

Child Registration Form

Waiting List Only (NB : This form does not guarantee a place.)

All correspondence to: Kindred Windmill Montessori Nursery School, 62 Shirland Road, London, W9 2EH
OR windmill@kindrednuseries.co.uk

Please note that a copy of your child's birth certificate is to be included with this Registration Form.

Child's Details

Child's full name:		Male <input type="checkbox"/> Female <input type="checkbox"/>	Child's DoB:	
Known by name:		Home Address:		
Nationality:		Ethnic Origin:		Religion:
Spoken Languages:				
If English is not the primary language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Booking Details

Proposed term of entry:	
Session preferred:	Morning: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Afternoon: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/>
Proposed next school(s):	
Year of entry for above:	

Parent/Carer Details

Parent/Carer A:				Photo of Parent/Carer A
Surname:		Forename:		
Home address:		Postcode:		
Mobile Tel:		Home Tel:		
Work Tel:		Relationship to Child:		
Email:				
Which is the main contact number you would like us to use? Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>				

Parent/Carer B:				Photo of Parent/Carer B
Tick if same address as Parent/Carer A <input type="checkbox"/>				
Surname:		Forename:		
Home address:		Postcode:		
Mobile Tel:		Home Tel:		
Work Tel:		Relationship to Child:		
Email:				
Which is the main contact number you would like us to use? Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>				

Parent responsibility and legal consent

Does parent/ carer A have parental responsibility?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does parent/ carer B have parental responsibility?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does parent/carers A have legal responsibility?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does parent/carers B have legal responsibility?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is there anybody that is NOT allowed to pick up or see the child stated in the application form for legal reasons?	
Name: <input style="width: 80%;" type="text"/>	

Emergency Contact Details A				Photo of Emergency Contact A
Surname:		Forename:		
Home Tel:		Mobile Tel:		
Work Tel:		Relationship to Child:		

Emergency Contact Details B				Photo of Emergency Contact B
Surname:		Forename:		
Home Tel:		Mobile Tel:		
Work Tel:		Relationship to Child:		

If someone else will be collecting your child, please ensure you tell us beforehand and provide their full name. They will also need to provide a 'pick up' password below and we will verify his/her identity when collecting your child. If staff are unsure whether the person coming to collect your child is authorised, they will not allow your child to leave the setting until they have contacted you to obtain your consent.

Pick-up Password:

Health & Medical details

GP Details			
GP's name:		Practice name:	
Address:		Town/City:	
Postcode:		Telephone:	

	Yes	No	Comments
Are your child's immunisations up to date?			
Does your child have any medical conditions?			
Does your child need any long-term medication?			
Does your child have any non-food related allergies or phobias?			
Does your child have any dietary requirements (including food allergies, intolerances, preferences)?			
Has your child suffered any previous injury or illness that required hospitalisation or continued medical treatment?			
Are there any other agencies working with your child and/or family?			

Permissions

As part of our provision of childcare, we would like to understand your preferences / get your permission on a range of points, covering your child's wellbeing and the service we provide, your personal data and our marketing for the setting. This form sets out those requests and we would kindly ask that you complete the form by ticking your preference for all the categories below.

Education and setting information

Short outings in the local community	<input type="checkbox"/>	Child's first name to be included on displays and around the setting	<input type="checkbox"/>
Day trips requiring transportation	<input type="checkbox"/>	Share with other providers or school information on your child including their learning and development	<input type="checkbox"/>
Learning journey being accessible in your child's base room	<input type="checkbox"/>		<input type="checkbox"/>

Health and Wellbeing

Administration of factor 50 sun cream	<input type="checkbox"/>	Administration of one emergency dose of antihistamine (using recommended dose)	<input type="checkbox"/>
Administration of one emergency dose of paracetamol suspension for fever (using recommended dose)	<input type="checkbox"/>	Emergency prescribed medication	<input type="checkbox"/>
To accompany my child to hospital to seek emergency medical advise / treatment	<input type="checkbox"/>	Emergency first aid and medical treatment	<input type="checkbox"/>

Images

We often take pictures in our setting for various internal purposes and some of those pictures are likely to include your child. Please can you confirm if you are happy for us to store and use such images for the following:

Store images on the setting's SD card, computer or laptop	<input type="checkbox"/>	Use for external marketing purposes	<input type="checkbox"/>
Print and use photographs within my child's setting and learning journal (these are kept in the setting)	<input type="checkbox"/>	Use on the Kindred website	<input type="checkbox"/>
Print, distribute and use photographs within the Kindred group	<input type="checkbox"/>	Use on social media platforms	<input type="checkbox"/>

General communications

As part of our provision of services, we will need to contact you with details about your accounts (e.g. invoices), your child, events and activities in the setting. By default we will communicate via email however please can you confirm below how you would prefer we contact you below. Email SMS Telephone

Consent

- Please accept this form as my application to register my child named below at Kindred Nurseries:

Child's Name:

- I confirm that I have read and agree to the current terms and conditions of Kindred Windmill Montessori Nursery School. By accepting the terms and conditions of Business it constitutes a contract between myself and Windmill Montessori Nursery School. Please tick to confirm
- I commit to give written notice to the setting of any change in the information provided in this document.
- I confirm that I have read Kindred Windmill Montessori Nursery School Policies and Procedures. Please tick to confirm
- I understand that my child's place on the waiting list can not be confirmed until all required documentation for registration and the £100 deposit is received.

Parent /
Carer A:

Parent /
Carer B:

Signature:

Signature:

Date:

Date:

Payment Options

- Bank Transfer (Preferred Method) :**

Account Name : Windmill Montessori
Account Number: 10982899
Sort Code: 09-02-22

Use child's full name as a reference

- We accept **childcare vouchers**. Please ask a manager for details of your specific provider.
- Payment can also be made through the **Government Tax free Childcare scheme** – please provide us with your child's unique reference number so we can ensure payments are correct.

Office use only

Birth certificate seen

Deposit Received

Agreed Start Date:

Birth Certificate Number:

Settling In Session Booked

Confirmation Notification Sent