



**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](http://www.wivelsfieldschool.org)  
 Headteacher: Mrs H Smith BA Hons NPQH



## Wivelsfield Wrens Nursery

### Registration form

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

**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	
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Special Dietary Requirements	
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Health Requirements/ Illnesses	<b>(Please attach a separate sheet if necessary)</b>
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PASSWORD (for others to use when picking up your child)	
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**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 Funding available
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](#)

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

Parent's/Guardian's/Carer's signature	Date
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Please return this form to Wivelsfield Primary School office or send via email to [nursery@wivelsfield.e-sussex.sch.uk](mailto:nursery@wivelsfield.e-sussex.sch.uk) along with a £35 deposit fee  
**(Deposit fee is refundable once your child takes up their funded place)**

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

<b>Bank:</b>	National Westminster
<b>Account:</b>	ESCC Wivelsfield
<b>Sort code:</b>	60-13-09
<b>Account number:</b>	04298993

Please note that a place is not confirmed until we receive this Registration Form and you have received a confirmation. If you are unable to give us a deposit fee, do let us know so we can still process your application without prejudice.