

**INITIAL REGISTRATION FORM**

**Place required (please circle):**

**2 year old place:** 5 Mornings 5 Afternoons No Preference

Term due to start: Autumn Spring Summer Year\_\_\_\_\_\_\_\_\_\_\_\_

2 year old working parent code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Office Use - 2 year code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*(Only available for children who qualify for two year old funding)*

**3 year old place:** 5Mornings 5 Afternoons 2.5 days No Preference

Term due to start: Autumn Spring Summer Year\_\_\_\_\_\_\_\_\_\_\_\_

**30 hour place:** Yes No Possibly *(Only for working parents who qualify for 30hrs funding)*

***Office Use – 30 hour code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Child’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**: Male Female

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Telephone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referrals/Support:** No Yes **(please circle)**

Children’s Hospital / Speech Therapy / Child Development Centre Hearing / Vision / Educational Psychologist / Specialist Support Service / Children’s Social Services **(please circle any that apply)**

**Parent/Carer’s Title**  Mr Mrs Miss Ms Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Carer Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NI Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my consent for the information given on this form to be used:

* To complete a two-year-old funding check if appropriate
* To complete an early year’s pupil premium check
* To be sent information about my child’s nursery place and nursery open days and events.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where did you hear about Osborne Nursery School (please circle):**

word of mouth, family/friend, internet, primary school, signs on building/fence, other

The information you give will be processed electronically and stored on computer for administrative purposes in accordance with the General Data Protection Regulation (GDPR) 2018 Article 6 ‘Lawfulness of processing’ and Article 9 ‘Processing of special categories of personal’. Please visit our website or call the school office on 0121 675 3408 for further information about how your data will be processed in accordance with our Privacy Notice.

**2 year old – hours available**

**5 mornings** a week (8.30am-11.30am) **5 afternoons** a week (12.30pm-3.30pm)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 and 4 year old – hours available**

**5 mornings** a week (8.30am-11.30am) **5 afternoons** a week (12.30pm-3.30pm)

**2 ½ days** a week -

**Monday & Tuesday** (8.30am-2.30pm) &

**Wednesday morning** (8.30am-11.30am)

These hours including lunch on Mon & Tue for which there will be a charge unless you qualify for free school meals.

**Wednesday afternoons** (12.30pm-3.30pm)

**Thursday & Friday** (8.30am-2.30pm)

These hours including lunch on Thursday and Friday for which there will be a charge unless you qualify for free school meals.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Working parents eligible for 30 hours – 2, 3 and 4 year olds**

Children are eligible for 30 hours if:

Both parents are working – or if you are a single parent, then you must be working.

Each parent earns, on average, a weekly minimum equivalent to 16 hours at National Minimum Wage or National Living Wage.

One parent meets the income criteria and the other is unable to work because they are disabled, have caring responsibilities or have been assessed as having limited capability to work.

8.30 am to 2.30 pm (5 days)

9.30 am to 3.30 pm (5 days)

8.30 am to 4.00 pm (4 days)

Does not include cost of lunch – charge applicable

**Paid Top Up Required**

We have limited spaces for children to stay longer than their 15 or 30 funded hours on a paid for basis (plus dinner costs if applicable.) This is available between the hours of 8.30am and 4.00pm

and will be considered on an individual basis.

Top up hours I would like \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Obtaining a 30 Hour Working Parent Code for 2, 3 and 4 year olds**

Please log-in to the website [Best Start in Life](https://www.beststartinlife.gov.uk/) and select the ‘Childcare and Early Education’ tab. Click on the box entitled ‘15 and 30 hours childcare support’. Next click ’30 hours childcare’ and then ‘Apply Now’. Scroll to the bottom of the page and click the purple ‘apply now’ button.

Once you are in receipt of the code please bring this to the school office for verification.

You will need to first set up a log-in and password which you must keep safe as you will need to renew your code every 3 months.

Should you have any questions please come to the school office.

**Federation of Osborne and Featherstone Nursery Schools**



**Osborne Nursery School**                **Featherstone Nursery School**

Questions for parents/ carers when enrolling for a nursery place:

If you feel your child has any additional needs or will require extra support at nursery, please complete this form. These questions are here so that we can support your child in the best possible way if they are given a place at our nursery.

**Name : DOB:**

**Today’s date:**

1. Can you tell us more about your child’s unique needs and how they navigate the world?
2. How does your child communicate? Words, home language, gestures, signs?
3. Are there any specific challenges your child faces e.g. socially, noise, eating, moving, changes, sight, hearing, physical?
4. Have you had any contact with any other professionals – doctors, paediatricians, Health Visitors, Family Support Workers?
5. Has your child had any referrals or assessments?

Have you been given any paperwork from these professionals? If YES please could you share copies.