


Registration for Nursery			
Surname	First Name (s)		
Date of Birth			
Known Name	Gender Male/Female		
Parent/Guardian 1 Full name	Parent/Guardian 2 Full name	<b>Other</b> I give permission for the following person to be contacted to collect my child from nursery or school in an emergency. Name and address	
Address	Address		
Post Code	Post Code		
Phone – Home Mobile	Phone – Home Mobile		
Work phone, location	Work phone, location	Relationship to child	
E-mail	E-mail	Previous Setting	
Parental responsibility Yes/No  Mother / Father	Parental responsibility Yes/No  Mother / Father		
<b>Religion</b> MU – Muslim CH – Christian HD – Hindu SI – Sikh JW – Jewish BU – Buddhist NR – No Religion OTHER – please state	<b>Mother Tongue</b> BE – Bengali EN – English GU – Gujarati HI – Hindi PA – Panjabi UR – Urdu PU – Pushto OTHER – Please state	<b>Ethnicity</b> <b>Asian or Asian British</b> Indian Pakistani Bangladeshi Chinese Any other Asian background <b>Black or Black British</b> Caribbean African Any other Black background <b>Mixed/Dual background</b> White and Black Caribbean White and Black African White and Asian Asian and Black Other mixed background <b>White</b> British Irish Traveller of Irish Heritage Gypsy/Roma Any other white background <b>Other</b> Any other ethnic group I do not wish a category to be recorded	<b>Medical details</b> Doctor's Name and Surgery Address  Telephone
			<b>Permission to contact doctor in an emergency</b> Yes / No  <b>Permission to administer first aid in an emergency</b> Yes / No

<b>Medical Conditions / Allergies</b>	
<b>Siblings in school</b>	
<b>Name</b>	<b>Date of Birth</b>

<b>Is your child currently: (please tick)</b>	
<b>On the Child Protection Register</b>	
<b>In Public Care (a looked after child)? If yes, please state which local authority the child is in the care of:</b>	

<b>Does your child have any special educational needs? If yes, please tick and give details below</b>	

<b>Are any of the following agencies currently involved with your child / family? (please tick)</b>			
Children & Social Care (Social Services)		Educational Psychology	
ESW		School Nurse	
CAHMS		Anti-Social Behaviour Unit	
Other – Please specify:			

<b>Type of provision required – Please tick the box for the type of place you want for your child</b>	
<b>Sessional Nursery</b> Free places for 3 and 4 year olds. Children must attend either 5 mornings or 5 afternoons every week. Please state your preference by ticking the relevant box.	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> No preference
<b>Field Lane JI&amp;N</b> Full time statutory schooling for children aged 4 and above	<b>The school will try to accommodate your preference but cannot guarantee that you will be offered your first choice.</b>

<b>Notes / Additional Information</b>	
I confirm that the information I have given is correct and accept that inaccurate or misleading information may lead to the withdrawal of any places offered by the School. I have parental responsibility for the child. Signed..... Date ..... Please print full name .....	

**Please inform the school of changes to any information on this form as it will affect the allocation of places.**