



CAMBRIDGE NURSERY SCHOOL
REGISTRATION FORM

ALL SECTIONS OF FORM MUST BE COMPLETED

Child's Name.....

I (parent/guardian) apply for the admission of the above named child to attend Cambridge Nursery School for the Morning/afternoon session (please indicate preference by circling your choice).
In support of this application I give the following particulars concerning my circumstances and hereby declare that by signing this form I am confirming that all information provided is true and correct.

Child's legal first name -	Child's middle name -
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Child's legal surname -	Preferred name -
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Date of Birth - Admin to sign to verify sight of Birth Cert.....	Gender - Male <input type="checkbox"/> Female <input type="checkbox"/>
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Child's home address -
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.....
Postcode -

Religion -	Home language -
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Contact 1:

Name of parent/ carer - Home address -	Relationship to child -
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Postcode -		Mob No:
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Surname	First Name(s)	Date of birth	National Insurance Number

Work address - Tel no:

Is the above person a legal guardian / have parental responsibility for this child? YES / NO

Contract 2:

Name of parent/ carer - Home address -	Relationship to child -
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Postcode -		Mob No:
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Surname	First Name(s)	Date of birth	National Insurance Number

Work address - Tel no:

Is the above person a legal guardian / have parental responsibility for this child? YES / NO

Who does the child normally live with -

Contract 3:

Name of third contact - (In the case of unavailability of 1st and 2nd contact) -

Address -

Postcode -



Mob No:

Relationship to child -

Contact details

In case of an emergency please contact

1st 2nd 3rd
(E.g 1st Mother 2nd Father 3rd Contact)

Has your child attended any other nursery or playgroup, if so please give details

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Other children at home

Name	Date of birth	School attending if at school age

HEALTH INFORMATION

Child's GP -	Health Visitor -
Surgery address -	Address -
 Tel no:	 Tel no:

Has your child had any serious illnesses? YES/NO (If yes, please give details)

Has your child ever been hospitalised? YES/NO (If yes, please give details)

Has your child had surgery? YES/NO (If yes, please give details)

Does your child have any medical needs / conditions? YES/NO (If yes, please give details)

Does your child have any known allergies? YES/NO (If yes, please give details)

Is there anything else you feel we should need to know about your child? (Such as, their behaviour/eating habits)

Age	Immunisations	Date received	Any problems related to this immunisation?
2 months	Diphtheria, tetanus, whooping cough, polio and Hib type b (Known as DTaP/IPV/Hib, given as a 5-in-1 single jab)		
	Pneumococcal infection		
3 months	5-in-1, second dose (DTaP/IPV/Hib)		
	Meningitis C		
4 months	5-in-1, third dose (DTaP/IPV/Hib)		
	Pneumococcal infection, second dose		
	Meningitis C, second dose		
Around 12 months	Meningitis C, third dose		
	Hib, fourth dose (Hib/MenC given as a single jab)		
Around 13 months	MMR (measles, mumps and rubella), given as a single jab		
	Pneumococcal infection, third dose		
3 years and 4 months, or soon after	MMR second jab		
	Diphtheria, tetanus, pertussis and polio (DtaP/IPV), given as a 4-in 1 pre-school booster		

Has your child had any contact with any of the following people?		
Contact	Name	Telephone number
Educational psychologist		
Family Worker		
Hearing impairment service		
Hospital consultant		
Occupational therapist		
Paediatrician		
Physiotherapist		
Portage worker		
Social worker		
Specialist nurse (eg Asthma, Diabetes)		
Speech therapist		
Visual support service		
Other		

Does your child have a disability or learning difficulty? (Please give details to enable us to meet your child's individual needs)			
No special educational need		Early action/School Action Plus	
Early Action/School Action		Statement	

Please indicate how you travel to Nursery:

Car		Train		Bus		Bicycle		Walk		Other
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Please indicate your child's ethnicity:

White	Mixed	Asian or Asian British	Black or Black British	Chinese	Any other ethnic background
British	White and Black Caribbean	Indian	Caribbean		
Irish	White and Black African	Pakistani	African		
Traveller of Irish Heritage	White and Asian	Bangladeshi	Any other black back ground		
Gypsy/Roma	Any other mixed background	Any other Asian background			
Any other white background					

I HAVE BEEN INFORMED THAT THE POLICIES AND PROCEDURES IN PLACE AT CAMBRIDGE NURSERY SCHOOL AND CHILDREN'S CENTRE ARE ACCESSIBLE TO ME AS COPIES ARE AVAILABLE IN RECEPTION AND ACROSS THE CENTRE.

I AM AWARE THAT CENTRE STAFF HAVE A LEGAL DUTY TO SAFEGUARD CHILDREN AND PROMOTE THEIR WELFARE BY PROTECTING THEM FROM HARM OR POTENTIAL RISK OF HARM; THEREFORE STAFF MAY BE REQUIRED TO KEEP WRITTEN RECORDS REGARDING MY CHILD OR REPORT THEIR CONCERNS TO SOCIAL CARE. THE TERM 'SAFEGUARDING' IS DEFINED IN THE WORKING TOGETHER TO SAFEGUARD CHILDREN 2010 GOVERNMENT DOCUMENT AS:

'The process protecting children from maltreatment by preventing impairment of children's health of development by ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable children to have optimum life chances and to enter adulthood successfully.'

Parent/Guardians Signature _____

Please print name _____ Date _____

FOR OFFICE USE ONLY -

Please tick to indicate sight of child's birth certificate <input type="checkbox"/>	Seen by - _____
Date form received _____ By _____	Session Preferred - AM <input type="checkbox"/> PM <input type="checkbox"/>

ADDITIONAL INFORMATION

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