******Stonehouse Park Federation**

**Nursery Registration Form**

**Childs details**

|  |  |  |  |
| --- | --- | --- | --- |
| Childs full name: | | | |
| Date of birth: | | Gender: | |
| Birth certificate number:  (We will need to see the original please) | | | |
| First language: | | Other languages: | |
| Ethnic origin: | Country of birth: | | Religion: |
| Siblings names and dates of birth: | | | |

**Parent/Guardians details**

|  |  |
| --- | --- |
| Full name: | Full name: |
| Relationship to child: | Relationship to child: |
| Address: | Address: |
| Mobile number: | Mobile number: |
| Home Number: | Home Number: |
| Work Number: | Work Number: |
| Email: | Email: |
| Parental responsibilities: Yes/ No | Parental responsibilities: Yes/ No |
| Lives with child: Yes/No | Lives with child: Yes/No |

**Authorised to collect**

Names and telephone numbers of any other person/s who have permission to collect your child regularly (must be over 16 years of age).

|  |  |
| --- | --- |
| Full name: | Full name: |
| Mobile number: | Mobile number: |
| Full name: | Full name: |
| Mobile number: | Mobile number: |

**Emergency contact**

Names and telephone numbers of appropriate adults who may be contacted in time of emergency if you are not available.

|  |  |
| --- | --- |
| Full name: | Full name: |
| Mobile number: | Mobile number: |

**Medical details**

|  |  |
| --- | --- |
| Doctors name: | Practice name: |
| Address: | |
| Telephone number: | |
| Are all immunisations up to date: Yes/No | |
| Medical needs (inhalers etc): | |
| Allergies (Including treatment): | |
| Dietary requirements: | |

**Are there any other services involved with the child or family?**

|  |  |
| --- | --- |
| Paediatrician: Yes/No | Date of involvement:  Name:  Contact information including telephone number: |
| Social services: Yes/ No | Date of involvement:  Name:  Contact information including telephone number: |
| Speech and language: Yes/No | Date of involvement:  Name:  Contact information including telephone number: |
| Family support worker: Yes/No | Date of involvement:  Name:  Contact information including telephone number: |
| Dentist: Yes/No | Date of involvement:  Name:  Contact information including telephone number: |
| Any other services: | Date of involvement:  Name:  Contact information including telephone number: |

**Does your child attend another setting?** E.g childminder/nursery/preschool (please give details)

……………………………………………………………………………………………………………………………………

**Nursery charges**

We ask for a half termly contribution towards consumables, this will go towards snack items, children’s cooking ingredients and enhancing the provision while your child attends the setting.

The costs are: If you are entitled to 15 hours £20 a half term

If you are entitled to 30 hours £30 a half term.

**Sessions Required**

**Acorns: *from 2 years old***

**Funded 2 year old place**

|  |  |  |
| --- | --- | --- |
|  | Monday-Friday | Please 🗸 |
| Option A | 9.00 - 12.00 |  |
| Option B | 12.00 - 3.00 |  |

If you are the parent/guardian of a two year old and receive certain benefits you could be eligible to a free early education place. <https://emsonline.gloucestershire.gov.uk/CitizenPortal/en>

**Paid 2 year old place**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
|  | Please 🗸 | Please 🗸 | Please 🗸 | Please 🗸 | Please 🗸 |
| **Option A-** Mornings 9.00-12.00 |  |  |  |  |  |
| **Option B-** Afternoons 12.00-3.00 |  |  |  |  |  |
| **Option C**- All day 9.00-3.00 |  |  |  |  |  |

£21 for a half day session (minimum of 2 half day sessions)

£42 per whole day session (Minimum of 2 all day sessions)

**Afternoon** sessions in Acorns are only offered if there is sufficient demand. Please contact us to check availability.

**Conkers: *from 3 years old***

**15 hours** -All children are entitled to 15 hours childcare from the term **after** their 3rd birthday.

|  |
| --- |
| Please 🗸 |
| Option A | **Monday** 9.00-3.00 | **Tuesday** 9.00-3.00 | **Wednesday** 9.00-12.00 |  |
| Option B | **Wednesday** 12.00-3.00 | **Thursday** 9.00-3.00 | **Friday** 9.00- 3.00 |  |

**30 hours**  -You may be entitled to 30 hours. Please check your eligibility at: <https://www.gov.uk/childcare-calculator>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
|  | Please 🗸 | Please 🗸 | Please 🗸 | Please 🗸 | Please 🗸 |
| All day sessions  9.00-3.00 |  |  |  |  |  |

**The Nest**

We also offer wrap around care at the Nest. Please see the table below for times and costs for each session. The club is available for children aged 2 years and above.

Times and cost

|  |  |  |
| --- | --- | --- |
| **The Nest** | **Hours** | **Cost** |
| Breakfast | Runs from 7.30am | £5.00 |
| Afterschool | Pick up before 4.30pm  After 4.30pm  (Last pick up 5.45pm) | £8.00  £16.00 |

Any other information you would like to add about your child:

If you would like any more information, please feel free to contact us: [nursery@stonehousepark.gloucs.sch.uk](mailto:nursery@stonehousepark.gloucs.sch.uk) or phone 01453 823052 / 01453 823051

I declare that all the information I have provided to Stonehouse Park Federation is true to my knowledge. I understand that the information I have provided will be kept on file (including the Schools’ secure computer systems) in accordance with General Data Protection Regulations (GDPR). It will be used for statistical monitoring and evaluation purposes. I understand that the Schools may contact me by text and email and will send me information on services and events. I also understand that by signing this declaration I confirm that the other carer as detailed on this form consents to his/her details being held on Schools’ computer systems.

**Signed by Parent/Carer ………………………………………………………………………..…….**

**Print Name………………………………………………………… Date ………………………….**

