.30pm to 3.30pm	£14.85					

All places are subject to availability.

Please complete both sides of this form

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Does your child have any difficulties with hearing, vision, speech, allergies, asthma, epilepsy, physical difficulties or any other medical problem? (Please list below):

.....  
.....

Is your child known to other professionals?

- CDC (Child Development Centre) .....
- SaLT (Speech and Language Therapist) .....
- Paediatrician .....
- Any other .....

Has your child had an initial assessment by the Early Years Support Team?

.....  
.....

Are there any home or family circumstances you wish to let us know about?

.....  
.....

## IMPORTANT NOTES:

- Please bring your child's **Birth Certificate** with you when returning this form.
- Places are allocated in accordance with our Admissions Policy, a copy of which can be viewed on our website.
- Please let us know if any of the information you have supplied changes.
- I understand that these sessions are subject to availability.
- I understand the cost of each session and that fees are payable one month in advance as per the Early Years Unfunded Fees Payment Terms.
- I understand the fees will still be payable whether or not my child attends and that no refund of fees will be given for periods where my child's care place is unfulfilled due to illness or holiday.
- I understand that I need to await confirmation before my child starts the requested sessions.

Signature: .....  
Parent/Carer

Date: .....

Received by: .....  
Member of Staff

Date: .....

FOR OFFICE USE ONLY		Date	Initials
Birth Certificate seen			
Telephone call to parent to check and confirm place (KS)			
Wraparound spreadsheets updated (KS)			
R Nursery lists updated (KS)			
Added to waiting list (KS)			