



Please return to:
 Church House Nursery
 Nether Street
 Beeston, NG9 2AT
 Tel: 0115 9677684
 BHKC@churchhousenursery.com

REGISTRATION FORM

Personal details Please print clearly

CHILD'S NAME:	DATE OF BIRTH:	CLASS:
1) _____ M [] F []	_____	_____
2) _____ M [] F []	_____	_____
3) _____ M [] F []	_____	_____

HOME ADDRESS:	Is there a second address? NO [] YES []
_____	_____
_____	_____

POST CODE: _____	POST CODE: _____
TELEPHONE: _____	TELEPHONE: _____

EMAIL ADDRESS (Important for all correspondence): _____

Please tick the sessions you would like your child to attend.

MONDAY	up to 4.15pm []	full session []
TUESDAY	up to 4.15pm []	full session []
WEDNESDAY	up to 4.15pm []	full session []
THURSDAY	up to 4.15pm []	full session []
FRIDAY	up to 4.15pm []	full session []

When would you like your child to start? _____

Office use only:

Date received _____	Receipt confirmed _____
Place offered _____	Place accepted _____
Start date _____	info on comp. [] medical card []

MOTHER'S NAME: _____

PLACE OF WORK: _____

WORK ADDRESS: _____

WORK TELEPHONE: _____ []

MOBILE: _____ []

FATHER'S NAME: _____

PLACE OF WORK: _____

WORK ADDRESS: _____

WORK TELEPHONE: _____ []

MOBILE: _____ []

Please use the brackets to indicate the order in which you would like the contact numbers to be used, if we need to talk to you during Kids' Club time, 1,2 3 etc

Further personal details - Use the back of the registration form if needed

- **Who has legal parental responsibility for the registered child?**

Mother only [] Father only [] Both parents []

Other [] give details _____

- **Are there any other legal contact arrangements which we should know about?** No []

Yes [] _____

- **Are there any Social Care arrangements in place?** (e.g. EHAF) No []

Yes [] _____

- **Child's Nationality and Ethnic background**

- **What is your child's first spoken language?**

Does your child use any other spoken languages that you think we need to know about?

- **Do you have any cultural / religious practices which you would like us to reflect in your child's care at the Club?** NO []

YES [] please give some details.

Additional contact person

In the event that we cannot contact either parent, we will require an alternative contact person. This should be a relative or close friend who is known to the child and who would be willing and able to come and collect him / her if necessary.

CONTACT PERSON'S NAME: _____

RELATIONSHIP TO FAMILY: _____

ADDRESS: _____ TELEPHONE: _____
_____ MOBILE: _____

FAMILY DOCTOR'S NAME: _____

ADDRESS: _____ TELEPHONE: _____

For the following section, please answer all the questions. If this registration form is for more than one child, please make sure that you name the child concerned where there is any relevant information to pass on. Please use a separate sheet if there is a lot of information to share with us.

Has your child received ALL ADVISED IMMUNISATIONS? YES[] NO[]
If NO, please list those he / she has NOT had.

Does your child have any ALLERGIES? Please give details.

Does your child require a SPECIAL DIET while at Kids' Club? Please give details.

Does your child have any DISABILITY or SPECIAL NEED? Please give details.

Is there anything else you think we should know?



NAME of CHILD(REN): _____

PARENT AGREEMENT

I wish to register my child(ren) for a place at BRAMCOTE HILLS KIDS' CLUB.

I understand that -

- I am not required to pay any fees before my child starts at the Club.
- Once my child starts attending the Club, I will be committed to paying for the sessions booked, even if my child is absent. There will be no reduction in fees for illness or other absences.
- The Club only runs when the school is open, therefore there will be no Club on inset days or other school closure days. There will be no charge made for these closure days.
- Fees are payable monthly and should be paid within one week of receipt of a bill, but I may request to pay weekly if preferred.
- By being the person registering my child with the Club, I will be ultimately responsible for the payment of fees in full, even though a third party may, either regularly or from time to time, makes payments towards the fees.
- I must give 2 weeks notice if I wish to alter my child's attendance or withdraw my child from the Club. If I am unable to give 2 weeks notice, I shall still be liable for the fees due.

I certify that the above personal information is correct and will ensure that the Club is notified of any relevant changes.

I understand that these details will be held securely and will be only be used by us for the purpose of providing our Childcare service to you. We would like to communicate via email and where necessary, by phone, but require your permission to do so. We will always keep your information secure and never share it, except if required to do so by law.

Important: By ticking this box, you are consenting to us continuing to hold and process your data and send you information when required.

SIGNED: _____ DATE: _____

NAME (BLOCK CAPITALS): _____

RELATIONSHIP TO CHILD: _____