



REGISTRATION FORM

CHILD

Surname:							
First Names:		Preferred Name:			Gender:		
Date of Birth	Day		Month		Year		
Proposed Nursery Start Date	Day		Month		Year		
Nationality:			Religious Denomination:				
Special Requirements (e.g. speech therapist, Senco, Dietary, Access):							
Illnesses or Allergies:							
Existing Medical Conditions:							
Distinguishing Marks: (e.g. birth marks, scares)							
Doctors Name:			Doctors Surgery Address:				
			Postcode:		Telephone:		
Social Worker Name and Contact Number (if applicable):							
Health Visitors Name:			Tel / Email:				
Has your child been immunised against the following: <i>please mark with a (x)</i>							
Tetanus		Measles		Rubella		Mumps	
Special Educational Needs:							
Is there anything else we should be aware of:							
Name of Nursery Attended:							
Title and Name of Manager:							
Name of Key Person:			Are you happy for them to share information:				
School or Nursery Address						Postcode:	
Telephone Number:			Email Address:				

Who has Parental Responsibility <i>Please mark with an (x)</i>	Mother	
	Father	
	Both Parents	

PARENT 1

Title		First Name		Surname	
Home Address					
		Postcode			
Home Telephone				Mobile Telephone	
Email Address				Work Telephone	
Occupation					
Business Address					
Car details (make/model)			Registration		

PARENT 2

Title		First Name		Surname	
Home Address (if different from above)					
		Postcode			
Home Telephone				Mobile Telephone	
Email Address				Work Telephone	
Occupation					
Business Address					
Car details (make/model)			Registration		

If Parents have different addresses, Child resides mainly at:		Mother's Address		Father's Address
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EMERGENCY CONTACTS

(1) Full Name		Address			
					Post Code
Home Telephone		Mobile		Work	
Relationship to child					
(2) Full Name		Address			
					Post Code
Home Telephone		Mobile		Work	
Relationship to child					
People authorised to collect Child				Password:	
Name		Relationship to Child		Telephone	
Name		Relationship to Child		Telephone	
Name		Relationship to Child		Telephone	

SOURCE OF ENQUIRY

Please tick any boxes as appropriate:

Siblings currently attending nursery		Personal recommendation		Website	
Advertisement		Other (please specify)			

ETHNIC ORIGIN & LANGUAGES SPOKEN

Please tick the box that best describes your child's ethnic origin:

White		Black or Black British		Asian or Asian British		Mixed	
<input type="checkbox"/>	British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black Caribbean
<input type="checkbox"/>	Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	European	<input type="checkbox"/>	Other Black	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	Other White	<input type="checkbox"/>		<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Mixed
<input type="checkbox"/>	Prefer Not to Say	<input type="checkbox"/>		<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	
Any other Ethnic Background (please specify):							

Is English the main language spoken at home by your child? Y/N

Please list any other languages that are spoken in order of preference.

1)	2)	3)
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SESSIONS

Children aged 3 years must be registered for a minimum of 3 full days per week. Children aged 2 - 3 years must be registered for a minimum of 3 days or 5 morning or afternoon sessions per week. Children under 2 years of age must be registered for a minimum of 2 days or 5 mornings or afternoons sessions per week. Please indicate your choice 1 – 4. If you require a combination of full days & half days please indicate with choices 1- 3. Choice 4 should only be completed if your child is aged 3 when starting nursery and you wish to claim 15 hours of early years funding.

Please Tick the relevant boxes to indicate the sessions required

	1	2	3	4
	Full Day Sessions 8.00am – 6.00pm	Morning Session 8.00am – 1.00pm	Afternoon Session 1.00pm – 6.00pm	Full Day Sessions with 15 hours Early Years Funding* 8.00am – 6.00pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Funded Sessions

When your child reaches their third birthday, they are eligible to access up to 15 hours free entitlement per week which continues up until your child's leaves for school. We provide funded places where children are enrolled for 3 or more full day sessions per week. Nursery places are subject to availability and equality of access. We are unable to provide funded places for children attending fewer than 3 full days per week.

Proposed Nursery Start Date:

Have you visited our Nursery: Yes No Please tick

PRIVACY NOTICE

We take your privacy seriously and will only use your personal information to manage your account and provide tailored care to your child. From time to time we will need to contact you, by phone and email to provide you with updates, share relevant news and send your nursery fee invoices. We will input your data into a system called Connect Childcare which helps us manage our nursery smoothly. Access to your data is restricted. Your data is held in secure data centres and can only be accessed by authorised personnel. Personal information will not be shared with any third parties.

The Blossom educational app will be used to keep records of your child's learning, development and care routines. The data will be used to tailor support and plan for your child's individual learning and provide you with regular feedback. Access to your data is restricted and held in secure data servers in the EEC.

Ticking this box confirms you have read and understood the above statement and gives us consent to contact you regarding relevant matters.

I/we agree

DECLARATION

To the Nursery Manager/Directors, Smith's Children Montessori, St. Luke's Church, Victoria Road, Cambridge, CB4 3DZ:

I / We request that	(child's name)
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be registered for admission to the Smith's Children Montessori, Cambridge.

I / We enclose the non-returnable Registration Fee of £60, in the event of his / her admission. I / we undertake to conform to all the rules and regulations in force from time to time and to be responsible for the payment of accounts when they become due.

I / we understand that 2 months' notice must be given before the child stated above is withdrawn from the nursery or that in lieu thereof 2 month's fees will be payable. Where there are joint signatures, joint and several liability will exist for the outstanding amounts due to the School.

The signing of this contract confirms that I/we have read and understand this agreement and accept all Terms and Conditions herein, including all company policies and procedures referred to.

Print Name (1)			
Mother's signature (1)		Date	/ /
Print Name (2)			
Father's signature (2)		Date	/ /

Please Return To:

Smith's Children Montessori
St. Luke's Church, Victoria Road
Cambridge,
CB4 3DZ

Tel: 01223 301047

Email: admissions@smithschildren.co.uk

Web: www.smithschildren.co.uk

Preferred Payment Method: Online Transfer Payment

Smiths Children
Barclays Bank plc
Sort Code: 201735
Account Number: 53607178

IBAN: GB95 BARC/20 17 53607178
SWIFT (SWIFTBIC): BARCGB22

FOR OFFICE USE ONLY				
Sessions Confirmed:				
Registration Fee Paid: £		Date Paid:		
Retainer Fee Amount: £		Date Paid:		
Total Amount Refunded: £		Date Refunded:		
Nursery Start Date:		Confirmed Y / N:		
Managers Signature:				
Integration Visit Dates	1st:	2 nd :	3 rd :	4 th :

The information provided on this form will be recorded on the Nursery School's database and processed in accordance with our Data Protection Policy.