



# SANDBANK & VALLEY NURSERY SCHOOLS FEDERATION REGISTRATION FORM



CHILD'S NAME.....

CHILD'S ADDRESS .....

..... POSTCODE .....

CHILDS DATE OF BIRTH ..... DATE REGISTERING FOR NURSERY .....

MOTHERS NAME: ..... MOTHERS TELEPHONE NO. ....

MOTHERS ADDRESS (IF DIFFERENT TO CHILDS): .....

..... POSTCODE: .....

EMAIL ADDRESS: .....

FATHERS NAME: ..... FATHERS TELEPHONE NO. ....

FATHERS ADDRESS (IF DIFFERENT TO CHILDS): .....

..... POSTCODE: .....

POSITION IN FAMILY ..... LANGUAGE SPOKEN AT HOME: .....  
(I.E. YOUNGEST/OLDEST OF HOW MANY)

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS/CONDITIONS WE NEED TO BE AWARE OF?  YES  NO

Are they involved with  S.A.L.T.  C.D.C. Any other needs: .....

DOES/HAS YOUR CHILD ATTEND/ATTENDED ANY OTHER SETTING? .....

DO YOU WISH YOUR CHILD TO BE REGISTERED FOR (PLEASE TICK)

CHICKS (2 YEAR OLD)  NURSERY (3-4 YEAR OLD)

DO YOU PREFER MORNINGS OR AFTERNOONS FOR NURSERY? .....

DO YOU QUALIFY FOR GOVERNMENT FUNDING? YES  NO  NOT SURE

***In relation to General Data Protection Regulation; we will process your data in order to carry out our public function. For further information please visit our website.***