

COOPERS EDGE SCHOOL

*Typhoon Way,
Brockworth,
Gloucester,
Gloucestershire,
GL3 4BL*



NURSERY REGISTRATION FORM

Legal Surname:		Male/Female	
Legal Forename(s):		D.O.B:	
Chosen names (if different from above):			
Parental Responsibility:			
Any further legal contact rights: (please provide all details with this collection sheet)			
Childs Home Address:			
Postcode:		Home Telephone:	
Mobile Telephone:		Mobile Telephone:	
Brother(s)/Sister(s) at Coopers Edge School/nursery:	Name:	Year Group/Nursery:	
	Name:	Year Group/Nursery:	
	Name:	Year Group/Nursery:	

Name & Address of Previous Playgroup/Nursery:	
Telephone Number:	
Contact Name:	

Please give details of **all** persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the priority order that you wish them to be contacted.

Priority	Name:	Home Details:	Work Details:
1	Mr/Mrs/Miss/Ms/Dr Full name: Relationship to child: Parental responsibility: Y / N	Address: Tel: Mobile: Mobile: Email:	Address: Tel: Mobile: Mobile: Email:
2	Mr/Mrs/Miss/Ms/Dr Full name: Relationship to child: Parental responsibility: Y / N	Address: Tel: Mobile: Mobile: Email:	Address: Tel: Mobile: Mobile: Email:
3	Mr/Mrs/Miss/Ms/Dr Full name: Relationship to child: Parental responsibility: Y / N	Address: Tel: Mobile: Mobile: Email:	Address: Tel: Mobile: Mobile: Email:
4	Mr/Mrs/Miss/Ms/Dr Full name: Relationship to child: Parental responsibility: Y / N	Address: Tel: Mobile: Mobile: Email:	Address: Tel: Mobile: Mobile: Email:

Please give medical details below:			
Medical Practice:		Address:	
Doctor:		Telephone number:	
Details of current health problems:			
Asthma	Inhaler: Y/ N does/does not need to be kept in school		
Allergy	Moderate / Severe / epi-pen		
Sight	Does your child wear glasses: Y / N		
Hearing	Does your child have hearing problems: Y / N Need hearing aid: Y / N		
Full/Other medical conditions/details:			
Any birth/early years health problems that may have affected your child's development eg prem, heart problems:			

Are any of the following in place for your child? Early Years Action: Y/N Early Years Action Plus: Y/N Statement of Special Educational Needs: Y/N	What special support will your child require at our setting?
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Do you have a Health Visitor: Y/N If Yes, please provide following details: Name: Telephone Number: Based at:	Do you have a Social Care Worker: Y/N If Yes, please provide the following details: Name: Telephone Number: Based at: Reason for social care department involvement with family:
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Please provide details of your child's ethnic origin (one box <u>MUST</u> be ticked):				
White	Asian or Asian British	Black or Black British	Chinese or other ethnic group	Mixed
English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish heritage <input type="checkbox"/> White Eastern European <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Other white British <input type="checkbox"/> Other* <input type="checkbox"/>	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other* <input type="checkbox"/>	Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other* <input type="checkbox"/>	Chinese <input type="checkbox"/> Other* <input type="checkbox"/>	White & Black <input type="checkbox"/> Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Chinese <input type="checkbox"/> Other* <input type="checkbox"/>
I do not wish to disclose <input type="checkbox"/>		* If you have ticked other* please give details:		

Home Language:		Religion:	Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>
			Buddhist <input type="checkbox"/>	Sikh <input type="checkbox"/>
			Hindu <input type="checkbox"/>	None <input type="checkbox"/>
			Jewish <input type="checkbox"/>	Other <input type="checkbox"/> Please specify:
			I do not wish to disclose <input type="checkbox"/>	

Please give details of home/school travel arrangements					
Walk <input type="checkbox"/>	Bicycle <input type="checkbox"/>	Car <input type="checkbox"/>	Taxi <input type="checkbox"/>	Public Transport <input type="checkbox"/>	Other <input type="checkbox"/> Please specify:

	Nursery sessions required: (Please tick your preferred choice)				
	Monday	Tuesday	Wednesday	Thursday	Friday
9am - 12noon					
12 - 12.30 (Lunch)	*NOT YET AVAILABLE	**NOT YET AVAILABLE	*NOT YET AVAILABLE	*NOT YET AVAILABLE	*NOT YET AVAILABLE
12.30 - 3.30pm	*	*	*	*	*

*These sessions will become available January 2013

** This session may be available depending upon demand

The hourly rate for the Nursery is £4.00 per hour however "Free for 3 & 4" funding may be available for children in the term following their 3rd birthday. Currently this is limited to 15 hours per child. Further information can be obtained from the Nursery office.

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the DFE and the Local Authority.	
Parent/Carer Signature:	Date:
PRINT NAME:	

ADMINISTRATION

Date Processed:

Sessions Agreed:

Admission date: