



Tel. 07876 260780
Session times only

info@mvns.co.uk

www.mvns.co.uk

Memorial Hall
Iping Road
MILLAND
Nr. Liphook
Hants
GU30 7NA

MILLAND VALLEY NURSERY SCHOOL REGISTRATION FORM

Please be aware that we share information with regard to Safeguarding and Wellbeing with West Sussex Local Authority and other Professional bodies that Milland Valley Nursery School consider necessary.

Today's Date:

Name of Child Date of Birth:.....

Religion:..... Ethnicity:.....

Address:.....

.....

Names of Parent/Guardian

Name of parent(s) child normally lives with.....

Home Telephone No.:.....Email:.....

Main Carer Emergency Contact Name: (1st).....

Main Carer Emergency Contact Number (1st).....

Main Carer Emergency Contact Name: (2nd).....

Main Carer Emergency Contact No: (2nd).....

We are required to obtain 2 more emergency contacts who we can get in touch with in case of emergency and/or for safeguarding reasons.

Emergency Contact Name: (3rd).....

Emergency Contact Number (3rd).....

Emergency Contact Name: (4th).....

Emergency Contact Number (4th).....



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Parent/Guardians place and hours of
work:.....

.....

Details of any other adults/parents who have parental responsibility for the child and do not live at
the above address.

Name.....Relationship to child.....

Phone Number:.....

Address:.....

.....

Details of any person who has regular contact and may bring/collect your child from Nursery
School.

Name:.....

Address:.....

Telephone No.....

Name of GP Surgery.....

Name of GP.....

Address of GP Surgery.....

.....

GP

Telephone No.....

Name of Health Visitor.....

Health Visiting Team.....

Health Visiting Contact Number



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We may need to share information with your Health Visitor and need your permission to do so

Medical Information:

Allergies - please include details of reactions and triggers (including the use of
plasters).....

.....

Does the child suffer from Asthma? YES/NO Please give details

.....

.....

Is the child on any form of medication? YES/NO Please give details

.....

.....

Is there anything else you would like to tell us that will enable us to take the best possible care of
your child? Please be assured, all information will be treated in the strictest confidence.

.....

.....

.....

Please note: A registration fee of £50 is payable when you register your child for a place or join
our waiting list. This will hold your place and is refundable.

BACS – bank details:

HSBC

MILLAND VALLEY NURSERY SCHOOL LTD

AC - 51087460

S/C - 40-18-00

To ensure the Nursery receives the correct funding available for your child, please notify us if you
are in receipt of any of the following benefits:

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999



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- The Guaranteed element of State Pension Credit
- Child Tax Credit (provided the family is not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Children who are fostered/adopted or looked after.

If any of the above is applicable a parent's National Insurance number and Date of Birth will be required for processing the application.

Name of Applicant
National Insurance No. Date of Birth

One full Nursery half term's notice is required if you decide:

- Not to send your child to the nursery within two weeks of confirmed start date./or remove your child from the nursery without required notice.
- All sessions booked and confirmed will be invoiced and charged to you.
Should you wish to amend your sessions we will do our best to accommodate your changes, but this may not always be possible.
- Should you decide to cancel a session/s or remove your child from nursery, a full half terms notice is required. Failure to give the correct notice will result in all cancelled sessions being invoiced and charged to you.

I have read and understood the above information regarding cancellation and changing sessions and will give the correct noticed require by the nursery school or I will pay the cancelation fees.

Parent's / Carer's signature.....Date.....

Preferred Sessions

Please put a tick next to, or highlight your preferred session times and we will do our best to accommodate this.

Monday	Tuesday	Wednesday	Thursday
8.30-9	8.30-9	8.30-9	8.30 -9
9-12	9-12	9-12	9-12
9-1	9-1	9-1	9-1
9-3	9-3	9-3	9-3

Preferred start date.....



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Some of the information contained in this form may need to be shared with other organisations, eg West Sussex County Council, Health Authorities, Professionals in Childcare. Before any information is passed on, we will obtain your permission to do so in compliance with the General Data Protection Regulation May 2018. All information is suitably stored for confidentiality purposes.

I/We consent to any emergency medical treatment necessary during the running of the nursery.

I/We authorise the nursery staff to sign any written form of consent required by the hospital authorities if the delay in getting my/our signature is considered by the doctor to endanger my child's health and safety.

Signed: Parents/Guardians

Print Full Name:

PLEASE NOTIFY THE NURSERY OF ANY CHANGES TO THE ABOVE

Form to be returned to: Jo Mealey

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Immunisation Records

Name of Child.....

2 months old	6 in 1 Vaccine	YES/NO
	Rota Virus	YES/NO
	MEN B	YES/NO
3 months old	6 in 1 Vaccine	YES/NO
	Pneumococcal vaccine	YES/NO
	Rota Virus	YES/NO
4 Months old	6 on 1 Vaccine	YES/NO
	MEN B	YES/NO
Around 12 months old	Hib/MEN C	YES/NO
	Pneumococcal vaccine	YES/NO
	MEN B	YES/NO
	MMR (1st dose) OR MMRV (children born after Jan 25)	YES/NO
Around 2 Years old	Flu	YES/No
Around 3 years old	Flu	YES/NO
Around 4 Years old	Flu	YES/NO

My child has received the vaccinations for their age above.

Parent's / Carers signature.....**Date**.....

3 years and 4 months to 5 years old	Diphtheria, tetanus, pertussis (whooping cough) and polio (dTaP/IPV or DTaP/IPV) Measles, mumps and rubella (MMR)	YES/NO
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My child has received the vaccinations above.

Parent's / Carer's signature.....**Date**.....



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Birth Mark Record

Name	
Date of Birth	
Does your child have any birthmarks?	
Please describe the site, size, and appearance of each birth mark.	

Please mark the site of the birth mark on the body map below:

Young Child

