



## Nursery Registration Form

The complete form should be sent together with a photocopy of your child's birth certificate and photo of your child, parents and others authorised to collect your child. A non-refundable registration fee of £75 should also accompany the form. Cheques should be made payable to Edenhurst Preparatory School. You may prefer to send payment via BACS. Our account details are as follows: Sort code: **20-59-49** Account Number: **53612643**. Please use your surname as the reference when making the payment.

**Child's Details.** Please write all details in BLOCK CAPITALS.

Child's Forename(s): \_\_\_\_\_

Child's Middle names(s): \_\_\_\_\_

Child's Surname: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Desired Date of Entry: \_\_\_\_\_ Entry Year (e.g. Reception): \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Nationality: \_\_\_\_\_

Language spoken at home (if not English): \_\_\_\_\_ Ethnicity\*: \_\_\_\_\_

**Ethnicity Key:**

WHB British; WHR Irish; WHT Traveller of Irish Heritage; WRO Gypsy/Roma; WHA Any other White background; MWB White and Black Caribbean; MBA White and Black African; MWA White and Asian; MOT Any other mixed background; AIN Indian; APK Pakistani; ABA Bangladeshi; AOO Any other Asian background; BLB Caribbean; BLF African; BLG Any other Black background; CHE Chinese; OEO Other ethnic background; REF Decline to record ethnicity.

Any specific medical or educational needs \_\_\_\_\_

### Parent/Guardian(s) with Parental Responsibility for Child

Name of **Mother**/Guardian: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Mobile Tel No: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of **Father**/Guardian: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Mobile Tel No: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

If parents are separated, who does the child normally live with? \_\_\_\_\_

## Other Contacts

Please provide details, and photographs, for any other parent, step-parent, guardian or emergency contact:

Contact 1 Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Primary Tel No: \_\_\_\_\_ Alternative Tel No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Password: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Primary Tel No: \_\_\_\_\_ Alternative Tel No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Password: \_\_\_\_\_

If there are any legal restrictions on who has contact with the child, please provide details here:

\_\_\_\_\_  
\_\_\_\_\_

## Current Nursery/School attended

Name: \_\_\_\_\_ Head: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Contact Numbers(s): \_\_\_\_\_

Where did you hear about Edenhurst? \_\_\_\_\_

Future School(s) desired: \_\_\_\_\_

## Medical Information

Please write all details in BLOCK CAPITALS

### Details of Family Doctor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Details of Health Visitor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Medical Details

Dates of immunisations: if given, please provide date if possible:

DTap/IPV/Hib & PCV: At 2 months: \_\_\_\_\_ 3 months: \_\_\_\_\_

4 months: \_\_\_\_\_

Hib/MenC: \_\_\_\_\_ MMR & PCV: \_\_\_\_\_

Any Special Needs: \_\_\_\_\_

Any medical conditions that we should be aware of, e.g. Asthma: \_\_\_\_\_

Any other information: \_\_\_\_\_

Are there activities that you wish your child to be excluded from? \_\_\_\_\_



## Permission / Consent

### Medical:

I / We give permission for Nursery staff to administer first aid to him/her in the event of an accident or illness.

I / We consent, on the advice of an appropriately qualified medical specialist, to him/her receiving emergency medical treatment, including anaesthetic blood transfusion and surgical procedure (under the NHS) if the Nursery staff are unable to contact me/us in time.

### Travel:

I / We give permission for my/our child to attend local trips out of the Nursery that are part of the normal Nursery activities.

### Child Safeguarding Protection:

Edenhurst Nursery is committed to every child having safe and happy experiences with us. To ensure this we will monitor and, where necessary, seek advice to secure your child's future. I understand that Child Safeguarding Policy and Procedures are in place within the Nursery and are available for my inspection at any time.

### Conditions of Registration:

I / We agree to the Nursery Conditions of Registration and confirm that the information I have given to you relating to my child's details is correct. I agree that I will advise Edenhurst Nursery of any changes in the information held on this form.

### Photographs, Video, DVD and Multimedia:

*Edenhurst Preparatory School and Nursery and its parent company, Bellevue Education Group, from time to time use photographs, video, DVD and other multimedia images of children who attend the Nursery. These images are used for both educational reasons (internal) and promotional purposes (external). The use of images for external purposes include: in prospectuses, websites, newsletters, newspapers, promotional displays, multimedia presentations, YouTube and on the School's social media pages (Facebook and Twitter).*

I / We give permission for my/our child's image to be used for external purposes for the School, Nursery and Bellevue Education Group.

*When issuing press releases and photographs to the local media, the School and Nursery are sometimes asked to provide the names of the children shown in the images.*

I / We give permission for my/our child's image and name to be used for press purposes for the School, Nursery and Bellevue Education Group.

**We sign to give consent for all of the above, unless specified otherwise.**

### Fees:

**We agree to be jointly and severally responsible for the fees and to give at least one month's notice of leaving.**

**Parent/Guardian** (Delete as applicable)

Signed (Mother/Carer): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Father/Carer): \_\_\_\_\_ Date: \_\_\_\_\_