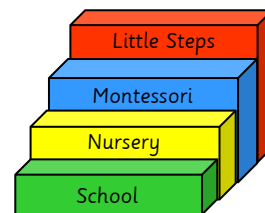


Little Steps Montessori Nursery School

Child Registration and Information Form



CHILD DETAILS

First name:

Male / Female

Surname:

Known as:

Other names:

Religion:

Date of Birth:

Anticipated start date:

PREFERRED SESSIONS (Please tick)

	Mon	Tues	Weds	Thurs	Fri	
Early Birds						Early Birds = 8.30am– 9am children may bring breakfast
All Day Session (3pm)						All Day = 9am - 3pm– please provide a packed lunch
All Day session (2pm)						All day = 9am – 2pm– please provide a packed lunch
Morning Session						Morning = 9am -12.30pm

PARENT / GUARDIAN (Please delete as appropriate)

Carer 1 Details– Legal Parental Responsibility Yes/No

First Name	
Surname	
Relationship to child	
Occupation	
Home address (child's home address)	
No & Road	
Area	
County	
Post Code	
Home phone	
Mobile	
Work phone	
E-Mail	

Carer 2 Details– Legal Parental Responsibility Yes/No

First Name	
Surname	
Relationship to child	
Occupation	
Home address (if different from child's address)	
No & Road	
Area	
County	
Post Code	
Home phone	
Mobile	
Work phone	
E-Mail	

Siblings

Name		M or F
Date of Birth		
Name		M or F
Date of Birth		
Name		M or F
Date of Birth		
Name		M or F
Date of Birth		

Has your child attended another Play group or Pre-School

EMERGENCY CONTACTS (Please provide two contacts which may be used when parent/guardians are not available)

First Name	
Surname	
Relationship to child	
Address	
No & Road	
Area	
County	
Post Code	
Home phone	
Mobile	
Work phone	
E-Mail	

First Name	
Surname	
Relationship to child	
Address	
No & Road	
Area	
County	
Post Code	
Home phone	
Mobile	
Work phone	
E-Mail	

MEDICAL INFORMATION**Doctors Details**

Name	
Surgery	
No & Road	
Area	
County	
Post Code	
Phone	

Health Visitor / Speech Therapist / Social worker / or other Out Side Agencies involved with the child

Name	
Agency	
Phone	
Name	
Agency	
Phone	

Disability or additional needs of child (Please circle)

Physical

Sensory

Learning

Behaviour

Speech, Language

Chronic illness

Other (Please specify)

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IMMUNISATIONS

Has your child had the following immunisations?

	Signature	Date Given
1st Diphtheria, Tetanus, Whooping Cough, Polo, Hib, Meningitis C		
2nd Diphtheria, Tetanus, Whooping Cough, Polo, Hib, Meningitis C		
3rd Diphtheria, Tetanus, Whooping Cough, Polo, Hib, Meningitis C		
1st Measles, Mumps, Rubella (MMR)		
2nd Measles, Mumps, Rubella (MMR)		

Does your child have a medical condition (Allergies, Medication, On going Illness etc) ?

If yes please provide details of their medical condition.

Are there any medicines your child takes regularly? Please note medicine cannot be administered without written permission by parent/guardian.

In the unlikely event that a medical emergency occurs it may become necessary for us to obtain emergency medical advice for your child. In serious cases it may be that we would need to obtain emergency treatment.

To ensure that we are aware of parent's wishes, please give details of any cultural and/or religious beliefs which need to be taken into account before emergency aid is obtained.

If we do give my/our consent to make arrangements for medical advice and/or treatment should the occasion arise for the child overleaf.

This is mandatory. A signature must be present to accept your registration.

Parent/ Carer 1

Parent / Carer 2

Ethnic Group

Nationality of child

Main language at home

Festivals celebrated

Food Allergies

Foods to avoid by choice

I/We give consent for my/our child to:-	
During the course of a session we may take photographs of your child taking part in various activities. They are used to record children taking part in activities for their learning record. They may also be used for our newsletters, prospectus and advertising, including the website.	
I/We give permission for photographs of my/our child to be used for:- Prospectus	YES / NO
Advertising	YES / NO
Website	YES / NO
Social media i.e. Facebook	YES / NO
There may be the opportunity to take children out locally to the shops, library, or the park. This depends on the weather so may be a spontaneous activity. I/We give permission for my/our child to take part in this sort of activity.	YES / NO
Should your child become ill during a session, we may feel that giving them Calpol would be of benefit. We will always seek verbal consent before administering. I/We consent that, upon verbal consent Calpol may be given.	YES / NO
I/We give consent to sun cream to be administered when necessary.	YES / NO

How did you hear about us? (Please circle)

Internet

Event

Word of Mouth

Going Past

Publication

Other

☐ I have enclosed a non-refundable registration fee of £20 Cheques made payable to Little Steps Montessori Nursery School or direct to Santander Account number 25094710 sort code 09-01-29 use child's name + RF as reference

☐ I have enclosed a copy of my/our child's birth certificate or passport. (We require child identification to complete your child's registration)

☐ When withdrawing a child from nursery, you are required to give half a term's notice in writing. Or half a term's fees are payable in lieu of notice.

Please check all questions are answered to avoid registration delays

By signing this I/We agree to accept all the nursery terms and conditions. A copy of Nursery policies and procedures is available within the setting.

Parent / Carer Name

Signature

Date

Parent / Carer Name

Signature

Date