

MILLAND VALLEY NURSERY SCHOOL

REGISTRATION FORM

www.mvns.co.uk/Email_mvns1@hotmail.com/07876206780

We share information with regard to Safeguarding and Wellbeing with West Sussex Local Authority and other Professional bodies that Milland Valley Nursery School consider necessary.

Today's Date:

Name of Child Date of Birth:.....

Religion:..... Ethnicity:.....

Address:.....

.....

Name of Parent/Guardian

Name of parent(s) child normally lives with.....

Home Telephone No.:.....Email:.....

Emergency Telephone No:(1st).....(2nd).....

(2nd should be a suitable third party contact for your child should we be unable to make contact using the 1st emergency number given).

Parent/Guardians place and hours of work:.....

Details of any other adults/parents who have parental responsibility for the child and do not live at the above address.

Name.....Relationship to child.....

Phone Number:.....

Address:.....

Details of any person who has regular contact and may bring/collect your child from Nursery School.

Name:.....Address:.....

Telephone No.....

Name/Address and telephone number of child's doctor:.....

.....Telephone No.....

Name of Health Visitor and Contact Number

We may need to share information with your Health Visitor and need your permission to do so.

Medical Information:

1. Allergies (including the use of plasters).....

.....

2. Does the child suffer from Asthma?.....

3. Is the child on any form of medication?.....

.....

Is there anything else you would like to tell us that will enable us to take the best possible care of your child? Please be assured, all information will be treated in the strictest confidence.

.....

.....

If you feel a home visit would be beneficial to yourself and your child prior to start date, please telephone to arrange an appointment.

Please note: A registration fee of £30 is payable when you register your child for a place or join our waiting list. This covers initial administrative costs and is non-refundable. Payment by cheque/BACS – bank details:

**Santander Bank, Sort Code: 09-06-66, Account Name: Milland Valley Nursery School,
Account No.40249735**

One full Nursery half term's notice is required if you decide:

- not to send your child to the nursery within two weeks of confirmed start date./or remove your child from the nursery without required notice.
- All sessions booked and confirmed will be invoiced and charged to you.

Should you wish to amend your sessions we will do our best to accommodate your changes, but this may not always be possible. Should you decide to cancel a session/s, a full half terms notice is required. Failure to give the correct notice will result in all cancelled sessions being invoiced and charged to you.:

To ensure the Nursery receives the correct funding available for your child, please notify us if you are in receipt of any of the following benefits:

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The Guaranteed element of State Pension Credit
- Child Tax Credit (provided the family is not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Children who are fostered/adopted or looked after.
- If any of the above is applicable a parent's National Insurance number and Date of Birth will be required for processing the application.

Name of Applicant

National Insurance No.

Date of Birth

Some of the information contained in this form may need to be shared with other organisations, eg West Sussex County Council, Health Authorities, Professionals in Childcare. Before any information is passed on, we will obtain your permission to do so in compliance with the General Data Protection Regulation May 2018. All information is suitably stored for confidentiality purposes.

I/We consent to any emergency medical treatment necessary during the running of the nursery. I/We authorise the nursery staff to sign any written form of consent required by the hospital authorities if the delay in getting my/our signature is considered by the doctor to endanger my child's health and safety.

Signed: Parents/Guardians

Print Full Name:

PLEASE NOTIFY THE NURSERY OF ANY CHANGES TO THE ABOVE

Form to be returned to:

Mrs S Marston, Reeds Lodge, Reeds Lane, LISS, Hants GU33 7HU