



Registration Form

Nursery Required	[] 25 Battye Street	Nursery Room Required:	[] Babies/Under Two's
	[] 183 Leeds Road		[] Infants
			[] Pre School
			[] Out Of School Club
			[] Holiday Club
The Child Details			
Child's First Name:			
Child's Middle Name:			
Child's Surname:			
Child's Date of Birth:			
Male/Female:			
Home Address:			
Nursery Password:			
A little more about me			
My Hair Colour:			
My Eye Colour:			
My Religion:			
My Ethnicity:			
My Nationality:			
Languages Spoken:			
Languages Spoken at home:			
Funding Only			
<i>(Eligibility Code) Please ensure you complete the information below as we will need this to claim Funding for your child/Ren.</i>			
My Child is eligible for the following funding:			
2-Year-old 15 Hours Free Funding <input type="checkbox"/>		30 Hours Free Funding <input type="checkbox"/>	
My child's eligibility code from the following options above is:			
If you are eligible for 15 hours funding nursery may be able to claim EYPP to help us access further resource for the children in the setting.			
Please complete:		Mother	Father
Full name (Including middle name)			
My D.O.B is the following:			
My National Insurance Number is the following:			
30 Hours Free Funding ONLY <i>(Please circle)</i>			
Mother		Father	
My D.O.B is the following:			
My National Insurance Number is the following:			
OR			
My National Asylum Support Service Number is:			

Parent Carers Details (Legal Care) 1	Parental Responsibility	Yes	No
Relationship to Child:			
Title:			
First Name:			
Middle Name:			
Surname:			
Address:		Please tick is same as here if same as c <input type="checkbox"/>	
Telephone Numbers	Home:		
	Mobile:		
	Work:		
Email Address:			
Employers Name:			
Employers Address:			
Hours of Work:			
Parent Carers Details (Legal Care) 2	Parental Responsibility	Yes	No
Relationship to Child:			
Title:			
First Name:			
Middle Name:			
Surname:			
Address:		Please tick is same as here if same <input type="checkbox"/> ild	
Telephone Numbers	Home:		
	Mobile:		
	Work:		
Email Address:			
Employers Name:			
Employers Address:			
Hours of Work:			
Would you like your invoice sent by email?	Yes	No (Paper Format Please)	
Please add your family email you would like your invoices sent too.			

Medical Details

Doctors Name:						
Surgery Name:						
Surgery Address:						
Surgery Telephone Number:						
Child's NHS Number:						
Health Visitors Name:						
Health Visitors Contact Number:						
Do you give consent for us to contact health professional if needed?	Yes			No		
Does your child have any Medical condition?						
If you selected Yes please give us more information:						
Immunisation schedule information (Please Circle and date the ones your child has had.)	2 Months	DTaP/IPV/Hib		Date:		
	3 Months	DTaP/IPV/Hib/Men C		Date:		
	4 Months	DTaP/IPV/Hib/MenC/PCV		Date:		
	12 Months	Hib/MenC Booster		Date:		
	13 Months	MMR/PCV		Date:		
	Preschool 3-5	DTaP/IPV/MMR		Date:		
	Comments					
Do your child take any medication:	Yes			No		
If you selected yes please give us more information:						
Any special requirements, including food allergies, intolerance, preferences?						
Other Parties: (Any other professional involved with your child) Please use this section to write about any other people who may be involved with your child. Please include name and contact details.	SEN	Speech Therapist	Social Worker	Support Worker	Physio	Other
	Child Protection		Child in Need	TAF	None	Sign:
	Please Circle if you have or are involved in any of the above, or please circle none and sign if you have not.					

Emergency Contacts

Emergency Contact 1 (Please do not include carer/parent's details from page 1)	
Relationship to Child:	
Title:	
First Name:	
Surname:	
Address:	
Telephone Numbers:	Home:
	Mobile:
	Work:
Emergency Contact 2 (Please do not include carer/parent's details from page 1)	
Relationship to child:	
Title:	
First Name:	
Surname:	
Address:	
Telephone Numbers:	Home:
	Mobile:
	Work:
Emergency Contact 3 (Please do not include carer/parent's details from page 1)	
Relationship to Child:	
Title:	
First Name:	
Surname:	
Address:	
Telephone Numbers:	Home:
	Mobile:
	Work:

Permissions

Please sign next to each box to give your consent:	
Child's Name	Date:
<p>First Aid and Emergency medical treatment, including plasters and administration of Calpol should your child temperature rise suddenly above 38°C. (We will always contact you if your child's temperature rises or if your child needs emergency treatment. However, if we cannot get through the parents or the guardian the nursery will make the decision of what is best for your child).</p>	<p>Name: Date: Signature:</p>
<p>Activities and Outings in which your child/ren go on outings and participate in activities organised by Hamond House Day nursery. (Parents will always be informed prior to any outings in which children leave the nursery premises).</p>	<p>Name: Date: Signature:</p>
<p>Photography to be used in-house only, e.g. photo observations for child's online learning journey, display boards, around the nursery setting.</p>	<p>Name: Date: Signature:</p>
<p>Photography to be used in nursery, publicity material, including our Facebook page (Children's names will NOT be used with any of the photos.)</p>	<p>Name: Date: Signature:</p>
<p>Holding personal information (paper and computer based)</p>	<p>Name: Date: Signature:</p>
<p>Sharing information with other professional e.g. health visitor, speech therapist, local authority and other settings the child has attended. (We will always inform you before we make contact with other professional regarding your child.</p>	<p>Name: Date: Signature:</p>
<p>Unless a parent has provided nursery with sun cream from home then we are required to apply nurseries own sun cream in hot weather conditions</p>	<p>Name: Date: Signature:</p>
<p>Sharing your child's Name, D.O.B and Address with Kirklees for our 2 Year Checks</p>	<p>Name: Date: Signature:</p>
<p>Brushing your Children's teeth at nursery.</p>	<p>Name: Date: Signature:</p>

Contribution towards your childcare costs

<p>Are you entitled to help towards your nursery fees? Please tick below which funding you receive for your child. If you need further information on how to apply for funding please speak to a member of the team.</p>	
<p>Tax Free Childcare (If you are entitled to tax free childcare the government will pay £2.00 for every £8.00 you pay your childcare provider) For further information please visit Tax-Free Childcare.gov.uk</p>	<p><input type="checkbox"/> I am receiving Tax Free Childcare.</p>
<p>Universal Credits (Universal is a monthly payment that can help towards your childcare fees. It is usually paid monthly and in arrears)</p>	<p><input type="checkbox"/> I am receiving Universal Credits</p> <p>I receive ____% towards my childcare costs on the ____ of each month. I am aware I must pay the remaining ____% on the 1st of each month.</p>
<p>Childcare Voucher Scheme (The childcare voucher schemes allows working parents the opportunity to swop part of their pre-tax salary to pay for registered childcare. As a result, they make saving on their tax and national insurance)</p>	<p><input type="checkbox"/> I am receiving Childcare Vouchers from the following provider:</p> <p>_____</p>

Hamond House Day Nursery Weekly Timetable

Please tick the session you wish your child to attend

Selected Start Date	
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Paying Parents ONLY (Please Tick)										
Session	Monday		Tuesday		Wednesday		Thursday		Friday	
Option 1A All Day 7:15am till 6:15pm										
Option 1B Morning Session 7:15am till 1:00pm										
Option 1C Afternoon Session 1:00pm till 6:15pm										
Term Time Only (Please tick)										
Local Nursery Drop off/Pick Up (Please state time)	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

2-Year-Old 15 Hours Funded ONLY (Please Circle)										
	Monday		Tuesday		Wednesday		Thursday		Friday	
Option 2A 7:30-12:30 Basic Entitlement with everything included. (5 Hours over 3 AM's) (NIL Cost) (Limited Places available)	AM		AM		AM		AM		AM	
Option 2B 1:00-6:00 Basic Entitlement with everything included. (5 Hours over 3 PM's) (NIL Cost) (Limited Places available)	PM		PM		PM		PM		PM	
Option 2C Two Full Days 7:30-6:00PM (Combined hours with a minimum of Two days) (£30.00 Per week) (Everything included)	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

3-Year-Old 15 Hours Funded ONLY (Please Circle)

Option 3A 7:30-5:30 7:30-12:30 Basic Entitlement (15 hours over 1 full day and 1 am session) (NIL Cost) (Limited Places available)	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
(Optional) Cost for snack and lunch with a weekly charge of £4.75 – Please tick if you wish for your child to have paid snack and lunch. (If you do wish for this option you must ensure you bring your child with a pack lunch and a piece of fruit.)										
Option 3B 7:30-12:30 (Advanced entitlement with everything included) (5 hours over 3 AM's) (£6.00 per week)	AM		AM		AM		AM		AM	
Option 3C 1:00-6:00 (Advanced entitlement with everything included) (5 hours over 3 PM's) (£8.50 per week)	PM		PM		PM		PM		PM	
Option 3D 7:30-6:00 7:30-12:00 (Combined hours with a minimum of Two days) (£32.42 Per week) (Everything included)	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
For Stretched 15 hours over 48 weeks please Option S15										

30 Hours Funded ONLY (Please Tick)

Option 30A 7:15 – 1:15 Basic Entitlement (6 Hours over 5 AM's) (NIL Cost) (Limited Places available)	AM		AM		AM		AM		AM	
(Optional) Cost for snack and lunch with a weekly charge of £8.75 – Please tick if you wish for your child to have paid snack and lunch. (If you do wish for this option you must ensure you bring your child with a pack lunch and a piece of fruit.)										
Option 30B 8:00-6:00 (Advanced entitlement with everything included) (10 hours over 3 Full Day) (£12.00 per week)	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Option 30C 8:30-4:00 (Advanced entitlement with everything included) (7.5 hours over 4 Full Day) (£16.00 per week)	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
For Stretched 30 hours over 48 weeks please Option S30										

Stretched Funded ONLY (Over 48 Weeks) (Please Tick)					
Option S15 9:00-3:00 Advanced entitlement with everything included (12 Hours per week over 48 weeks) (6 Hours over 2 Full Days) (£10.00 per week)	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Option S30 9:00-5:00 Advanced entitlement with everything included (24 Hours per week over 48 weeks) (8 Hours over 3 Full Days) (£22.00 per week)	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

Thank you for choosing Hamond House Day Nursery. Please ensure you have completed which options you would like your child to attend. Reading any additional charges optional and enhanced.	
What Option have you selected for your child?	First Choice:
Due to limited places for NIL cost funding. If the option you have chosen above is not available could you please ensure you give a second and third choice.	Second Choice:
	Third Choice:
<p><i>Please Ensure you understand the sessions you are choosing before signing and dating. Please be aware we have limited places for NIL cost funding places and this option may not be available. Please be aware if you have a child attending for a 2-year funding place at a NIL cost you may have additional charges or enhanced entitlement if a 3-year NIL place is not available to you at the time your child turns 3.</i></p> <p><i>If you have any queries please do not hesitate to speak to a member of our team.</i></p>	
Parents Signature: Date:	

Checklist

Please ensure you have completed all of the questions on the registration form as this may cause a delay in your child being registered with us.		
Have you completed all of the registration form and have brought it back to nursery?		
Registration fee £30.00 have you brought it back to nursery?		
Have you signed the Nursery Terms and Conditions and brought back to nursery?		
Have you brought a copy of your Child's Birth certificate?		
Have you brought a copy of your address (Parents) to nursery?		
Funding Children Only		
Nursery and Parent Agreement Have you completed the Nursery agreement and brought back to nursery?		
Once you have completed and returned all the additional paperwork to nursery we can arrange a settling in session with your child.		
(Office Use Only) Settling in Session		
Room:		
Date:		
Time:		
The nursery will provide you with a contract for your child have set nursery sessions and paying schedule. (Paying Parents Only)	Date Completed:	
	Copy given to parent:	
	Original filed away	