

Registration Form

Child's Full Name:			
Address:			
Date of Birth:			
Gender:		Proposed Start Date:	
Name of Parent/Carer Mr, Mrs, Miss, Ms		Relationship:	
Address:			
Contact Number:		Email:	
Name of Parent/Carer: Mr, Mrs, Miss, Ms		Relationship:	
Address:			
Contact Number:		Email:	
Please state which parent or carer the child normally lives with:			

Attendance

Nursery and Sessions Required (tick requirements)	Beckenham Junction		Elmers End		Either		
	Mon	Tues	Wed	Thurs	Fri	Start Date:	
AM						Age at entry:	Yrs Mths
PM						Nursery Room:	

Declaration

We have read, understood and agree to the terms and conditions. We understand that these will be changed from time to time as circumstances require.		
Parent's / Carer's Signature		Date
Responsibility for payment:		Email address for invoicing:

For office use only

Registration Fee	£	Paid	Payment Method	Documents Received
Deposit	£	Paid	Direct Debit <input type="checkbox"/>	Terms & Conditions <input type="checkbox"/>
Total Amount	£		Childcare Voucher <input type="checkbox"/>	Birth Certificate <input type="checkbox"/>
			Debit/Card <input type="checkbox"/>	Registration Letter <input type="checkbox"/>
			Funding <input type="checkbox"/>	Confirmation Letter <input type="checkbox"/>

Completion of this section is voluntary and for Early Years Foundation Stage Monitoring

Your child's ethnicity as described by the you the parent/carer/guardian:

Your child's country of birth:

Your child's first language:

Your child's nationality as it appears on their passport:

Please tick any of the special educational needs that apply to your child:

- Any special educational needs: *including speech and language, disabilities, learning needs*
- Early Years Action/School Action
- Early Years Action Plus/School Action Plus

Please tick below if your child speaks English as a second language and indicate the first language spoken:

- First language spoken:

I am in Are you? Early Years Pupil Premium (EYPP)

EYPP means extra money to help providers enhance children's learning and development. Your provider may combine the EYPP payments or work with other providers to fund specific activity or training. By giving your details the Local Authority can check if your child is eligible for **EYPP** and periodic checks for **Free School Meals**. More details on www.bromley.gov.uk/eypp

Parent Name:

Address :

Email:

Parents' National Insurance Number:

First Three Letters of Surname:

Post Code:

Mobile Tel No

(or National Asylum Support Service Number)

Parents' Date of Birth