



Nursery Registration form

Child's surname:		Child's first names:	
Address:			
Postcode:			
Child's Date of Birth:		Boy <input type="checkbox"/> Girl <input type="checkbox"/> (please tick as appropriate)	
Parent's/Carer's Full Name:			
Home telephone number:			
Mobile telephone number:			
Email address:			
Brother/Sister Name at Broomhill		Date of birth	
Name of family Doctor:			
Name of Health Visitor:			
Does your child have any additional Special Educational Needs? (Please give brief details)			
Previous Nursery/ Two Year Old Provision:			
Are you a working parent ? Would you like 30 hours Free child care ? Check this website to find out www.childcarechoices.gov.uk if you are eligible or come and speak to us for help.			
YES/NO Code: _____		Monday - Friday <input type="checkbox"/>	
Preferences: Please tick what you would prefer			
Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Beginning of the Week Mon - $\frac{1}{2}$ day Wed <input type="checkbox"/> End of the Week $\frac{1}{2}$ day Wed-Fri <input type="checkbox"/>			
Is the child you are registering a Child in Care ? Yes / No		Name of Social Worker if applicable:	
Ethnicity - Please tick the appropriate box			
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Eastern European <input type="checkbox"/> Western European			
Mixed race/Dual Heritage <input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White/Asian <input type="checkbox"/> White/Chinese			
South Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Asian African			
Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Somali African			
Chinese or Chinese British <input type="checkbox"/> Chinese			
Other Ethnic Groups <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma Gypsy/Traveller			
Any other background, please specify			
For office use only:		Home Visit Required: Yes / No	
Full Birth Certificate Seen <input type="checkbox"/> (please tick)			
Date of Registration/Initials:			