



## Registration Form

**The welfare, safety and protection of your child are at the heart of everything we do. To enable us to make the best provision for your child we are officially required to ask for the information to be provided to us.**

Current full name of child:	
Any previous names and 'also known as'	
Date of birth:	Sex: Male/Female
Nationality:	Religion:
Ethnicity:	1 <sup>st</sup> Language spoken:
Collection password	

**Please complete the below with details of Parents/Guardians with whom the child normally lives with:**

	Parent/Guardian 1	Parent/Guardian 2
Mr/Mrs/Ms/Miss		
Full name		
Address		
Postcode		
Relationship to child		
Home telephone number		
Work telephone number		
Mobile number		
E-mail address		
Tick if you have parental responsibility		

Start date required:

Term Time Place:

Full Time place:

**If you are eligible for funding please tick relevant box**

**For 2 year funding and 30 hours we need copy of eligibility before we can apply funding**

2 year funding

3&4 year funding (15 hours)

Extended entitlement funding  
(up to 30 Hours)

**Details of any persons authorised to collect the child from the setting and for emergency contacts**

	Authorised person 1	Authorised person 2
Mr/Mrs/Ms/Miss		
Full name		
Address		
Postcode		
Relationship to child		
Home telephone number		
Work telephone number		
Mobile number		
E- Mail address		
Tick if you have parental responsibility		

**Pre- school experience ( please circle all the apply)**

Playgroup          Nursery          Home          Childminder          Other

**Doctors and Allergy/Dietary information**

Doctors name, address and telephone number:	
Please advise us if you child is up to date with vaccinations and had the following	<ul style="list-style-type: none"> <li>• Tetanus</li> <li>• Chicken pox</li> <li>• Poliomyelitis</li> <li>• HIB (Meningitis)</li> <li>• Diphtheria</li> <li>• Whooping Cough</li> <li>• MMR</li> </ul>
Has your child ever had any infectious illnesses? If so please give details and dates below:	
Does your child have any medical conditions and/or special needs? If so please give details including treatment required if necessary:	

Does your child have any special dietary requirements? If so please give details (Please note, requests for special diets must be supported by a letter from your child's GP/Nutritionist)

Does your child have any known allergies? If so please give details of the allergy, including action that should be taken to prevent or treat it:

**Information on outside agencies**

Are there any court orders surrounding your child that we need to be aware of? If yes please provide details:

Are social services involved with your child/family? If yes please give full details:

Is your child supported by any outside agencies? If yes please provide details: (Speech & language etc)

**To comply with Data Protection Act 1998 we need to ask permission before we take or use and photographs of your child or data we hold for you:**

I/We are the parent/legal guardian of the child named on this form and I/We give permission for the following whilst in the care of the nursery. (Please tick all the apply)

**Medical**

Administer teething gel	Give emergency medical attention	Administer prescribed medication	Nappy cream
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**Email address**

Email address for EYLog	Email address for nursery communication	Email for invoices	Email for newsletters
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**Photos/Videos**

Photo for local/national media	Photo leavers for schools	Photo staff coursework	Photo video permission learning journey/EYLog
Photos for displays	Photos for flyers	Photos for social media	Photos for web site

**Use of mobile phone Number**

Emergency contact	Text messages		
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**Outings**

Do you consent to your child going out on recreational and educational walks/visit within the local surroundings?

**Suncream**

I give consent for sun cream to be applied

**Please tick all the relevant sessions that you wish your child to attend**

<b>Full Time/Term time</b>	7.30-1	1-6.30	7.30-6	9-3	Any additional hours and times
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

<b>Funded</b>	8-1	1-6	8-6	9-3	Any additional hours and times
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

**I enclose a copy of my child's birth certificate and a non refundable deposit of £50 per child**

**A deposit is not required if your child attends for their 15 hours or 30 hours funded place only, If doing additional sessions/hours over and above the funded session a deposit of £50 is required.**

Parents signature

Date

Print Name

**Payment details**

**Please make cheques payable to Rooftops Montessori Nursery Limited**

**BACS payments : Barclays**

**Rooftops Montessori Nursery School**

**Account number 73413993**

**Sort Code 202529**

**Please use your child's name as reference**

**Please return all forms to**

**Rooftops Montessori Nursery**

**8-10 Queens Road**

**Richmond**

**North Yorkshire**

**DL104AE**

**For any other questions or quires please phone 01748 823667 or email [info@rooftopsnurseryschool.co.uk](mailto:info@rooftopsnurseryschool.co.uk)**