

Office Use Only  
Start Date:

**Registration Form:**  
**N.B. Only complete once you have read and agreed with the  
Attached Glebe Trust Terms & Conditions**

Child's Information		Write how name sounds phonetically	
First Name(s):			
Last Name:			
Date of Birth:		Gender	
Home Address:		1 <sup>st</sup> Language:	
Postcode:		Additional/other languages	
Ethnicity:	Religion:		
Cultural Information:			
Parent Information			
Parent/Carer Name:		DOB:	Legal Responsibility: Y/N
Parent/Carer Name:		DOB:	Legal Responsibility: Y/N
How name sounds phonetically		How name sounds phonetically	
Parent/Carer Contact Address:		Parent/Carer Contact Address:	
Mobile number:		Mobile number:	
Email Address:		Email Address:	
National Insurance Number:		National Insurance Number:	
Parent/carer occupation, Work Name and Address, telephone number:		Parent/carer occupation, Work Name and Address, telephone number:	

## Your Child's Needs

Does your child have any additional needs? (Please include allergies, ongoing medical conditions we should know about, any identified specific learning needs).

Is your child taking any ongoing medication? (please detail and sign medication consent forms and help staff complete a Health Care Plan)

## Your Child's Diet

Method of feeding:



Breast:

Bottle:

Any feeding concerns?

Type of Formula:

Type of bottle and teat:

Stage of weaning:

Specific likes or dislikes:



Vegetarian:



Vegan:

Are there any foods you prefer your child not to have?

Does your child use cutlery at mealtimes?



Yes:

No:

Does your child need assistance when eating?



Yes:

No:

Any additional information:

## Emergency Contact Details (in addition to main carers)

1 Name  
Relationship to child:

Address:

Telephone Number:

2 Name  
Relationship to child:

Address:

Telephone Number

In an effort to improve our security and make life easier for parents we are requesting all parents/carers complete the following to let us know who you give consent to collect your child from nursery, unless notified otherwise. These people must be 16 years +.

Please tick one of the statements below

I would prefer you to phone me to confirm they can collect if I have not notified you that I am not collecting

I am happy for the below to collect at any time and do not require you to phone and check

What is your password for others collecting?

Please state below anyone other than yourselves who will be collecting.

1:

2:

3:

4:

Family GP and Health Visitor:

Anyone else involved (social worker, Portage, etc)

Telephone number:

Telephone number:

## Your Child's Personal Care

At what stage of potty training / toilet training is your child?

How does your child tell you that they need to go to the toilet (special words, actions, pointing)?

Does your child like to / need to sleep during the day?



Yes (how long):

No:

Does your child have a toy, blanket or other comforter?



Yes:

No:

Please describe it:

## Additional Information about Your Child

Please use this space to tell us anything else that you feel is important that we haven't asked you about in this form, for example: anything that might be helpful to us in helping settle your child into the nursery.

## Nursery Payment Information

Bill Payer 1 Name, contact number and Address:

Bill Payer 2 Name contact number and Address:

Email Address:

Email Address:

Method of Payment and amount to pay	Standing order/BACS	Vouchers (Name)
Bill Payer 1		
Bill Payer 2		

If you would like to pay your registration fee/fees by bank transfer our bank details are as follows.  
Barclays Bank PLC: A/C Glebe House School Trust Ltd: Sort code 20-46-65 A/C No: 40409561

## Nursery Attendance Agreement Form

Your Child's Weekly Attendance Pattern and additional services **(OFFICE USE ONLY)**

Monday	Tuesday	Wednesday	Thursday	Friday	Termly or All Year

Termly care: charges made during nursery term time. Holiday care can be additional.  
 All Year: charge made all year round. Three weeks holiday per year will be allowed with a calendar months notice and no charge made.

**A minimum attendance of two sessions per week is required.**

If your child is accessing funded hours please insert the amount of hours taken in each session  
 Please note there will be charges applied for additional services. Please refer to our price list.

**Is your child accessing the following?** Please tick all that apply and insert your eligibility code for 2 year offer of 15 hours and 3-4 years extended 30 hours funding.

	Term time only	All Year Round	Eligibility Code
<b>2 year offer 15 hours</b>			
<b>3-4 year primary 15 hours</b>			<b>N/A</b>
<b>3-4 year extended 30 hours</b>			

Please note that changes to the offer cannot be amended mid-term.  
 Any changes to all attendance places must be requested using a change of attendance request form.

Start Date:

End Date (if applicable):

I agree that I have requested the above sessions, and I acknowledge that after my child's start date I am required to:

- Pay invoices within 14 days of the invoice date
- Give one calendar months notice of any changes to sessions I have booked or be charged.
- Give two calendar months notice to cancel a nursery space or be charged in lieu.

Parent/carer signature 1:

Parent/carer signature 2:

Today's date:

Managers Signature:

Today's date: