

PLEASE ATTACH
A RECENT
PHOTOGRAPH
HERE

St Joseph's Park
Kenilworth CV8 2FT

Telephone: 01926 514456

e-mail: littlecrackers@
crackleyhall.co.uk

Web: littlecrackers.co.uk

Registration Form

PLEASE USE BLOCK CAPITALS AND COMPLETE IN BLACK INK

Child's details

Surname: _____

First names (in full): _____

Preferred first name: _____

Date of birth: _____ Gender: please specify _____

Nationality: _____ Ethnicity: _____

Passport number: _____ Expiry date: _____

First language: _____

Religious denomination, if appropriate: _____

Date of baptism, if appropriate: _____

Is there anything prohibited by religion? If yes give details: _____

Proposed date of admission: Day: _____ Month: _____ Year: _____

Parents' details

	Parent 1	Parent 2
Title:		
Surname:		
First Name:		
Relationship to child:		
Parental Responsibility:	Yes/No	Yes/No
Address:		
Postcode:		
Occupation:		
Marital Status:		
Nationality:		
Home tel:		
Work tel:		
Mobile tel:		
Email:		

Fee accounts are emailed to a preferred email address and require a preferred password to open the attachment.

Please indicate these below:

Preferred email address for invoices: _____

Preferred password for invoices _____

Please mention here the names of any other members of the family currently attending Little Crackers Nursery, Crackley Hall, Crescent School or Princethorpe College, or registered for entry:

Name	Relationship	School

Education details

Current nursery, please complete if applicable:

Date of joining current nursery:

Name of Nursery Manager:

Address of nursery:

Postcode:

Telephone number:

Email address:

Special educational needs and disabilities (SEND)

Does your child have special educational needs and disabilities? (SEND)

Yes No

(please tick as appropriate)

If yes, what is the nature of the need?

If yes the Admissions Office will contact you.

Sessions required (please circle)

(We recommend a minimum 4 sessions for over 3 year olds and a minimum of 2 sessions for 2 year olds.)

Please state if you require a nursery place for term time only (34 weeks) or all year (51 weeks).

Term time All year (please tick as appropriate)

Nursery Sessions

	Morning	Afternoon	Short Day	Full Day
Monday	7.45am-12.45pm	1.00pm-6.00pm	7.45am-4.00pm	7.45am-6.00pm
Tuesday	7.45am-12.45pm	1.00pm-6.00pm	7.45am-4.00pm	7.45am-6.00pm
Wednesday	7.45am-12.45pm	1.00pm-6.00pm	7.45am-4.00pm	7.45am-6.00pm
Thursday	7.45am-12.45pm	1.00pm-6.00pm	7.45am-4.00pm	7.45am-6.00pm
Friday	7.45am-12.45pm	1.00pm-6.00am	7.45am-4.00pm	7.45am-6.00pm

Free Entitlement Sessions

	Morning	Afternoon
Monday	8.15am-11.15am	12.30pm-3.30pm
Tuesday	8.15am-11.15am	12.30pm-3.30pm
Wednesday	8.15am-11.15am	12.30pm-3.30pm
Thursday	8.15am-11.15am	12.30pm-3.30pm
Friday	8.15am-11.15am	12.30pm-3.30pm

Additional information

Is there any other information we need to know about your child? Please give details:

Medical information

Does your child have any medical conditions including any allergies, medication etc that we should be made aware of?(please tick as appropriate) Yes No

If yes, please provide details:

Doctor's contact details

Name:

Address:

Postcode:

Telephone No:

Health Visitor name:

Telephone No:

Emergency contact details

In an Emergency who should we contact?

Name: (1)

Relationship to child:

Contact telephone no:

Mobile:

Name: (2)

Relationship to child:

Contact telephone no:

Mobile:

Immunisation and medical history

Has your child been fully immunised against:

Diphtheria: Yes No

Measles: Yes No

Whooping Cough: Yes No

Mumps: Yes No

Tetanus: Yes No

Rubella: Yes No

Polio: Yes No

Hib Meningitis: Yes No

Has you child ever suffered from:

Chicken Pox: Yes No

Whooping cough: Yes No

Measles: Yes No

Mumps: Yes No

German Measles: Yes No

Pneumonia: Yes No

Dietary requirements:

Does your child have any special dietary requirements? Yes No

If yes, please give details:

Information for marketing purposes

Is either parent a past pupil of Princethorpe College, Crackley Hall (St Joseph's), Abbotsford School or Crescent School? Yes No

If yes please circle school above and indicate Parent 1 and/or Parent 2 and give maiden name if appropriate:

or is there any other connection with the school? Yes No

Please specify:

How did you first hear about the nursery?

Declaration

We request that the above-named child be registered as a prospective pupil, we enclose **one passport sized photograph**, a **copy of the child's birth certificate** AND we have **paid the non-refundable Registration Fee of £50.00**.

Payment has been made by either:

- Cheque (cheques to be made payable to The Princethorpe Foundation) or
- BACS transfer to the account detailed below (please use reference Reg Fee plus child's first initial and surname, ie RegFee A. Person)

Bank HSBC Bank plc
Account Name The Princethorpe Foundation - Crackley Hall
Sort Code 40-26-04
Account Number 01318128

We understand that:

1. registration of our child as a prospective pupil does not secure our child a place at the nursery but does ensure that our child will be considered for selection as a pupil at the nursery;
2. a reference will be obtained from my child's current nursery and the outcome of this application will also be shared with my child's current nursery.
3. the nursery may process personal data about our child, including sensitive personal data such as medical details, for the purpose of administering its list of prospective pupils and administering its selection procedures and we consent to the processing of our child's personal data (including sensitive personal data) for these purposes;
4. in the event that our child is offered a place at the nursery, such an offer will be subject to the nursery's terms and conditions for the provision of educational services, which will bind us in the event that we accept the place.
5. Data protection. The nursery will use the information it holds on us and our child to communicate with us about the nursery, the admissions process and related news and events. In the event of a withdrawal or unsuccessful application at our instruction the nursery will unsubscribe us from any future communication.

Parent 1:

Name in full:

Relationship to child:

Date:

Signature:

Parent 2:

Name in full:

Relationship to child:

Date:

Signature:

If parents are not living together please indicate which one has custody and send a copy of the custody order with this registration form.

- Parent 1 Parent 2 Shared Custody

Who is the candidate currently living with?

Correspondence will be sent to the first named above, unless an alternative is specified below:

- Parent 2 Both parents

A copy of the current edition of the standard terms and conditions is available on request and available to download from our website, www.littlecrackers.co.uk.

All information is held securely on the Foundation's database and will be processed fairly and lawfully in accordance with the General Data Protection Regulation 2018. Your data will not be shared with any third party unlawfully. Copies of our Privacy Notices are available on request and appear on our website at www.littlecrackers.co.uk/policies.