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.

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| **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.

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| **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)

|  |
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| **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. |

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| **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 [ ]  |

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| **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? |  |