



REGISTRATION FORM

Recent Photo

CHILD INFORMATION

Full Name	
Preferred Name	
Date of Birth	
Gender	
Nationality	
Proposed Start Date	
Class Applying For	
Languages Spoken	
Previous Nursery/School	



PARENT / GUARDIAN INFORMATION

Mother/Guardian Name	
Mobile Number	
Email	
Occupation	
Father/Guardian Name	
Mobile Number	
Email	
Occupation	
Marital Status	
Custody Arrangements (if applicable)	

If separated/divorced:

- Both parents may collect child
- Collection restricted (please provide court documentation)

EMERGENCY CONTACTS

Name	Relationship	Mobile	Priority

AUTHORISED COLLECTION CONTACTS

Name	Relationship	Mobile	Photo Provided



MEDICAL & DEVELOPMENTAL INFORMATION

Allergies

Medication

Dietary Requirements

Medical Conditions

Hospitalisations / Surgeries

Developmental Concerns

Speech / Language Concerns

Sensory or Behavioural Concerns

Therapies or Specialist Support Received

Additional Information

Immunisations are up to date: Yes No



PERMISSIONS & CONSENTS

Please place a ✓ in the Yes column or an X in the No column for each permission below

Permission	Yes ✓	No X
I give permission for school staff to administer the recommended dose of Paracetamol to my child when necessary for the relief of pain or fever and to administer prescribed medication provided by a parent or guardian with written instructions.		
I give permission for photographs and videos of my child to be taken and displayed within the school for educational purposes.		
I give permission for photographs and videos of my child to be used in school publications, on the school website, and on official social media platforms.		
I give permission for my child to participate in supervised food preparation and cooking activities and to consume food prepared during these activities, provided any known allergies or dietary restrictions have been disclosed to the school.		
I give permission for photographs, videos, observations, and assessments of my child to be uploaded to Tapestry and other approved educational platforms used by the school for learning documentation and parent communication.		



MANDATORY ACKNOWLEDGEMENTS

Please initial each statement below.

_____ I understand that appropriately trained members of staff may administer first aid to my child should it be required.

_____ In the event of a medical emergency, I authorise the school to seek appropriate medical treatment for my child if a parent, guardian, or emergency contact cannot be reached.

_____ I understand that the school operates CCTV systems for safeguarding, security, and child protection purposes.

PARENT DECLARATION

I confirm that the information provided is accurate and complete.

I will notify the school of any changes to contact, medical or emergency information.

I have received and agree to abide by the Parent Handbook and school policies.

I understand that fees are payable in accordance with the school's fee schedule.

Parent/Guardian Name: _____

Signature: _____

Date: _____