

The Learning Tree



Nursery School

Otterswell
Stoddards Lane
Beckley
East Sussex
TN31 6UG
01797 260843/07870213952
OFSTED: 127693/EY424358

Registration Details

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 our Privacy Notice.

Signed: _____ **Date:** _____

Our fees are £19.00 per three hour session, 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 virus, heating and electric failure or holidays taken during term time.

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

When would you like your child to start with us? _____

Would you like a home visit from your child's Key Person before joining us? YES/NO

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: _____

4. Medical Conditions & Special Diet Notes, immunisations, and dates. Involvement with outside agencies.

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 having their photograph taken for use in the Setting.
- 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 and communicating with my Health Visitor.
- I consent to my child having sun screen applied as required.

- I consent to my child going on off-site outings (walks in local area)

Family Members / Emergency contact (Adult family member or trusted family friend) Please state relationship to child.

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: _____
Night: _____
Mobile: _____

 3. E-mail: _____

 4. Address: Line 1: _____
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