

Office use only Date received:

- ☐ Welcome pack paid
☐ On waiting list and email sent
☐ Letter sent ☐ TTO
☐ Identification: _____
☐ On system ☐ On register

3-4 year old form



Meadows Nursery School REGISTRATION FORM

Please complete and return these forms to the nursery as soon as possible for your child to be registered with the nursery school.

Upon registration we will provide you with an 'additional information' booklet for completion. Thank you

Child's Information



CHILD'S FULL NAME
CHILD'S DATE OF BIRTH
GENDER
CHILD'S ADDRESS
CHILD'S MAIN LANGUAGE
ADDITIONAL LANGUAGES SPOKEN
CHILD'S RELIGION
CHILD'S ETHNIC ORIGIN

Please indicate the sessions that you would like your child to do by placing a tick in the relevant boxes. Funding can only be allocated in three blocks per day, 8am – 1pm, 1pm – 6pm or 1pm – 5pm. Therefore, if you decide to do 9am – 4.30pm on any day, this will use 9 hours of funding.

		Monday	Tuesday	Wednesday	Thursday	Friday					
Funding block for morning	8am – 1pm	Please circle morning start time		Please circle morning start time		Please circle morning start time		Please circle morning start time		Please circle morning start time	
		7.30am	8.00am	7.30am	8.00am	7.30am	8.00am	7.30am	8.00am	7.30am	8.00am
		8.30am	9am	8.30am	9am	8.30am	9am	8.30am	9am	8.30am	9am
Morning and Afternoon sessions	Morning session finishing at:	Please circle finish time, (unless staying all day)		Please circle finish time, (unless staying all day)		Please circle finish time, (unless staying all day)		Please circle finish time, (unless staying all day)		Please circle finish time, (unless staying all day)	
		12pm	1pm	12pm	1pm	12pm	1pm	12pm	1pm	12pm	1pm
		1.30pm		1.30pm		1.30pm		1.30pm		1.30pm	
	Food options throughout the day. 8am=Breakfast 12pm = Lunch 5pm - Tea	Please circle		Please circle		Please circle		Please circle		Please circle	
		Breakfast	Hot Lunch	Breakfast	Hot lunch	Breakfast	Hot lunch	Breakfast	Hot lunch	Breakfast	Hot lunch
Afternoon session starting at 1pm	Please circle the afternoon start time		Please circle the afternoon start time		Please circle the afternoon start time		Please circle the afternoon start time		Please circle the afternoon start time		
	1pm	1.30pm	1pm	1.30pm	1pm	1.30pm	1pm	1.30pm	1pm	1.30pm	
Funding block for afternoon	1pm – 5/6pm	Please circle finish times		Please circle finish times		Please circle finish times		Please circle finish times		Please circle finish times	
		4.30pm	5pm	4.30pm	5pm	4.30pm	5pm	4.30pm	5pm	4.30pm	5pm
		5.30pm	6pm	5.30pm	6pm	5.30pm	6pm	5.30pm	6pm	5.30pm	6pm
PROPOSED START DATE											
Please indicate when you would like your child to start at the nursery											



Sessions and Payment terms

- Fees are charged on a sessional basis for children
- Payment is made in advance each month.
- Payments in accordance with the above will ensure your child's place for the following period.
- Payment will be required even when your child does not attend nursery to ensure their place remains open.
- If payment is not made regularly we reserve the right to cancel your child's place at the nursery.
- A minimum of two sessions need to be booked.
- Places will be allocated strictly on a first come first served basis.
- Whilst every effort is taken to offer the sessions required, if the sessions requested are not available your child's name can be placed on a waiting list if requested.
- A minimum of 6 weeks notice is required for any cancellations or changes to sessions

Additional Support

To enable us to ensure we have the appropriate staff in place please could you let us know if you believe that your child, for any reason, may require additional support within the setting Yes [] No []



Previous Nursery

Please fill in this section only if your child has attended another nursery school prior to registering with us:

NAME OF PREVIOUS NURSERY	
CONTACT NAME	
ADDRESS	
TELEPHONE NUMBER	

Has your child received funding whilst attending the nursery stated above?

Yes [] No []

Wrap around care

Will your child attend any other nursery or be cared for by a childminder whilst attending the nursery:

No [] Nursery [] Childminder []

Having been given approval from the above person, please provide their details:

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Would you like to be considered for a term time only space? Yes [] No []

(Term time only spaces are limited and we cannot guarantee availability)

Please provide us with a telephone number and contact name of whom we should contact regarding this registration form	
Name	
Telephone Number	
Email Address	

PLEASE CAN YOU PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE

Thank you for completing this form. We will be in touch to discuss and confirm availability and start date.

