

PARENT'S DETAILS	Father		Mother
Title:			
Full Name:			
Home Address:			
Occupation:			
Nationality:			
Home Tel:			
Work Tel:			
Mobile tel:			
Email addresses:			
Marital Status:			
If separated or divorced, with whom does your child live? (please tick box)			

Emergency Contact Information (If parents unavailable or uncontactable)	
Contact Name(s):	
Contact Tel:	
Relationship to child:	
Please list adults who have permission to collect your child from Nursery, together with phone numbers:	
Who will usually collect your child from Nursery?	
Password for collection of child (please create a password and ensure anyone who is picking up your child is provided with it):	

PERSONAL DETAILS

Does your child have any brothers or sisters? (Please give names and ages)

Please give details of any step family (if relevant):

Please give details of any adult (including child's "pet" name for them) who cares for your child on a regular basis, e.g. nanny, childminder, grandparents etc.:

Are there any other members of your family who attend The New Beacon School, or registered for entry, or any other connection with the School?:

What is the main language spoken at home?:

Is your child bilingual/multilingual?

Please name any cultural or religious festivals that the family celebrate:

Does your child attend or has your child attended any other nursery/pre-school? If yes, please give details...

How many sessions do they attend/did they attend per week?

Key Contact Name:

Telephone No.:

Start date:

DEVELOPMENT

Do you have any concerns about your child's development? If yes, please give details.

Do you have any concerns about your child's hearing?

Has your child had a hearing test? Please give details.

Did your child have a standard 2-year developmental check with a health visitor? Please give details.

Social Development

Is your child generally outgoing or reserved with:

a) Other Children?

b) Adults?

What does your child like to play with at home?

Does your child have any particular interests?

Does your child have any particular fears or phobias?

HEALTH

Does your child have any medical conditions? If yes, please give details.

Does your child require any medication on an ongoing basis? If yes, please give details.

Does your child have any allergies or dietary requirements that we need to be aware of? If yes, please give details.

PRIVACY

Do you give permission for your child's photo to be used for the purposes of their Learning Journal?

Do you give permission for your child's photo to be used in our weekly Nursery Newsletter which is attached to the School website?

Do you give permission for your child's photo to be used on social media e.g. Facebook, Twitter, YouTube?
(We sometimes record whole school performances to be used for this purpose)

DECLARATION

I/We request that the name of the above-named child be registered as a prospective pupil of the School **AND** we enclose a cheque for the **non-refundable** Registration Fee of £100 made payable to **Tonbridge School –New Beacon**

or payment by direct transfer to:

Amount: £100
Bank: NatWest
Branch: Sevenoaks
Branch address: 67, High Street, Sevenoaks, Kent, TN13 1LA
Sort Code: 60-19-02
Account Number: 25830937
Account Name: Tonbridge School – New Beacon
Child’s name
IBAN: GB28 NWBK 6019 0225 830937
BIC: NWBK GB 2L

By signing this Registration Form we understand, accept and agree that:

1. Registration of our child as a prospective pupil does **not** secure our child a place at the School but does ensure that our child will be considered for selection as a pupil at the School;
2. If our child is offered a place at the School, such an offer will be subject to the School's terms and conditions for the provision of educational services, which will bind us (as the holders of parental responsibility for him in the event and from the moment that we accept the place;
3. If applicable, the School may request from our child's present school or educational institution: (a) information and a reference in respect of our child; and/or (b) information about any outstanding fees and/or supplemental charges;
4. The School may process any personal data about us (or either of us) and our child, including sensitive personal data about our child (such as medical details), for the purposes of:
 - (i) administering its list of prospective pupils;
 - (ii) its registration, selection and/or admission procedures, including as set out above; and
 - (iii) Communicating with the parents of prospective pupils about the School and generally managing relationships between the School and its prospective pupils.
5. I understand that the standard terms and conditions of the school will undergo reasonable change from time to time as circumstances require and will apply in all my dealings with the school. I hereby agree a term’s notice of my son’s withdrawal will be given or a term’s fees paid in lieu of notice.

<p>Signed by:</p> <p>..... (signature)</p> <p>..... (print name)</p> <p>..... (date)</p> <p>..... (relationship to child)</p>	<p>Signed by:</p> <p>..... (signature)</p> <p>..... (print name)</p> <p>..... (date)</p> <p>..... (relationship to child)</p>
------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------

Please provide a copy of your son’s birth certificate and return this form to the Registrar Mrs Alison Harrison
ahn@newbeacon.org.uk