



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:	Full Birth Certificate Seen <input type="checkbox"/> (please tick) Date of Registration/Initials:
Home Visit Required: Yes / No	