**CHALVEY NURSERY SCHOOL REGISTRATION FORM**

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| CHILD’S NAME | CHILD’S DATE OF BIRTH | | | BOY / GIRL |
| CHILD’S ADDRESS: | | | | |
| MOTHER’S NAME:  MISS / MRS / MS (PLEASE CIRCLE) | | FATHER’S NAME: | | |
| ADDRESS, IF DIFFERENT TO CHILD | | ADDRESS, IF DIFFERENT TO CHILD | | |
| PARENTAL RESPONSIBILITY? (Y/N) | | PARENTAL RESPONSIBILITY? (Y/N) | | |
| OCCUPATION | | OCCUPATION | | |
| EMAIL ADDRESS | | EMAIL ADDRESS | | |
| TELEPHONE NUMBER | | TELEPHONE NUMBER | | |
| DATE OF BIRTH | | DATE OF BIRTH | | |
| NATIONAL INSURANCE NUMBER | | NATIONAL INSURANCE NUMBER | | |
| NAME / ADDRESS OF CHILD’S DOCTOR | | NAME / ADDRESS OF CHILD’S DENTIST | | |
| DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? IF YES, PLEASE GIVE DETAILS | | | | |
| IS THERE ANY FOOD / DRINK THAT YOUR CHILD SHOULD NOT HAVE? PLEASE DETAIL | | | | |
| DOES YOUR CHILD SUFFER FROM ANY CHRONIC ALLERGIES? EG. NUTS/WASP STINGS ETC | | | | |
| HOME LANGUAGE SPOKEN | | | HOME RELIGION | |
| NAME OF OTHERS SUPPORTING YOUR CHILD:  SOCIAL WORKER: SPEECH THERAPIST:  HEALTH VISITOR: OTHER: | | | | |
| DOES YOUR CHILD HAVE A CHILD PROTECTION PLAN? (Y/N) | | | | |

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| DOES YOUR CHILD SUFFER FROM ANY OTHER CONDITION THAT YOU THINK WE SHOULD BE MADE AWARE OF? EG: ASTHMA, DIABETES, BLACKOUTS, FITS, FAINTING, CLUMSINESS, WALKING ON TIP-TOES ETC? PLEASE DETAIL: |

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| NAME AND DATE OF BIRTH OF OTHER CHILDREN IN THE FAMILY: |

PLEASE ANSWER YES(Y) OR NO (N) TO THE FOLLOWING QUESTIONS:

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| DOES YOUR CHILD WEAR GLASSES? | IS THEIR HEARING SATISFACTORY? |
| ARE THEY TOILET TRAINED? | CAN THEY PUT ON A COAT? |
| CAN THEY PULL DOWN A ZIP? | CAN THEY WASH THEIR HANDS? |
| CAN THEY USE A TISSUE? | CAN THEY EAT INDEPENDANTLY? |
| RESPOND TO SIMPLE INSTRUCTIONS? | PLAY WITH OTHER CHILDREN? |
| HOLD A BOOK & TURN PAGES? | TIDY TOYS AWAY? |
| USE SIMPLE SENTENCES? | DRINK FROM A CUP? |
| ASK FOR HELP WHEN NEEDED? | WALK UPSTAIRS USING 2 FEET? |
| DO THEY HAVE A DUMMY? | DO THEY DRINK FROM A BOTTLE? |
| DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD’S BEHAVIOUR? PLEASE DETAIL | |

**PLEASE TICK THE RELEVANT BOXES BELOW**.

I AM HAPPY FOR THE SCHOOL TO TAKE PHOTOGRAPHS OF MY CHILD.

I AM HAPPY FOR PHOTOS OF MY CHILD TO BE USED ON THE SCHOOL WEBSITE WHILE MY CHILD IS ATTENDING.

I AM HAPPY FOR PHOTOS OF MY CHILD TO BE USED ON THE SCHOOL WEBSITE AFTER MY CHILD HAS LEFT.

I AM HAPPY FOR PHOTOS OF MY CHILD AND OUR FAMILY TO BE USED IN INTERNAL DISPLAYS.

I AM HAPPY FOR PHOTOS OF MY CHILD TO BE INCLUDED IN THEIR OWN FOLDER WHICH WILL BE GIVEN TO ME WHEN MY CHILD LEAVES THE NURSERY.

I AM **NOT** HAPPY FOR THE SCHOOL TO TAKE OR USE PHOTOS OF MY CHILD.

**PLEASE TICK WHICH SESSION YOU WOULD PREFER:**

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| MORNING: 8.30AM-11.30AM | AFTERNOON: 12.30PM-3.30PM | FULL TIME: 8.30AM-2.30PM (ELIGIBILITY RULES APPLY) |