St Paul's Walden Preschool

Registration Form

DATE: CHILDS NAME:

Please indicate with a √ the sessions you require:

	Mondays	Tuesday	Wednesday	Thursday	Friday
Mornings 9:00-12:00 £22.50					
Lunch 12:00-1:00 £7.50					
Afternoon 1:00-3:00 £15.00					

Please indicate the date you wish your child's place to commence:_____

Please note that should you wish to change your sessions at any point we require a minimum of 4 weeks notice

Please sign below to indicate that the information given on this form is accurate and correct. And by submitting this form you are consenting for the nursery to hold your data for the duration of time you are with us at the nursery or in line with government guidelines.

Parent/Carer 1_____

Signed _____

Date _____

Parent/Carer 2_____

Signed _____

Date _____

Child's Details

Child's first name(s)

Surname

Known as

Child's Home Address

Date Of Birth

Gender

National Health Number

(this is required for funding)

Family Details

Name of Parent(s)/ Carer(s)

Contact Details 1

Parent/Carer full name

Relationship to child

Contact Number 1

Contact Number 2

Email

National Insurance Number

(this is required for funding)

Date of Birth

Family Details continued

Home address if different from child

Work Details

Does this parent have parental responsibility for the child? ☐ Yes ☐ No

Does this parent have legal access to the child? ☐ Yes ☐ No

Contact Details 2

Parent/Carer full name

Relationship to child

Contact Number 1 | Contact Number 2

Email

National Insurance Number | Date of Birth

(this is required for funding)

Home address if different from child

Work Details

Does this parent have parental responsibility for the child? ☐ Yes ☐ No

Does this parent have legal access to the child? ☐ Yes ☐ No

Additional Contacts (Emergency)

Contacts details if parents are not available or care for the child on certain days

Contact Details 1

Full name

Relationship to child

Contact Number 1 | Contact Number 2

Address

Permission to pick up child from nursery ☐ Yes ☐ No

Contact Details 2

Full name

Relationship to child

Contact Number 1 | Contact Number 2

Address

Permission to pick up child from nursery ☐ Yes ☐ No

Unique Password: