



Nursery Registration Form

At Mickley First School learning in the early years is celebrated and promoted as a profoundly important stage of a child's life. Our vision is to equip children with the skills, knowledge and understanding necessary for their everyday lives both now and in the future.

Thank you for choosing our unit and please contact us to arrange a visit around school. When your child is approaching their third birthday we will contact you to arrange up to 3 taster sessions.

Key Information

Family Name (Surname) _____

Childs name(s) _____

Name by which your child should be addressed _____

DOB _____ Male/Female _____

Name of Parent(s)/Guardian(s) with whom the child lives:

1. _____

Does this parent/guardian have parental responsibility? YES / NO

2. _____

Does this parent/guardian have parental responsibility? YES / NO

Address _____

Postcode _____ Home Telephone _____

Mobile Number _____

Work Number _____

Email _____

Name of parent/guardian whom the child DOES NOT live with

Does this parent/guardian have parental responsibility? YES / NO

Address _____

Postcode _____ Home Telephone _____

Mobile Number _____

Work Number _____

Email _____

Emergency Contact Details

	Contact No. 1	Contact No. 2	Contact No. 3
Name			
Relationship To Child			
Address			
Tel. No			
Mobile No.			
Password for Collecting child			

Please also complete the separate data collection sheet to show who we can contact in an emergency.

Sessions Required

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Am Session					
Pm Session					
Full Day					
Additional Requirements					
Taster Sessions Please state month					
Start Date					

Medical Details

Doctor Name	
Address	
Tel. No.	
Health Visitor Name	
Address	
Tel No.	
Dentist Name	
Address	
Tel No.	

Are there any other services involved with the child or family ?				
Family Nurse	Yes	No	Date Involvement commenced	
Name				
Contact Information and Telephone Number				
Social Worker	Yes	No	Date Involvement commenced	
Name				
Contact Information and Telephone Number				
Speech and Language	Yes	No	Date Involvement commenced	
Name				

Contact Information and Telephone Number				
CAHMS	Yes	No	Date Involvement commenced	

Immunisations – Please Tick If Your Child Has Been Vaccinated Against The Following:

	Yes	No		Yes	No
Diphtheria			Tetanus		
Hib			Mumps		
Measles			Rubella		
Polio			Whooping Cough		
Details Of Other Vaccinations					
Has Your Child Had Any Infectious Diseases?			Yes		No
If Yes Please Give Details					

Individual Requirements and Details

Has Your Child Any Food Allergies or Special Dietary Requirements?	Yes		No	
Please Give Details				
Are There Any Foods You Do Not Want Your Child To Have?	Yes		No	
Please Give Details				
Has Your Child Any Cultural Or Religious Requirements?	Yes		No	

Please Give Details				
Are there any of the following in place for your child?				
Early years action (action plus)	Yes		No	
Statement of Special Education Need	Yes		No	
Please give details of the support your child will need in our setting.				

What language(s) is/are spoken at home? _____

If English is not the main language at home, will this be your child's first experience of being in an English-speaking environment? YES / NO

When the answer is yes please discuss and together we can agree how best we can support your child together when settling in:

What other information is important for us to know about your child?

For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when:
