

**REGISTRATION FORM**

**Name of Child:**.....Please underline first name

**START DATE:** .....

**Age on Entry:** .....

**Child Details**

Home Address:

DOB:

Sex:

Ethnicity: **Please complete overleaf**

Post Code:

Nationality:

Home Tel:

Home Language:

Home email:

Other languages:

Religion, if any:

**Family Details**

How would you like us to address you?.....

**Mother's Details**

Name:

Present or previous occupation:

Work Tel:

Mobile:

Work email:

Are you a King's College Member? Yes/No

Do you have parental responsibility? Yes/No

**Father's Details**

Name:

Occupation:

Work Tel:

Mobile:

Work email:

Are You a King's College Member? Yes/No

Do you have parental responsibility? Yes/No

**Doctor Details**

Doctor's Name:

Address:

Tel:

**Further Child Details:**

Immunisations:

Allergies/intolerances:

(please include a doctor's letter with full details regarding reaction and how we deal with it)

Health: is there anything we should be aware of? (please continue overleaf)

Cultural/Religious dietary requirements:

**Attendance Pattern:**

Please tick the sessions below that you wish your child to attend. If your child is eligible for Early Years Funding and you do not intend to take up more than your allotted 15 free hours per week, you should choose 2 full days (pick up time will be 4pm). If your child is not yet eligible for funding, or if you intend to take up more than 15 hours per week (excluding Early Birds), you may choose **any** 2 or more sessions. Sessions are allocated subject to availability.

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
Early Birds 8.15-8.30					
Morning 8.30-1.30					
Afternoon 1.30-4.30					

If you are not eligible for Early Years Education Funding, you are required to pay a registration fee of £30 when making this application. Cheques to be made payable to **Millington Road Nursery School Trust**

I enclose my registration fee of £30 ..... please tick Predicted Leaving Date: .....

I enclose my registration fee of £30 ..... please tick Predicted Leaving Date: .....

Signature of parent .....Date .....

**Ethnicity:-**

Please circle appropriate category

White British	<b>WHB</b>	White/Black Caribbean	<b>MWB</b>	Indian	<b>AIN</b>
White Irish	<b>WHR</b>	White/Black African	<b>MBA</b>	Pakistani	<b>APK</b>
Traveler of Irish Heritage	<b>WHT</b>	White and Asian	<b>MWA</b>	Bangladeshi	<b>ABA</b>
Gypsy/Roma	<b>WRO</b>	Any other mixed background	<b>MOT</b>	Any other Asian background	<b>AAO</b>
Any other White background	<b>WHA</b>	Black Caribbean	<b>BLB</b>	Chinese	<b>CHE</b>
Refuse to provide	<b>REF</b>	Black African	<b>BLF</b>	Any other background	<b>OEO</b>
Info not obtained	<b>NOT</b>	Any other Black background	<b>BLG</b>		

**Please detail all allergies/intolerances and other health information:-**