



# Nursery Registration Form

Caverstede Use;	
Pre-School year:	

## Child's Details;

Surname		Child's Address & Postcode;	
Forename			
Other names			
Date of Birth		Gender:	

## Please tick all that apply;

Do you consider your child to have any additional needs?	Yes		No	
If yes, please give brief details?				
Are you awaiting an assessment or diagnosis or any medical reports for your child?	Yes		No	
If yes, please give brief details?				
Any other Professionals involved with my child (e.g. Health Visitor/Social Worker/Portage etc): (please give names)				
Are you in receipt of DLA for this child?	Yes		No	
Do you receive Carers Allowance for this child?	Yes		No	
Would you prefer an <b>am</b> place?		Would you prefer a <b>pm</b> place?		Flexible
Where did you hear about Caverstede Nursery School?				
Does your child currently attend a Nursery?	Yes		No	(please tick)
If yes, please give brief details of why leaving/wanting to attend Caverstede				
Are you eligible for;	2 yr funding		3 yr funding	
			30 hours (once 3 yrs)	(please tick)

## Parent/Carer details;

Name of mother	Surname		Forename	
Address & postcode;			Telephone (home); Telephone (Mobile); Email;	

Name of father	Surname		Forename	
Address & postcode			Telephone (home); Telephone Mobile; Email;	

## PLEASE PROVIDE ORIGINAL BIRTH CERTIFICATE – Staff to complete who has Parental Responsibility;

Name	Relationship to child	Birth Certificate - Caverstede Nursery School to Sign & Date all checked.

Parents Signature		Date	
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