

**Macaulay CE Primary School**

**Registration Form - NURSERY 2024/25**

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| **CHILD’S FIRST NAME (S)** |  | **CHILD’S LAST NAME** |  |
| **DATE OF BIRTH** |  | **GENDER** |  |

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| **NURSERY****24-25** | **I am looking for a place in Nursery from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date** **AM / PM / FULL-TIME****All pupils are entitled to 15 hours free care per week AM or PM****I am applying for the 30 HOUR code for full-time – YES / NO** **If not eligible for the code – full-time fee is £105 per week – YES / NO** |
| **CHILD’S ADDRESS** | **POSTCODE:** |
| **HOME TELEPHONE NUMBER** |  |

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| **PARENTAL RESPONSIBILITY: PARENTS/CARERS** |
| **CARER’S NAME** | **MOTHER’S NAME** | **FATHER’S NAME** |
| **MOBILE** |  |  |
| **EMAIL** |  |  |
| **ADDRESS IF DIFFERENT:** |  |  |

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| **ETHNICITY** |  | **RELIGION** |  |
| **HOME LANGUAGE** |  | **FIRST LANGUAGE**  |  |

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| **PREVIOUS SCHOOL OR NURSERY** |
| **ADDRESS****POST CODE:** |
| **TELEPHONE NUMBER** |  |
| **DATES & REASON FOR LEAVING** |  |

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| **DO YOU HAVE A CHILD ALREADY AT MACAULAY? IF YES, PLEASE GIVE NAME(S)Yes** **No** **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_\_\_\_****NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_\_\_\_****NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_\_\_\_** |

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| **FULL TIME NURSERY PUPILS will need to bring in a packed lunch**NB there are no facilities for heating food |

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| **ANY SPECIAL DIETARY INFORMATION: (No Meat/ Nuts/Dairy/ etc.)****If your child has an allergy – we will need a medical statement from your doctor.** |

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| **ANY MEDICAL INFORMATION: (i.e. Asthmatic)** |

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| **DOES YOUR CHILD TAKE REGULAR MEDICATION?****Yes** **No** **DETAILS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **DOCTOR’S NAME AND ADDRESS:****POST CODE:TEL NO:**  |

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| **PLEASE LIST ANY PROFESSIONALS THAT MAY BE WORKING/SUPPORTING YOU OR YOUR CHILD E.G. SOCIAL WORKER, SPEECH AND LANGUAGE THERAPIST.**  **TEL NO : EMAIL:** |

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| **PERMISSION** |
| **SWIMMING I AGREE FOR MY CHILD TO GO SWIMMING (YEAR 3 TO 6)****Yes** **No**  |

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| **SCHOOL TRIPSI AGREE FOR MY CHILD TO GO ON LOCAL EDUCATIONAL VISITS WITH STAFF. I UNDERSTAND THAT THIS MAY BE DONE WITHOUT A LETTER BEING SENT HOME. (please tick or highlight)****Yes** **No**  |

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| **PHOTOGRAPHS****I AGREE FOR MY CHILD TO HAVE THEIR PHOTOGRAPH TAKEN FOR SCHOOL PUBLICATIONS: NB a photo of your child is stored on their SIMS school record****Yes** **No** **Photos could be used in the following mediaSchool Newsletter****School Promotional Material** **Social Media such as X, Instagram, Facebook****Prospectus** **Macaulay Publications / Website** |

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| **FIRST AID****I AGREE FOR MY CHILD TO RECEIVE FIRST AID TREATMENT****Yes** **No**  |

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| **CHILD’S NAME:**  |

**EMERGENCY CONTACT DETAILS:**

**If your child is sick, or has an accident, we want to contact you quickly. Please can you fill in all sections of this form. In the event that we cannot get hold of parent or carer, we will phone your emergency contact.

If any of the contact details in this section of the form change, you must tell us immediately.**

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| **CONTACT 1** |
| **NAME** |  |
| **RELATIONSHIP TO CHILD** |  |
| **ADDRESS** |  |
| **TELEPHONE NUMBER** |  |
| **MOBILE NUMBER** |  |
| **WORK NUMBER** |  |
| **EMAIL ADDRESS** |  |

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| **CONTACT 2** |
| **NAME**  |  |
| **RELATIONSHIP TO CHILD** |  |
| **ADDRESS** |  |
| **TELEPHONE NUMBER** |  |
| **MOBILE NUMBER** |  |
| **WORK NUMBER** |  |
| **EMAIL ADDRESS** |  |

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| **CONTACT 3** |
| **NAME**  |  |
| **RELATIONSHIP TO CHILD** |  |
| **ADDRESS** |  |
| **TELEPHONE NUMBER** |  |
| **MOBILE NUMBER** |  |
| **WORK NUMBER** |  |
| **EMAIL ADDRESS** |  |

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| **DOCUMENTS REQUIRED - Please note that we will need to see:****Proof of child’s date of birth of****PASSPORT OR BIRTH CERTIFICATE****Proof of Address (eg)****UTILITY BILL/COUNCIL TAX/BANK STATEMENT/TENANCY AGREEMENT** |

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| **I CONFIRM THE INFORMATION PROVIDED ON THIS FORM IN RESPECT OF THE ABOVE-NAMED CHILD IS CORRECT:****FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PARENT/CARER) DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **FOR OFFICE USE ONLY** |

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| **BIRTH CERTIFICATE** |  | **DATE OF ADMISSION** |  |
| **PROOF OF ADDRESS** |  | **UPN ADMISSION NUMBER** |  |
| **SEN PAPERS** |  | **CLASS/YEAR GROUP**  |  |
|  |  | **DATE ENTERED ON SIMs** |  |
|  |  | **SIGNED** |  |