



Little Oaks Nursery: Registration Form



Section A: Information about the child			
Child's surname			
Forenames (s)			
Address			
Postcode			
Date of Birth:			
Male/ Female		Home Language/s	
Religion		Anything else you'd like us to know about the languages spoken at home?	

Ethnic Origin			
White	Mixed	Asian/ Asian British	Black/ Black British
White-British	White/Black Caribbean	Indian	Caribbean
White-Irish	White/Black African	Pakistani	African
Traveller of Irish Heritage	White/Asian	Bangladeshi	Other Black
Gypsy/Roma	Other mixed	Chinese	Other ethnic group or heritage:
White-Other		Other Asian	

Medical and SEND Information	
Does your child have any medical condition or past medical history that the nursery should be made aware of? Include any regular medication.	
Has your child ever been admitted into hospital or undergone surgery?	
Does your child have any specific dietary needs for religious or health reasons?	
Does your child have any additional needs? Are any other professionals supporting your child's	

learning and development? Do they or are they applying for an Educational Health Care Plan (EHCP)?		
Does your child have any difficulties with hearing, speech or vision?		
Are all your child's infant vaccinations up to date?	Yes	No
	Reasoning:	

Any other information regarding your child's health and emotional well-being:

Toileting Needs

Nappies - cloth		Nappies - disposable		Pull-ups		Toilet training		Independent	
Anything else you'd like to tell us about your child's toileting?									

Education/ Childcare History (past and present nursery experience included)

Name of Nursery	Address	Date entered	Date left

Section B: Information about you and your family

Name	Parent/ Carer 1	Parent/ Carer 2
Address		
Telephone numbers Home Mobile Work		
Email address		
Do you have parental responsibility?		
National Insurance Numbers		

Key Professionals			
	Name	Address	Telephone
Family Doctor			
Dentist			
Health Visitor			
Other professionals (Paediatrician, Social Worker)			

Other children and present school (if applicable)		
Full Name	DOB	Present School if applicable

Section C: Funding information			
I am confident with the 'help with childcare costs' available and know where to find information and make an application		Yes	No
<ul style="list-style-type: none"> • Tick the option that will apply your child on their anticipated start date • Tell us about the hours you intend to use regularly 			
No funding			
2 year old funding (15 hours)		All	OR Intended hours:
3 and 4 year old funding (15 hours)		All	OR Intended hours:
3 and 4 year old extended funding (30 hours)		All	OR Intended hours:
If eligible for 3-4yr old funding (30 hour), please provide your 11 digit code and issue date.	Code:		
	Date:		
If eligible for 2yr old funding (15 hours), please provide your 11 digit code and issue date.	Code:		
	Date:		

Section D: Sessions required		
Attendance pattern required		
Option 1	Full Time: Monday-Friday 9am -3pm (30 hours)	
Option 2	Beginning of the week: Monday and Tuesday 9am-3pm/ Wednesday 9am-12pm (15 hours)	
Option 3	End of the week: Wednesday 12pm-3pm,/ Thursday and Friday 9am-3pm (15 hours)	
Option 4	Mornings: Monday-Friday 9am-12pm (15 hours)	

Option 5	Afternoons: Monday-Friday 12pm-3pm (15 hours)	
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Alternative attendance pattern required (please see our attendance policy for guidance on how our places are allocated)				
	9-3pm	9-12 noon	12-1pm (£5.98 when not part of an attendance pattern or part of a whole day)	1-3pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Additional hours required				
Sibling soft start 8.50 am	Yes		No	
8-9 (£5.98)	Yes		No	
3-4 (£5.98)	Yes		No	
Anticipated start date:				

Section E: Collection and Emergency Contacts		
Please give the details of 2 or more adults who could be contacted in an emergency and who may collect your child on your behalf.		
Full Name (+ name the child uses)	Mobile Phone	Relationship to the Child
Please provide a PASSWORD to be used in this event		

Declaration:		
<ul style="list-style-type: none"> I understand that this information will be stored electronically by Little Oaks Nursery. To find out how we use your personal data and your rights, please see the GDPR section of our school website. Here you can also find a link to the Local Authority privacy notice. I understand that completing an application form does not guarantee my child a place at Little Oaks. I understand that admissions to Little Oaks Nursery is separate to admissions to the main school; Brighton and Hove schools admissions are in complete control of the latter. 		
	Parent/ Carer 1	Parent/ Carer 2
Print Name		

Signature		
Date		

Opening hours and fees	
Nursery Opens 8am – 4pm	Sibling soft start 8.50 am
9am -3pm (6 hours): £34.88	9am -12pm (3 hours): £17.94
12pm -3pm (3 hours): £17.94	Additional hours (including 8-9/12-1/3-4): £5.98
For More information please contact the office at office@mileoak.brighton-hove.sch.uk or call on 01273 077114	

Office use only:

Birth Certificate Received: Yes/No