Wivelsfield Primary School and Nursery
South Road, Wivelsfield Green, RH17 7QN
Telephone: 01444 471393 (School Office)
01444 716503 (Nursery Direct Line)
office@wivelsfield.e-sussex.sch.uk www.wivelsfieldschool.org
Headteacher: Mrs H Smith BA Hons NPQH

Wivelsfield Wrens Nursery

Registration form

Child's Name	First name:	Date of Birth:		Gender:
	Middle name(s):			
	Surname:			
	Name known as:			
Name of parent or legal guardian	Parent 1: Mother /Father /Legal Guardian	Parent 2: Mother /Father /Legal Guardian		
Email				
National Insurance No				
Telephone Numbers	Home: Work: Mobile:	Home: Work: Mobile:		
Child's full address including postcode				
Anticipated start term/date				
Country of Birth		First Language		
Languages spoken at home		Child's Religion/Culture		
Religious Celebrations				
Name(s) of other children in your child's home				

Medical Information			
Child's Doctor			
Surgery Address			
Surgery Tel Number			
Immunisations/Vaccinations Has your child been fully immunised against? (please tick)			
4-in-1 vaccine (incl. Diphtheria, Whooping Cough, Tetanus & Polio)			
Measles		Mumps	
Rubella		Hib/Men C	
Meningitis		Other	
Allergies & Intolerances			
Special Dietary Requirements			
Health Requirements/ Illnesses	**(Please attach a separate sheet if necessary)**		
PASSWORD (for others to use when picking up your child)			

EMERGENCY Contact details 1(other than yourself):

Adult full name _____

Relationship to child _____

Daytime/work telephone Mobile _____

Home Telephone_____

Email_____

Home address _____

Work address _____

Does this person have parental responsibility for the child? Yes □ No □

EMERGENCY Contact details 2 (other than yourself):

Adult full name _____

Relationship to child _____

Daytime/work telephone Mobile _____

Home Telephone_____

Email_____

Home address _____

Work address _____

Does this person have parental responsibility for the child? Yes □ No □

EMERGENCY Contact details 3 (other than yourself):

Adult full name _____

Relationship to child _____

Daytime/work telephone Mobile _____

Home Telephone_____

Email_____

Home address _____

Work address _____

Does this person have parental responsibility for the child? Yes □ No □

Is your child being supported by other services?

E.g. Speech and Language/Health Visitor etc…

Health Visitor: _____ Health Clinic: _____

Is there anything else we should know about your child?

Does your child have previous experience of attending a childcare setting? If so, please specify:

Many thanks for completing this form.

Please let the office know if any of these details change once your child has started in Nursery.

Preferred Sessions (Please tick)

Please see our information pack for the cost of different sessions according to the age of your child

We require children attend a minimum of 2 sessions per week on 2 separate days

(For example only - Monday 08:30am – 11:30am & Tuesday 08:30am – 11:30am)

DAY/TIME	Morning Session	Afternoon Session	Afternoon Session
	8.30 - 11.30 Funding available	11.30 - 14.30 Funding available	14.30 - 15.30 Invoiced
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Are you entitled to funding?

Please indicate below which funding you wish to claim

If you are unsure if you are entitled to funding please check on Childcare & Early Years Education | Best Start in Life

2yr old funding	
3/4yr old funding up to 15hrs	
3/4yr old funding up to 30hrs	

Parent's/Guardian's/Carer's signature	Date

Please return this form to Wivelsfield Primary School office or send via email to nursery@wivelsfield.e-sussex.sch.uk along with a £35 registration fee

(**Registration fee is refundable once your child takes up their funded place**)

Please make the £35 registration fee (**refundable**) payment to:

Bank:	National Westminster
Account:	ESCC Wivelsfield
Sort code:	60-13-09
Account number:	04298993

Please note that a place is not confirmed until we receive this Registration Form with the Registration Fee of £35, and you have received a confirmation.