



MILLFIELD NURSERY



REGISTRATION FORM

Please complete all three sides then sign the last page.

The Data Protection Act (1998) and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored on the school's student records database.

Legal Surname(as it appears on child's birth certificate)

Legal Forename(as it appears on child's birth certificate)

Middle Name(s)

Preferred Forename Gender.....Male / Female

Date of Birth

Home Address

.....

Postcode Home telephone number

Sibling at Millfield Primary: Yes/No If yes name of sibling:.....

In Local Authority Care Yes/No If Yes, Name of Care Authority

Does your child have any of the following:

- Special Educational Needs (as identified by a relevant education professional)? YES/NO
- A severe and long-term medical need?..... YES/NO

*If you have answered yes to either of the above, you **must** provide further information on the back of this form or on a separate sheet, together with copies of all relevant supporting documentation. You should also provide contact details of the relevant professional(s), e.g. your child's medical consultant or paediatrician, whom we will contact for additional information.*

PERSONAL INFORMATION

To help us in monitoring equal opportunities you are asked to complete the following:

1. Country of birth Nationality.....
2. First language Other language(s).....
3. Family's Ethnic Origin. (Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.)

White - British	
White - Irish	
White - Traveller of Irish Heritage	
White - Gypsy/Roma	
White - Any other White background	
Mixed - White and Black Caribbean	
Mixed - White and Black African	
Mixed - White and Asian	
Mixed - Any other mixed background	
Asian or Asian British - Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - Bangladeshi	

Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil....)	
Black or Black British -Caribbean	
Black or Black British -African	
Any other Black background	
Chinese	
Any other ethnic group – please circle one. (This includes Afghan, Arab, Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin American, Lebanese, Libyan, Malay, Mauritian, Moroccan, Polynesian, Thai, Vietnamese, Yemeni...)	
I do not wish an ethnic background to be recorded	

CONTACT INFORMATION

Please provide details of three parents/guardians/contacts below and place them in the order you wish them to be contacted in an emergency.

Please tell us if the information changes; we need to be able to contact you quickly if your child is ill.

PRIORITY 1 CONTACT

Title.....SurnameForename.....
Relationship to student Parental responsibility.....YES / NO
Date of Birth NI number
Home address
.....Postcode.....
Mobile number Work telephone number
Home email.....

PRIORITY 2 CONTACT

Title.....SurnameForename.....
Relationship to student Parental responsibility.....YES / NO
Date of Birth NI number
Home address
.....Postcode.....
Mobile number Work telephone number
Home email.....

PRIORITY 3 CONTACT

Title.....SurnameForename.....
Relationship to student Parental responsibility.....YES / NO
Home address
.....Postcode.....
Mobile telephone number

**SEPARATED PARENT INFORMATION – For parents not living with student
PRIORITY CONTACT (Please specify contact priority)**

Under the 1989 Children’s Act all parents have the right to receive information about their child’s progress.

Title.....SurnameForename.....
Relationship to student Parental responsibility.....YES / NO
Home address
.....Postcode.....
Home telephone numberHome email.....
Work telephone number Mobile telephone number
Court Case Yes/No Address can be Disclosed Yes/No

MEDICAL DETAILS

Doctor Telephone number.....

Address

Please state any medical conditions of which you wish the school to be made aware, (e.g. asthma, epilepsy, allergies)

.....

.....

Please state if your child has a medically diagnosed food allergy or intolerance.....

.....

If there are any religious or cultural practices of which the school should be aware, please specify.

.....

Who will be collecting your child from nursery?

PHOTOGRAPHIC PERMISSION

I give my consent for photographs and video recordings to be made of my child and used to support teaching and learning and to be used in nursery literature. I understand that if the image can be viewed outside the school my child will not be named.

YES/ NO

I give my consent for images of my child to appear on the nursery website. I understand that images will not be named.

YES/NO

I give my consent for my child to be photographed by the press in connection with information about nursery activities. I understand that I will be asked for specific consent if the press wish to publish my child's name with the photograph.

YES/ NO

YOUR PREFERENCE

I wish my child to start on..... and would like the following sessions:

Open 8am – 5.30pm term time only	Monday	Tuesday	Wednesday	Thursday	Friday	Amount to be paid per session if not within funding
Please tick the sessions required: session options are detailed below.						Amount correct at time of printing
8am-9am						£4.13
9am-11.30am						£10.33
11.30am-12.30pm (lunch)						£4.13
12.30pm-3pm						£10.33
3pm-4pm						£4.13
4pm-5.30pm						£6.20
Full Day (8am-5.30pm)						£39.24
Total hours per day						
Claimed hours per day						
Total hours attending per week						
Total hours claimed per week						

Signed

Date:.....

The information you provide here will be used by Millfield Nursery for the purposes of admissions only. If you have any queries regarding how this information will be used, please contact Millfield Nursery, Millfield Primary School, Grange Lane, Littleport, Cambs, CB6 1HW.