

Registration Form – NURSERY

Please complete this form in as much detail as possible. We need this information to be able to process your application for a place for your child Information which is mandatory for you to provide is indicated below by a *.

If you do not complete the mandatory sections in full this may jeopardise or delay your application.

Your child				
Surname of your child*				
First names* (underline preferred name)				
Gender (please tick)*	Male () Female ()			
Date of birth*				
NHS Number*				
Proposed date, month and year of entry				
Nationality of child*				
Child's first language	Other languages spoken at home			

Sessions required*

Please indicate which session you require by ticking the relevant boxes below.

Please note that required sessions are subject to availability.

Term time only (available for 3-4 years)		(4		(ava	OR: 50 weeks per year (available from 6 months to 4 years)			es / No	
						which sess booking of 2			
Monday		Tuesday		Wednesday		Thursday		Friday	
Full day only Early drop off 7:30am Late collection 6pm		Full day only Early drop off 7:30am Late collection 6pm		Full day only Early drop off 7:30am Late collection 6pm		Full day only Early drop off 7:30am Late collection 6pm		Full day only Early dro off 7:30a Late collection 6pm	m
						pelow which pooking of 2 Thursday			

First signatory			
Title* (e.g. Mr, Mrs, Ms)			
Full name*			
Relationship to child*		 	
Contact telephone number*	Evening (if different)	Mobile (if different)	
Email address*			
Address* (including postcode)			
Occupation			
Employer's business name and address			
Second signatory	1		
Title *(e.g. Mr, Mrs, Ms)			
Full name*			
Relationship to child*			
Contact telephone number*	Evening (if different)	Mobile (if different)	
Email address*			
Address* (including postcode)			
Occupation			

Other people with parental responsibility*

Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. Their consent to the child attending the Nursery will be required if an offer of a place is made.

Title	
Full name	
Address (including postcode)	
Tel (including mobile):	
Email address:	
	he first and second signatories is to pay the Nursery se provide below their full name, address and their d.
If applicable, please give over) living in the same	e below the full names of any other adult (aged 18 or household.

Connections with the Nursery/School

Please mention here the names of any other members of the family attending the Nursery/School or registered for entry; or any other connection with the Nursery/School.

Please indicate how you first heard about Abbot's Hill Nursery:

	Local reputation	Pres	ent Nursery		Friends		Advert
	School Website	Inter	net Search		Other (p	leas	se specify)
Please state the name and addres applicable, with dates of attendance		-	d's pr	esent nu	rser	'y (if	
Name and address of nursery*							
Dates of attendance*							
Name of Nursery Manager/Head*							

Please note that the Nursery is required to take steps to ascertain whether your child has permission to be in the UK and attend the Nursery.

If your child is not a British or Irish citizen but holds or will hold another immigration category that permits them to study at the Nursery please provide full details below*

If your child has or will have a time restricted or temporary visa in any other immigration category (for example, as a dependent) please provide a copy of this when returning this form if you have it or as soon as you have it.

The Nursery may be required to notify and / or supply information relating to your (i.e. the parents) and / or your child's right to enter, reside and / or study in the United Kingdom to UKVI and the Home Office.

Please complete the attached Confidential Information Form, if applicable, in order to assist us with making any special arrangements which are required for Nursery visits and / or settling in sessions*

Notes

Early registration is recommended. Registrations will be considered in the order they are received.

Offers of places are subject to availability and the admission requirements of the Nursery at the time offers are made.

How we will use the information provided in this form

This information will be used by the Nursery during the admissions process in order to manage and assess your application and your child's suitability for a place at the Nursery.

For example:

- a) we may contact other people with parental responsibility to check that they consent to your child joining the Nursery;
- b) the Confidential Information Form will be used to ensure that we have made any reasonable adjustments / suitable arrangements for your child when they visit the Nursery or during any entrance assessments and subsequently if they are offered a place;
- c) we may share your information with credit reference agencies.

If your child is not offered a place, or if you do not accept the offer of a place, we will only retain this information for as long as we need to. Unless there are exceptional circumstances, information is kept for a year after the end of the admissions process.

If your child joins the Nursery we will use the information on this form in accordance with our Privacy Notice for pupils and parents. This document is published on the Nursery's website.

Declaration

I / We request that our child named above is duly registered with Abbot's Hill Nursery.

I / We have paid by bank transfer the non-refundable Administration Fee of £50.00 before returning this completed Registration Form and Confidential Information Form duly signed by me / us.

Bank: Barclays Account name: Abbot's Hill Limited Sort Code: 20-74-38 Account number: 43569527

Signatures - Please note we cannot accept your registration form without a handwritten signature

	First signatory	Second signatory
Signature* (handwritten)		
Name in full* (please include all names)		
Date of birth		
Relationship to child		
Date		

Please return completed Registration and Confidential Information Forms to:

Nursery Admissions Abbot's Hill School, Bunkers Lane, Hemel Hempstead, Hertfordshire HP3 8RP.

Confidential Information Form – Nursery

All information received in this form will be treated in confidence.

Child's full name	
Name of first signatory (as appears on the registration form)	
Name of second signatory (as appears on the registration form)	

Please disclose any medical condition, health problem or allergy affecting your child in the box below (continue overleaf if necessary).

If applicable to your child, it will also help us plan for their arrival, if you can let us know of any:

- learning difficulty
- disability
- special educational need
- behavioural, emotional and / or social difficulty

The information provided in this form will enable the Nursery to consider any adjustments that it may need to make to assist your child to partake in the Nursery's admissions procedure or when he/she enters the Nursery. The Nursery must be made aware of any particular needs your child may have before an offer is made.

Please provide us with as much detail as possible in the space above. Where possible, please provide any relevant documentation such as medical reports, assessments etc.Prior to the commencement of the admissions process, we will contact you about any special arrangements your child may require.

The information requested on this form is needed because the Nursery has contractual and statutory duties towards your child. For more information about how the Nursery will use your information, and your child's information, please see our Privacy Notice published on the School's website: https://www.abbotshill.herts.sch.uk/wp-content/uploads/2018/05/Privacy-Notice-including-Appendix.pdf

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