  **Pre-Registration Form**

**Child’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child: |  | Date of Birth: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender: |  | Ethnicity: |  | Religion: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Language: |  | Dietary Requirements: |  | Allergies: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Known Medical Conditions: |  | Special Educational Needs: |  |

|  |  |
| --- | --- |
| Please tick if you have any concerns about your child’s developmental in any of the following areas | Specific Learning Difficulty (SPLD) Autistic Spectrum (AS)  Moderate Learning Difficulty (MLD) Visual Impairment (VI)  Severe Learning Difficulty (SLD) Hearing Impairment (HI)  Profound/Multiple Learning Difficulty (PMLD) Multi-Sensory Impairment (MSI)  Emotional, Social & Mental Health Physical/Medical Disability (PD)  Speech, Language & Communication(SLC) Other (OTH) |

**Parent’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Parent: |  | Relationship to child: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone Number: |  | Mobile  Number: |  |

|  |  |
| --- | --- |
| Email Address: |  |

**General Information**

How did you hear about the nursery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When you would like your child to start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received a letter from the council confirming your child’s funding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please tick the following options:*

2yr old year funding ( ) 3+ yr old funding: 15hrs ( ) 30 hrs ( ) Fee Paying ( )

Sessions Required: 9.00-12pm ( ) 12.30-3.30pm ( ) 9.00-3.00pm ( ) 9.00-3.30 ( )

Days Required: Mon ( ) Tues ( ) Wed ( ) Thu ( ) Fri ( )

Any other information the nursery should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date pre-registration form completed by parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**To be completed by the Nursery**

Booking Deposit Paid: Yes ( ) No ( ) How much?:

Confirmed Start Date: \_\_\_\_\_\_\_\_\_\_\_\_

Registration forms completed: Yes ( ) No ( )

All about me information given: Yes ( ) No ( ) Returned: Yes ( ) No ( )

Received copy of Birth Certificate: Yes ( ) No ( )

Red Book Seen: Yes ( ) No ( )

Copy of Council letter: Yes ( ) No ( )

Has the child visited the nursery? Yes ( ) No ( )

Waiting list: Yes ( ) No ( )