



Coombes Nursery Registration Form 2018-2019

Child's Details	
Date of birth	
First name(s)	Surname
Gender M / F	
Address	
Preferred choice of name if any	

Name of First Parent/Guardian Living at Home Address Above			
Title	First name	Surname	
Relationship to child		Parental responsibility?	Yes / No
Home telephone number		Mobile phone number	
Email address		Work telephone number	
Work place			

Name of Second Parent/Guardian			
Title	First name	Surname	
Relationship to child		Parental responsibility?	Yes / No
Mobile telephone number		Work telephone number	
Workplace	Address (if different)		

Other children in the family
Name(s) and date of birth

Emergency Contact Details	
Name of doctor	Telephone number
Practice address	

Other local contacts in case of emergency or illness at Nursery
Name(s)
Telephone number(s)
Who will collect your child on a regular basis
Name
Name
Only authorised persons will be allowed to collect your child, please inform the Nursery Team of any changes before they are due to occur.

Supplementary Details

Has your child had any serious illnesses or injuries?	Yes/No
Details	
Has your child completed an immunization program to date?	Yes/No
Details	
Has your child any known allergies and medical conditions ?	Yes/No
Details	
Does your child have any particular or special needs?	Yes/No
Details	
Does your child drink milk?	
If NO are they allowed ANY dairy products please give details Yes/No	
Languages spoken at home	
Religion	
Ethnic Origin	
Has your child attended an under five's group before?	Yes/No Details
Fully toilet trained Yes /No	
Service Family Yes/No	

Is this a 'Looked After Child' ('Looked after children' (LAC) means children in public care, who are placed with foster carers, in residential homes or with parents or other relatives.)

No / Yes Details

Permissions

Occasionally we may take the child away from the premises for a walk, to the farm, post box or park.

I give my permission for my child to take part in these activities

Signature

Date

Photographs are used to track children's learning, in newsletters, displays and pre-school publications.

I give my permission for my child to be photographed for the above reasons

Signature

Date

I give my permission for a trained first aider to administer first aid to my child

Signature

Date

Any other information you think would be helpful for us to know about your child.

Your child will be placed on the waiting list and contacted when a place becomes available

Any information given to The Coombes Nursery as part of this registration form will be treated with the strictest of confidence. Any Data collected will be, fairly and lawfully processed, for limited purposes, adequate, relevant and not excessive, accurate, not kept longer than is necessary, processed in accordance with the data's subjects rights, held securely and not transferred to other organisations unless required to do so by Ofsted, health and safety legislation or other legal obligations

Attendance preferences

Day	Breakfast Club	Morning 8.30 - 11.30	Lunch Club	Afternoon 12.30 - 3.30	All Day Inc lunch club
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Please tell us how you heard about the Coombes Nursery

For admissions to Coombes CE Primary School please apply to Wokingham Borough Council

OFFICE USE ONLY	Date received:	Phone call to parents:
Visit to nursery date:	Letter to parents:	Start date:
Entered on Sims.net:	Data collection sheet received:	Record Sheet:
Birth Certificate seen:		