



The Little Griffin Nursery Registration Form 2023-2024

You are entitled to 15 or 30 hours funded provision – please see website for further information. Funded sessions are at no cost to you. Additional sessions will be charged as below:

(8.45-11.45am £15, 11.45am-12.30pm Lunch £6.50 with meal/£4 bring packed lunch, 12.30-3.30pm £15)

Please tick your preferred sessions/days:

Mon			Tues			Weds			Thurs			Fri		
am	Lunch	pm	am	Lunch	pm	am	Lunch	pm	am	Lunch	pm	am	Lunch	pm

For wraparound care please book sessions on the separate form in the 'Our School' section of the school website.

Preferred start date: (please tick)

4th September 2023

6th November 2023

9th January 2024

19th February 2024

8th April 2024

3rd June 2024

Child's Details

Child's Surname:	Child's Forename:
Middle Name(s):	Date of Birth:
Name known as:	Gender (Male or Female):
Child's Home Address (including postcode):	
Telephone:	
Email address: (please Print)	
Does your child already attend another setting/childminder? Yes/No	If 'Yes' please provide name:

Parents' Details (Please provide proof of address)

Parent Contact 1: Mother/Father Miss/Mrs/Ms/Mr/Other: First name: Surname:	Parent Contact 2: Mother/Father Miss/Mrs/Ms/Mr/Other: First name: Surname:
Does the child live with this parent? Yes/No	Does the child live with this parent? Yes/No
Does this parent have parental responsibility? Yes/No	Does this parent have parental responsibility? Yes/No
Address:	Address:
Mobile telephone number: Work/daytime contact number: Any other emergency contact numbers:	Mobile telephone number Work/daytime contact number. Any other emergency contact numbers:

Other Emergency Contacts

- Please give details of 2 more **local** contacts that could be contacted in an emergency should parents not be available. Place them in the order of contact. Include their name, relationship to child, home address and telephone number.
- We will have a password system for security if adults, other than those we have details for, have to collect children. Please provide the password you would like to use if needed: _____.

3 Name and contact details:	4 Name and contact details:
Relationship to child:	Relationship to child:

Personal Details of Child

How would you describe your child's ethnicity or cultural background? (Please tick one box)

White - British <ul style="list-style-type: none"> ▪ Irish <input type="checkbox"/> ▪ Traveller of Irish heritage <input type="checkbox"/> ▪ Gypsy/Roma <input type="checkbox"/> ▪ Any other white background <input type="checkbox"/> 	Mixed – White and Black Caribbean <ul style="list-style-type: none"> ▪ White and Black African <input type="checkbox"/> ▪ White and Asian <input type="checkbox"/> ▪ Any other mixed background <input type="checkbox"/>
Asian or Asian British <ul style="list-style-type: none"> ▪ Indian <input type="checkbox"/> ▪ Pakistani <input type="checkbox"/> ▪ Bangladeshi <input type="checkbox"/> ▪ Any other Asian background <input type="checkbox"/> 	Black or Black British <ul style="list-style-type: none"> ▪ Caribbean <input type="checkbox"/> ▪ African <input type="checkbox"/> ▪ Any other Black background <input type="checkbox"/>
Chinese <ul style="list-style-type: none"> • Chinese <input type="checkbox"/> 	Any other ethnic background <ul style="list-style-type: none"> • Please state <input type="checkbox"/> • Prefer not to say /refused <input type="checkbox"/>

What is the main religion in your family?	What language(s) is/are spoken at home?
If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No/Not applicable	
Does your child have any special needs/disabilities? Yes/No Do they have a statement of special educational need Yes/No	Details of special needs/disabilities and any special support which will be required:
Does your family have a social care worker for any reason? Yes/No Reason for their involvement:	Name: Based at: Telephone:
Is your child Looked After (in care) or have they previously been? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, through which Local Authority	Is your child eligible to receive Early Years Pupil Premium? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please send evidence of eligibility)
Do you have other children attending The Griffin Primary School?	I have applied for a Reception place for September 2023 <input type="checkbox"/> I have accepted a Reception place for September 2023 <input type="checkbox"/> No <input type="checkbox"/>

Medical

Doctor Name:	Address:	Telephone:
Medical Information: (Dietary needs, allergies, inhaler, etc)		

Travel

How will your child normally travel to and from nursery? _____

Parent/Carer Signature

Signed _____ (Parent/Guardian) Date _____

Please return this form to The Little Griffin Nursery via email to thegriffin@lawrencesherriffschool.comFor details of how we process personal information about our pupils and parents please see our **Privacy Notice** <https://www.thegriffinprimary.uk/>***No payment is required at this time. We will provide information about the payment process when places are allocated. See 'Admissions Information' document for dates of allocation.***