

Lambs Christian School Day Nursery

REGISTRATION FORM

CHILD'S DETAILS

Surname:		• • • • • • • • • • • • • • • • • • • •
Forenames:	• • • • • • • • • • • • • • • • • • • •	•••••
Age:	Sex:	Date of Birth:
Ethnicity	Home Language	
Country of Birth	Nationality	y
Previous Setting Name:		• • • • • • • • • • • • • • • • • • • •
Date Attended:	Setting tel.	no:
PARENT/CARER DETAILS		
Mother/Guardian Full Name		• • • • • • • • • • • • • • • • • • • •
Home address:		
	(Post	code):
Date of Birth	NI Nu	mber
Mobile No		
Email:		
Religion:	Occupa	tion:
-	·	
Father /Guardian Full Name .		• • • • • • • • • • • • • • • • • • • •
Home address:		•••••
Date of Birth	·	•
Mobile No		
Email:		
Religion:		



LOOKED AFTER CHILDREN

Is your child a Looked After Child? Yes/No

EMERGENCY CONTACT DETAILS

Please provide the name of 2 emergency contacts we can call in the event of an emergency. Please state their relationship to you (i.e. friend, relative or child-minder etc.)

Emergency Contact 1	•••••	
Home address:	••••	
(Post code):	Mob	
Relationship to you		
Emergency Contact 2		
Home address:		
(Post code):	Mob	
Relationship to you		
NAMED PERSON(S) WHO MA	AY COLLECT THE CHILD	
Name of person who will co	ollect child:	
Password to be used:		
People authorised to collec available:	t child/contact in an emer	gency should parents not be
Name	Relationship to child	Contact Number



HEALTH DECLARATION

Chi	lds Name	
GP:	Name:	
GPs	s Address:	
GPs	Number:	
1.	Does your cl	nild have a Health Visitor? If yes, please provide their details below
	Name:	
Ī	Address:	
F	Tel Number:	
2.		nild have any special health requirements? Yes / No? If yes, please
3.	Does your cl below.	nild have a Social Worker? If yes, please provide their details
	Name:	
	Address:	
	Tel Number:	
4.		s to Date:
5.	Illnesses to	Date:
	•••••	
6.	Does your o	hild have any physical disability? If yes, please provide details
•••	• • • • • • • • • • • • • • • • • • • •	
•••		



Is your child taking any medication?	Yes / No (please circle)
If yes, what medication?	
Please give details of any allergies or other medical	conditions
	•••••••••••••••••••••••••••••••••••••••
Additional comments:	
***************************************	••••••••••••



FOOD AND DRINK

1.	Does your child have any special dietary requirements? Yes/ No?
	If yes, please provide details
2.	Does your child have allergies? Yes/ No?
	If yes, please provide details
3.	If so, please provide details below Please provide relevant dietary information:
CONS	SENT FORM FOR CALPOL
l give	permission for my child to have Calpol as and when required at the nursery.
l agre	e for nursery to provide for Calpol.
	e that Calpol will only be provided if my child has a temperature of 38c/and above.
Parer	nt/Carer Signature:



FULL-TIME FEE PAYING PLACES

We have full fee paying places available for children of all ages. Fee paying places are also available for families who may wish to top up part time places to full-time places. The fees are as follows:

- £235.00 per week [Monday to Friday | 8am to 6pm]
- £59.00 per day [Full Day | 8am to 6pm]
- £29.50 per morning [Half Day | 8am to 1pm]
- £29.50 per afternoon [Half Day | 1pm to 6pm]
- Additional session £7 per hour

Fees are payable on or before the 1st day your child attends each week.

FREE 15 AND 30 HOURS PER WEEK PROVISION

2-4 year old provision - Free 15 hours per week

Please select the required sessions

	Mon	Tue	Wed	Thu	Fri
Mornings: 8.00 am - 1.00 am					
Afternoons: 1.00 pm - 6.00 pm					
Additional Session					
Full time fee paying place					

Free 30 hours per week [8.00 am - 6.00 pm]:

✓	Full Days Available
	Mon-Wed
	Tue -Thu
	Wed - Fri
	Additional Sessions required: Day/s
	Full time fee paying place

I give consent to the above information being used:

- To complete a two year old funding check if applicable
- To check eligibility for Free School Meals
- To send information about my child's nursery place, nursery open days and events

Parent/Carer Signature:	Date:
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The information you give will be processed electronically and stored on computer for administrative purposes in accordance with the General Data Protection Regulation (GDPR) 2018 Article 6 'Lawfulness of processing' and Article 9 'Processing of special categories of personal'. Please visit our website or call the school office on 0121 554 3790 for further information about how your data will be processed in accordance with our Privacy Notice.

