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| --- |
| **Registration Form** |
| Child’s Legal Surname |  | Date Received |  | Reg. fee paidYes/no |
| Child’s Legal First names |  | Date of Birth |  | Male / Female |
| ‘Known as’ Name |  | Parental Responsibility(names on child’s Birth Certificate) |  |
|   |
|  | **Child/Parent Carer 1** | **Parent/Carer 2** |
| Name |  |  |
| Address |  |  |
| Postcode |  |  |
| 🕾 Home |  |  |
| 🕾 Mobile |  |  |
| 🕾 Work |  |  |
| 🖅 Email |  |  |
|  |
| Course or Job Role of Parentat Bracknell & Wokingham College |
| Venue | Course Code |
| Course Start Date | Course Finish Date |
|  |
| **TIMES / DAYS REQUIRED** |
| **Nursery start date** | Start Time | Finish Time |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

### DATA PROTECTION

Please note: The Nursery actively encourages the sharing of information with parents/carers in any way that can help us support you and your child.The information that you provide on any form or correspondence will be used solely within the Nursery. We will not disclose any information about you or your child to outside organisations or third parties without your written consent, unless the law requires us to do so. This is accordance with the Data Protection Act 1998 and GDPR.

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| **Other Information**  |
| Languages spoken at home |  |
| Ethnic Origin | Religion |
| Is your child subject to any court orders? If yes please give details. |
| Does your family have a social worker? Yes / No |
|  |
| **AUTHORITY TO COLLECT CHILD** |
| Name | Password(e.g. their date of birth) | Can they be contacted in an emergency? | Telephone number | Relationship |
| **The Person that will usually be collecting** |
|  |  |  |  |  |
| **Others authorised to collect** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
| **Please sign next to EACH of the statements that you agree to:** | **Signature** |
| I will not bring my child to Nursery if they have had sickness and/or diarrhoea in the past 48 hours. As far as possible I will inform the Nursery when and why my child is absent. |  |
| I agree to my child’s clothes / nappies being changed as and when necessary |  |
| I agree to my child being taken out for short outings and walks. |  |
| If I cannot be contacted, I agree to emergency medical treatment. |  |
| I agree to my child being photographed or videoed for observations, training and Nursery records. |  |
| I agree to my child being photographed to be used for the College Prospectus’s and promotional material. |  |
|  |
| How will you pay the fees? Please tick ***all*** that apply |
| Vouchers: Please state your provider’s name. | Card/Internet Banking | 3-4 yr old Government funding | 2 yr old Government funding |
| Care2Learn | Student Services bursary | Job Centre | Social Services |