Please complete all sections below to register your child for a place at Deerness Valley Nursery. Your information will be kept safe and confidential following our Data Protection and Confidentiality policy, available on our website.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s registration information** | | | | | |
| Child’s full name | | Click or tap here to enter text. | | | |
| Date of birth | | Click or tap to enter a date. | | | |
| Home address including postcode | | Click or tap here to enter text. | | | |
| Religion | | Click or tap here to enter text. | Ethnic Origin | | Click or tap here to enter text. |
| Nationality | | Click or tap here to enter text. | Languages Spoken at Home | | Click or tap here to enter text. |
| Position in the family (eg eldest child, 2nd child) | | Click or tap here to enter text. | | | |
| Details of any special educational needs or disabilities | | Click or tap here to enter text. | | | |
| **Family information** | | | | | |
| Mother | | | Father | | |
| Title | Choose an item. | | Title | Choose an item. | |
| First name | Click or tap here to enter text. | | First name | Click or tap here to enter text. | |
| Last name | Click or tap here to enter text. | | Last name | Click or tap here to enter text. | |
| Home address including postcode | Click or tap here to enter text. | | Home address including postcode | Click or tap here to enter text. | |
| Email address | Click or tap here to enter text. | | Email address | Click or tap here to enter text. | |
| Home phone number | Click or tap here to enter text. | | Home phone number | Click or tap here to enter text. | |
| Mobile number | Click or tap here to enter text. | | Mobile number | Click or tap here to enter text. | |
| Work phone number | Click or tap here to enter text. | | Work phone number | Click or tap here to enter text. | |
| NI Number \* | Click or tap here to enter text. | | NI Number \* | Click or tap here to enter text. | |
| Responsibilities (please tick all that apply) | | | Responsibilities (please tick all that apply) | | |
| Parental responsibility | | Contact in emergency | Parental responsibility | | Contact in emergency |
| Payment of fees | | Collect your child | Payment of fees | | Collect your child |

\*By giving us this information you are giving us permission to check your eligibility for funding including 2 Year Old funding, 30 Hour funding and Early Years Pupil Premium.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional Adults information** | | | | | | | |
| Please provide contact information for two additional local adults who may be contacted in case of emergency, eg grandparents, aunts and uncles | | | | | | | |
| First name | Click or tap here to enter text. | | | First name | | Click or tap here to enter text. | |
| Last name | Click or tap here to enter text. | | | Last name | | Click or tap here to enter text. | |
| Relationship to child | Click or tap here to enter text. | | | Relationship to child | | Click or tap here to enter text. | |
| Home address including postcode | Click or tap here to enter text. | | | Home address including postcode | | Click or tap here to enter text. | |
| Home phone number | Click or tap here to enter text. | | | Home phone number | | Click or tap here to enter text. | |
| Mobile number | Click or tap here to enter text. | | | Mobile number | | Click or tap here to enter text. | |
| Work phone number | Click or tap here to enter text. | | | Work phone number | | Click or tap here to enter text. | |
| Tick below to indicate that you give permission for this person to: | | | | Tick below to indicate that you give permission for this person to: | | | |
| Be contacted in case of emergency | | | Collect your child | Be contacted in case of emergency | | | Collect your child |
| **Child’s Medical information** | | | | | | | |
| Does your child have any allergies?  If yes please give details of cause and reaction. | | | | | Click or tap here to enter text. | | |
| Does your child have any other special dietary requirements? If yes please give details. | | | | | Click or tap here to enter text. | | |
| Has your child had all their immunisations? Have they had any additional immunisations? | | | | | Click or tap here to enter text. | | |
| Does your child have any other medical needs or history Deerness Valley Nursery need to be aware of? | | | | | Click or tap here to enter text. | | |
| Do you receive Disability Living Allowance for your child? | | | | | Click or tap here to enter text. | | |
| GP information | | | | | | | |
| Doctor’s surgery name and address | | Click or tap here to enter text. | | | | | |
| Doctor’s phone number | | Click or tap here to enter text. | | | | | |
| Health Visitor information (if known) | | | | | | | |
| Health Visitor name | | Click or tap here to enter text. | | | | | |
| Health Visitor phone number | | Click or tap here to enter text. | | | | | |
| Other Agency information | | | | | | | |
| Other Agency name | | Click or tap here to enter text. | | | | | |
| Other Agency address | | Click or tap here to enter text. | | | | | |
| Other Agency phone number | | Click or tap here to enter text. | | | | | |

**Session Booking Information**

All bookings are subject to availability, the terms and conditions of your contract, and our admissions policy.

**Free funded session packages:**

**Term Time Package** – 5 sessions a week for 38 weeks a year. The 38 weeks are linked to Durham County School term dates. (Free 30 Hours = 10 sessions)

**Year-Round Package** – 4 sessions a week for 48 weeks a year. This is 4 sessions a week for all the weeks Deerness Valley Nurseryare open. (Free 30 Hours = 8 sessions)

|  |  |  |  |
| --- | --- | --- | --- |
| **Please tick the options that apply below:** | | | |
| Government Funded Spaces: | Term-Time | Year-Round | |
| Two Year Old “Free to play and learn” space |  |  | |
| Three and Four year old 15 hours space |  |  | |
| Three and Four year old 30 hours space |  |  | |
| **Early or Late Extended Sessions** – I would like to speak to the nursery manager about early arrival or late collection. | | |  |
| **Flexi-Book** - I would like to change my sessions on a weekly basis. I understand that sessions are booked on a first come first served basis. | | |  |
| **Bespoke Package** – I would like to speak to the nursery manager about creating a bespoke session package to suit my family’s needs. | | |  |
| **Start Date** – this will be confirmed by nursery | Click or tap to enter a date. | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pre-Book Sessions Request Information:** (for Flexi-Book packages please leave blank) | | | | | |
| Please indicate the sessions you would like to book in advance. | | | | | |
| **Times** | **Mon** | **Tue** | **Wed** | **Thurs** | **Fri** |
| 8-11 | Breakfast | Breakfast | Breakfast | Breakfast | Breakfast |
| 11-2 | Lunch | Lunch | Lunch | Lunch | Lunch |
| 2-5 | Tea | Tea | Tea | Tea | Tea |

|  |  |
| --- | --- |
| **Parental Agreement** | |
| I agree to abide by the terms and conditions and policies and procedures of Deerness Valley Nursery which I have read and fully understand. | |
| Print name | Click or tap here to enter text. |
| Signed | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Relationship to child | Click or tap here to enter text. |
| Print name | Click or tap here to enter text. |
| Signed | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Relationship to child | Click or tap here to enter text. |

Monitoring form – for Office Use

Please tick below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Take up/usage | | | | | Ethnic origin | |
| 1 – 15 hours per week | | | |  | White |  |
| 16 – 30 hours per week | | | |  | British |  |
| 31 – 50 hours per week | | | |  | Irish |  |
| Work/training | | | | | Gypsy / Traveller |  |
| Children in lone parent family | | | |  | Other White background |  |
| A parent working full time (35 hours +) | | | |  |  | |
| A parent now working more than 16 hours | | | |  | White and black Caribbean |  |
| A parent now working less than 16 hours | | | |  | White and black African |  |
| A parent now in higher/further education | | | |  | White and Asian |  |
| A parent taking skills for life or step into learning | | | |  | Other Mixed / Multiple ethnicity |  |
| Parent(s) are not working/training | | | |  |  | |
| Financial support | | | | | Asian or Asian British |  |
| Parents access CTC | | | |  | Indian |  |
| Parents access WTC | | | |  | Pakistani |  |
| Parents access HE childcare access fund support | | | |  | Bangladeshi |  |
| Parents access Care 2 Learn support | | | |  | Kashmir |  |
| Place sponsored by regeneration scheme e.g. SRB | | | |  | Chinese |  |
| Financial support from employer | | | |  | Japanese |  |
| Receipt of 2 year old funding | | | |  | Asian Other |  |
| Receipt of 3 and 4 year old funding – 15 hours | | | |  |  | |
| Receipt of 3 and 4 year old funding – 30 hours | | | |  | Black or black British |  |
| Additional needs | | | | | Caribbean |  |
| Cognition and learning difficulty | | | |  | African |  |
| Behaviour, emotional and social development needs | | | |  | Black Other |  |
| Communication and interaction needs | | | |  |  | |
| Sensory and/or physical needs | | | |  | Arab |  |
| Other/combination of needs | | | |  |  | |
| Evidence seen, eg for Parental Responsibility | | | | | Other ethnic group (please specify) |  |
| Birth Certificate |  | 30 Hour code |  | | | |
| Disability Living Allowance evidence |  | Two Year Old code |  | | | |
| Sharing funding with another setting? | |  | | | | |