|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Child's First Name : | |  | | | |
|  | Child's Surname : | |  | | | |
|  | Known as : |  | | | Sex: |  |
|  | Date of Birth : | |  | | | |
|  | Intended Date of Admission : |  | | | Branch: |  |
|  | Address : | |  | | | |
|  | Postcode: | |  | | | |
|  | Child's First Language : |  | | Ethnic Group: | |  |
|  | 2 year old funded child Code: | |  | | | |
|  | Nursery Session Days: |  | | Timings of session: | |  |
|  | Potential move to reception : |  | | Siblings: | |  |
|  | How did you hear about us? | |  | | | |
|  | Parent or Carer's Name :  (*Legal* guardian) | |  | | | |
|  | Address if different from above: | |  | | | |
|  | Telephone Numbers : | |  | | | |

REGISTRATION FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Email and /or Fax : | |  | | | | |
| Emergency Contact : | |  | | | | |
| 1st Emergency Contact Telephone No : | |  | | | | |
| 1st Emergency Address : | |  | | | | |
| 2nd Emergency Contact Telephone No: | |  | | | | |
| 2nd Emergency Address : | |  | | | | |
| Parent / Carer Place of Work : | |  | | | | |
| Family Doctor name & Practice | |  | | | | |
| Telephone Number : | |  | | | | |
| Does your child have an up to date Record of Immunisations and Development? | |  | | Health Visitor Name: |  | |
| Do you have any worries about your child's development? | |  | | | | |
| Has your child ever had: Asthma, Eczema, Allergies or Intolerances? | |  | | | | |
| Is there anything your child is not allowed to eat or drink? | |  | | | | |
| Can your child have plasters? |  | | Has your child had their 2 year progress check? | | |  |
| Any hospital or clinical attendances? | |  | | | | |

|  |  |
| --- | --- |
| Any Other : Social Services, Health Visitor, Sleep andBehaviour Clinic, Speech Therapy or SEN |  |
| Any other information you would like to tell us? |  |
| Has your child ever been to a day nursery, playgroup or childminder? |  |
| If yes, how did s/he settle? |  |
| How does s/he interact with other children? |  |
| Can your child use the toilet and manage his/her clothing independently? |  |
| Does your child know anyone at Little Hands? |  |
| How does your child respond to people and situations that are new to him /her? |  |
| Do you think s/he will settle in easily? |  |
| EAL Information and Key Words |  |
| Do you or your child have any concerns about starting at Little Hands |  |
| What does your child like to do? |  |
| Is there any other information you would like us to know in order to let him/her settle and be happy? |  |

If you have any questions regarding the form or the nursery, please call us on 07854 887786 or alternatively you can email us at [shazahaq@littlehandsmontessori.com](mailto:shazahaq@littlehandsmontessori.com)

Parent Consent and Declaration

|  |  |
| --- | --- |
| Signature | |
| I confirm that I am the child’s legal guardian. I agree to pay Little Hands Montessori a non-refundable registration fee of £20.00 and a term’s deposit upon confirmation of my child’s place at the nursery. I understand that one full academic term’s notice needs to be given if I would like to withdraw my child from the nursery otherwise I will forfeit my deposit and the fees paid for the current term. | |
| Signature of parent | Date: |
| Print Name |  |