

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 School Ltd. 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. Please write all details in BLOCK CAPITALS.

Child's Details

Child's Forename(s): _____ Gender: _____

Child's Middle names(s): _____ Date of Birth: _____

Child's Surname: _____ Religious Denomination: _____

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

Language spoken at home (if not English): _____ Nationality: _____

Any specific medical or educational needs _____ 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.

Parent/Guardian(s) with Parental Responsibility for Child

MOTHER		FATHER	
Title		Title	
Full Name		Full Name	
Address		Address	
Postcode		Postcode	
Home Tel. No.		Home Tel. No.	
Mobile Tel. No.		Mobile Tel. No.	
Email		Email	
Date of Birth		Date of Birth	
Occupation		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		CONTACT 2	
Title		Title	
Full Name		Full Name	
Address		Address	
Postcode		Postcode	
Home Tel. No.		Home Tel. No.	
Mobile Tel. No.		Mobile Tel. No.	
Relationship to child		Relationship to child	

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

Details of Family Doctor	
Name	
Address	
Telephone Number	

Medical/Dietary Requirements		
Immunisations received with dates		
Dietary requirements, preferences, food allergies/intolerances and religious observances		
Any known illness or chronic/recurring medical condition		
Any on-going medicine prescribed		
Special instructions		
Special needs		
Any activities that you wish your child to be excluded from		
I/WE DO	I/WE DO NOT	give permission for the Nursery to administer my child's ongoing prescribed medication and will notify the Nursery immediately of any changes to his/her prescription
I/WE DO	I/WE DO NOT	give permission for the Nursery to give my child CALPOL if deemed necessary. I will provide a named bottle of Calpol to remain in the Nursery for my child's use.
I/WE DO	I/WE DO NOT	give permission for the Nursery to apply SUN CREAM if deemed necessary. I will provide a named bottle of sun cream to remain in the Nursery for my child's use.
I/WE DO	I/WE DO NOT	give permission for the Nursery to apply a PLASTER if deemed necessary.
I/WE DO	I/WE DO NOT	give permission for my child to take part in the GYMNASTICS classes in Nursery. Please inform the Nursery Office immediately if your child suffers from Epilepsy, or has broken any bones in their life time.

Nursery Sessions

	7:30am – 6:00pm	8:00am – 6:00pm	8:00am – 1:00pm	1:00pm – 6:00pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

HOME-NURSERY AGREEMENT ACCEPTANCE

I/We hereby request a place at Edenhurst Nursery for:		
<i>(full name of child)</i>		with effect from <i>(date)</i>
and enclose £75 Registration Fee		
Please tick as appropriate:		
I/WE DO	I/WE DO NOT	acknowledge and agree that the Nursery's Terms and Conditions as varied from time to time, form part of the contract between us/me and the Nursery. A copy can be found on the School website.
I/WE DO	I/WE DO NOT	agree to pay the fees and supplementary charges when due, and undertake to give in writing, a full month's notice of removal, or non-start, or to pay a month's fees in lieu thereof.
I/WE DO	I/WE DO NOT	give permission for my/our child to attend local trips out of the Nursery that are part of the normal nursery routine, eg. Around the block, to the park etc.
I/WE DO	I/WE DO NOT	agree for the Nursery staff to administer and seek Emergency First Aid in the event of an accident or illness, including taking my/our child to hospital to receive any treatment required.
I/WE DO	I/WE DO NOT	consent, on the advice of an appropriately qualified medical specialist, to my/our child 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.
I/WE DO	I/WE DO NOT	acknowledge that Edenhurst Preparatory School Nursery is committed to every child having safe and happy experiences with them. To ensure this, they monitor, and where necessary, seek advice to ensure my/our child's future.
I/WE DO	I/WE DO NOT	understand that Child Safeguarding Policy and Procedures are in place within the Nursery and are available for my inspection at any time.
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, website, newsletters, newspapers, promotional displays, multimedia presentations, YouTube and on the Nursery's social media pages (Facebook and Twitter).		
I/WE DO	I/WE DO NOT	give permission for my/our child's image to be used for external purposes for the School, Nursery and Bellevue Education Group.
I/WE DO	I/WE DO NOT	give permission for my/our child's name to be used for external purposes in the local media alongside images.
I/WE DO	I/WE DO NOT	agree to be jointly and severally responsible for the fees and to give at least one month's notice of leaving, in writing.
I/We sign to give consent for all of the above, unless specified otherwise.		
MOTHER Signed		FATHER Signed
Date		Date