



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. Please 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):	<input type="text"/>	Gender:	<input type="text"/>
Child's Middle names(s):	<input type="text"/>	Date of Birth:	<input type="text"/>
Child's Surname:	<input type="text"/>	Religious Denomination:	<input type="text"/>
Desired Date of Entry:	<input type="text"/>	Entry Year (e.g. Reception):	<input type="text"/>
Language spoken at home (if not English):	<input type="text"/>	Nationality:	<input type="text"/>
Ethnicity*:	<input type="text"/>		

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

PARENT / CARER 1

Title:

Full Name:

Relationship to Child:

Address:

Postcode:

Home Tel. No.:

Mobile Tel. No.:

Email:

Date of Birth:

Occupation:

PARENT / CARER 2

Title:

Full Name:

Relationship to Child:

Address:

Postcode:

Home Tel. No.:

Mobile Tel. No.:

Email:

Date of Birth:

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 1

Title:

Full Name:

Relationship to Child:

Address:

Postcode:

Home Tel. No.:

Mobile Tel. No.:

CONTACT 2

Title:

Full Name:

Relationship to Child:

Address:

Postcode:

Home Tel. No.:

Mobile Tel. No.:

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

Please tick as appropriate:

YES

NO

I/WE 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 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 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 give permission for the Nursery to apply a **PLASTER** if deemed necessary.

I/WE 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

Please note the minimum sessions required to secure a place are two days **PER WEEK**. Please tick the relevant sessions you require:

	7:30am - 6:00pm	8:00am - 6:00pm
Monday →	<input type="radio"/>	<input type="radio"/>
Tuesday →	<input type="radio"/>	<input type="radio"/>
Wednesday →	<input type="radio"/>	<input type="radio"/>
Thursday →	<input type="radio"/>	<input type="radio"/>
Friday →	<input type="radio"/>	<input type="radio"/>

NB: We DO NOT offer term-time only.

HOME-NURSERY AGREEMENT ACCEPTANCE

I/We hereby request a place at Edenhurst Nursery for (full name of child) with effect from (date):

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and enclose **£75 Registration Fee**

Please tick as appropriate:

	YES	NO
I/WE 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.	<input type="radio"/>	<input type="radio"/>
I/WE 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.	<input type="radio"/>	<input type="radio"/>
I/WE 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.	<input type="radio"/>	<input type="radio"/>
I/WE 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.	<input type="radio"/>	<input type="radio"/>
I/WE 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.	<input type="radio"/>	<input type="radio"/>
I/WE 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.	<input type="radio"/>	<input type="radio"/>
I/WE understand that Child Safeguarding Policy and Procedures are in place within the Nursery and are available for my inspection at any time.	<input type="radio"/>	<input type="radio"/>

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).

Please tick as appropriate:

	YES	NO
I/WE give permission for my/our child's image to be used for external purposes for the School, Nursery and Bellevue Education Group.	<input type="radio"/>	<input type="radio"/>
I/WE give permission for my/our child's name to be used for external purposes in the local media alongside images.	<input type="radio"/>	<input type="radio"/>
I/WE agree to be jointly and severally responsible for the fees and to give at least one month's notice of leaving, in writing.	<input type="radio"/>	<input type="radio"/>

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

PARENT / CARER 1

Signed:

Date:

PARENT / CARER 2

Signed:

Date: