

# Children's Corner Day Nursery

## Registration Form

Child's full Name			
Child's DoB			
Gender	M/F	Start Date	
Name of parent/carer			
Address			
Postcode			
Tel:			
Email address			
Name of parent/carer			
Address			
Telephone:			
Postcode			
Tel:			
Email			

Please state which parent or carer the child normally lives with:

<b>Attendance</b>						
Provision	Mon	Tue	Wed	Thurs	Fri	Proposed Entry Date:
a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Declaration</b>						
We are in receipt, have read, understood and agree to the terms and condition. We understand that these will be changed from time to time as circumstances required with due notice.						
Parents/Carers signature		Parents/carers signatures			Date	

<b>FOR OFFICE USE ONLY</b>	
Registration £	date paid / /

Deposit	£	date paid	/	/
Total Amount £				

Payment Method: Bank transfer/Childcare Voucher  
 Frequency: By the 1st of each month

Confirmed start date	
Manager's signature	
Date:	

Please tick your child's ethnicity (completion of this section is voluntary and for Early Years Foundation Stages Monitoring)

(please tick appropriate box which describes your ethnicity)

<input type="checkbox"/>	<b>White - British</b>
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Traveller of Irish Heritage
<input type="checkbox"/>	Any other White Background
<input type="checkbox"/>	<b>Mixed - White and Black Caribbean</b>
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other mixed background
<input type="checkbox"/>	<b>Asian or Asian British</b>
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background
<input type="checkbox"/>	<b>Black or Black British</b>
<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Any other Black background
<input type="checkbox"/>	<b>Chinese</b>
<input type="checkbox"/>	<b>Any other ethnic group - please state:</b>
<input type="checkbox"/>	<b>Please tick any of the following special educational needs that apply to your child:</b>
<input type="checkbox"/>	Special Educational need

	Early Years Action/School Action
	Early Years Action Plus/School Action Plus
	<b>Please tick here if you speaks English as a second language:</b>
	English as Second Other Language (ESOL)
	<b>TO BE COMPLETED BY THE MANAGER</b>
	Allergies Check
	Special Needs Checked

Office use only		
Welcome Postcard sent out	YES/NO	date posted: