



Registration Details

The Learning Tree
Otterswell
Stoddards Lane
Beckley
East Sussex
TN31 6UG
Tel: 01797 260843

OFSTED: 127693/EY424358

I would like to register my child for Staplehurst/Sissinghurst.

Please complete the form below then sign it and return it to us as soon as possible. This information will be held on a computer and used in accordance with the Data Protection Act.

Signed: _____ Date: _____

Our fees are £13.20 per three hour session (£4.40 per hour), payable at the beginning of each term. Half a terms notice is required or fees payable in lieu. No refunds for absences, closure due to inclement weather or holidays taken during term time. There is a registration fee of £10.00.

Please state which days you would prefer and we will make every effort to accommodate.

Lunch club/afternoon sessions _____

We take children from 2 years old, when would you like your child to start with us? _____

Head of Family / Main Contact (Preferred person to contact)

1. Title: _____

First Name: _____

Last Name: _____

2. Phone:Day: _____

Night: _____

Mobile: _____

3. E-mail: _____

4. Address: Line 1: _____
Line 2: _____
Town: _____
County: _____
Postcode: _____

Your Child

1. First Name: _____
Last Name: _____
Date of Birth: _____
Gender: _____

2. Doctor: Name: _____
Tel: _____
Tel (Out of Hours): _____

3. Health Visitor Name: _____
Tel: _____
Tel (Out of Hours): _____

4. Medical Conditions & Special Diet Notes (immunisation, name of health visitor etc.)

5. General Notes about Your Child's Interests (Anything else we should know. Likes, dislikes, etc.)

Your Child (continued)

6. First Name:

Last Name:

7. Ethnicity (Please tick one option from the list below)

- White, British
- White, Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- White, any other White Background
- Mixed, White and Black Caribbean
- Mixed, White and Black African
- Mixed White and Asian
- Mixed, any other mixed background
- Asian or Asian British, Indian
- Asian or Asian British, Pakistani
- Asian or Asian British, Bangladeshi
- Asian or Asian British, Any other Asian Background
- Black or Black British, Caribbean
- Black or Black British, African
- Black or Black British, Any other Black background
- Chinese
- Any other ethnic background
- Do not wish to be recorded

8. Religion _____

9. Does your child attend another Pre-school/Nursery/Childminder (Please state where/who)

10. Who has legal contact? _____

11. Consent (Please tick if you consent to the following)

- I consent to my child having prescribed medicines administered as described in section 4) 'Medical Conditions & Special Dietary Notes'.
- I consent to my child participating in off-site outings.
- I consent to my child having their photograph taken for use in the Setting and for publicity.
- I consent to my child participating in face painting activities.
- I consent to the setting staff administering Emergency First Aid and to seek necessary medical advice or treatment as required.
- I consent to my child having sun screen applied as required.

Family Members / Emergency contact (Adult family member or trusted family friend)

1. Title: _____
First Name: _____
Last Name: _____

2. Phone: Day: _____
Night: _____
Mobile: _____

3. e-mail: _____

4. Address: Line 1: _____
Line 2: _____
Town: _____
County: _____
Postcode: _____

Family Members / Emergency contact (Adult family member or trusted family friend)

1. Title: _____
First Name: _____
Last Name: _____

2. Phone: Day: _____
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