

Registration Form

PLEASE USE BLOCK CAPITALS AND COMPLETE IN BLACK INK

PLEASE ATTACH
A RECENT
PHOTOGRAPH
HERE



St Joseph's Park Kenilworth CV8 2FT

Telephone: 01926 514456

email: littlecrackers@crackleyhall.co.uk

littlecrackers.co.uk

Child's details		
Surname:		
First names (in full):		
Preferred first name:		
Date of birth:	Gender: please specify	
Nationality:		
First language:		
Religious denomination, if approp	priate:	
Date of baptism, if appropriate:		
Proposed date of admission: D	Pay: Month:	Year:
Parent/Guardian	Parent/Guardian	Parent/Guardian
Title:		
Surname:		
First name:		
Relationship to child:		
Parental Responsibility:	Yes/No	Yes/No
Address:		
Postcode:		
Occupation:		
Marital status:		
Home tel:		
Work tel:		
Mobile tel:		
Email:		
Fee payer:	Yes/No	Yes/No
	of any other members of the fam , Crescent School or Princethorp	
Name	Relationship	School

Is either parent/guardian a past pupil of Princethorpe College, Crackley Hall Abbotsford School or Crescent School?	School (St J	
If yes please circle school above and indicate ■ Parent 1 and/or ■ Paren name if appropriate:		
or is there any other connection with the school? Please specify:	Yes N	0
Education details		
Current nursery, please complete if applicable:		
Date of joining current nursery:		
Name of Nursery Manager:		
Address of nursery:		
Postcode:		
Telephone number:		
Email address:		
Special educational needs and disabilities (SEND) including Social, Mental Health (SEMH)	Emotional	and
Please provide below, information about any special circumstances affectin medical condition, health problem, allergy, any learning difficulty, disability need, as well as any behavioural, emotional and/or social difficulty. Please also provide us with copies of any medical/professional reports and educational plans relating to the same.	or special ec	lucational
The nursery requires this information so that we can consider what arranger reasonable adjustments) the nursery can make in order to accommodate you admissions process and should an offer of a place later be made.	our child duri	ng the
	(please tick as	
Does your child have additional needs?	Yes	
	Yes	No
Communication and interaction, e.g. Autism Spectrum, speech, language communication needs		No
communication needs Physical, medical, sensory impairment or mobility	Yes	No No
communication needs Physical, medical, sensory impairment or mobility SEMH – social, emotional and mental health, attention, concentration	Yes Yes	No No No
communication needs Physical, medical, sensory impairment or mobility SEMH – social, emotional and mental health, attention, concentration Cognition and learning, eg dyslexia, dysgraphia, dyspraxia	Yes Yes	No No No No
communication needs Physical, medical, sensory impairment or mobility SEMH – social, emotional and mental health, attention, concentration	Yes Yes Yes Yes and any rea	No No No No No sonable
Communication needs Physical, medical, sensory impairment or mobility SEMH – social, emotional and mental health, attention, concentration Cognition and learning, eg dyslexia, dysgraphia, dyspraxia Does your child have any other support needs? If yes, please provide further details below, including the nature of the need adjustments you feel your child may need during the admissions process or information. Does your child currently have an Educational Health Care Plan (EHCP) or is an application for an EHCP assessment currently pending?	Yes Yes Yes Yes and any rea	No No No No No sonable
Communication needs Physical, medical, sensory impairment or mobility SEMH – social, emotional and mental health, attention, concentration Cognition and learning, eg dyslexia, dysgraphia, dyspraxia Does your child have any other support needs? If yes, please provide further details below, including the nature of the need adjustments you feel your child may need during the admissions process or information. Does your child currently have an Educational Health Care Plan (EHCP)	Yes Yes Yes Yes and any rea	No No No No sonable

Additional information	
Is there any other information we need to know about your child? Please give of	details:
Additional information	
Does your child have any medical conditions? If yes, please provide details:	Yes No
Does your child have any special dietary requirements? If yes, please provide	Yes No
details:	
Does your child have any allergies? If yes, please provide details:	Yes No
Has your family ever had contact with Children's Family/Social Services?	Yes No
If yes, please provide details:	

Sessions required (please circle)

A minimum of four sessions a week is required.

Please state if you require a nursery place for term time only (34 weeks) or all year (51 weeks).

Term time All year (please tick as appropriate)

Nursery Sessions

_	Morning	Afternoon	Short Day	Full Day
Monday	7.45am-12.45pm	1.00pm-6.00pm	7.45am-4.00pm	7.45am-6.00pm
Tuesday	7.45am-12.45pm	1.00pm-6.00pm	7.45am-4.00pm	7.45am-6.00pm
Wednesday	7.45am-12.45pm	1.00pm-6.00pm	7.45am-4.00pm	7.45am-6.00pm
Thursday	7.45am-12.45pm	1.00pm-6.00pm	7.45am-4.00pm	7.45am-6.00pm
Friday	7.45am-12.45pm	1.00pm-6.00am	7.45am-4.00pm	7.45am-6.00pm

Free Entitlement Sessions

Little Crackers Nursery offers 15 hours free entitlement for 3-and-4-year-olds. Free entitlement sessions need to be taken on separate days. Those eligible for free entitlement opting for a longer session will have a cost reduction automatically applied.

	Morning	Afternoon
Monday	8.15am-11.15am	12.30pm-3.30pm
Tuesday	8.15am-11.15am	12.30pm-3.30pm
Wednesday	8.15am-11.15am	12.30pm-3.30pm
Thursday	8.15am-11.15am	12.30pm-3.30pm
Friday	8.15am-11.15am	12.30pm-3.30pm

Declaration

We request that the above-named child be registered as a prospective pupil, we attach one passport sized photograph, a copy of the child's full birth certificate AND we have paid the non-refundable Registration Fee of £75.00.

Payment has been made by either:

- Cheque (cheques to be made payable to The Princethorpe Foundation) *or*
- BACS transfer to the account detailed below (please use reference Reg Fee plus child's first initial and surname, ie RegFee A. Person)

Bank	HSBC Bank plc
Account Name	The Princethorpe
	Foundation -
	Crackley Hall
Sort Code	40-26-04
Account	
Number	01318128

By signing this Registration Form I/we understand that:

- I/we (as the holders of parental responsibility for the above-named child) request that the above-named child be registered as a prospective pupil of the nursery and I/we acknowledge that registration of our child as a prospective pupil does not secure our child a place at the nursery but does ensure that our child will be considered for selection as a pupil at the nursery;
- the nursery may obtain, process and hold personal data about me/us (which may include financial information provided by me/us or information contained in any court orders, petitions or proceedings) for the purpose of administering this application and admissions process
- 3. the nursery may obtain, process and hold personal data about my/our child, including special category personal data such as medical details and any information concerning my/our child's learning support needs and SEND for the purpose of administering its list of prospective pupils and administering selection procedures and ensuring the nursery meets legal obligations to my/our child including the nursery's obligations under the Equality Act 2010;
- 4. the nursery may obtain, process and hold personal data about me/us and my/our child for the purposes of seeking a confidential reference from my/our child's current educational establishment (if any) and confirmation that all fees have been paid, where applicable. I/we further acknowledge that the offer of a place will be conditional upon receipt of a satisfactory confidential reference from my/our child's current nursery;
- 5. in the event that my/our child is offered a place at the nursery, such an offer will be subject to the nursery's terms and conditions for the provision of educational services, which will bind me/us in the event (and from the moment) that I/we accept the place;
- if my/our child is offered a place, such an offer will be subject to me/us confirming that my/our child has the right to enter, live and study in the UK and I/we confirm that I/we have enclosed with this form the required information confirming my/our child's right to enter, reside and/or study in the UK (see 'Documentation' further below);
- 7. I/we understand the nursery may, with reference to one or both of us: (i) undertake a credit check with a credit reference agency; and/or (ii) require me/us to provide the nursery with a bank reference and/or an up-to-date credit report (including a credit score).

Parent/Guardian I (noiders of Parental Respons	sibility): Parent Guardian 2 (noiders of Parental Responsibility):		
Name in full:	Name in full:		
Relationship to child:	Relationship to child:		
Date:	Date:		
Signature:	Signature:		
If parents are not living together please indicate which one has custody and send a copy of the custody order with this registration form.			
Parent/Guardian 1 Parer	nt/Guardian 2 Shared Care		
Who is the candidate currently living with?	?		

A copy of the current edition of the standard terms and conditions is available on request and available to download from our website, **www.littlecrackers.co.uk**.

Documentation

Please enclose/upload with this registration form:

- a copy of your child's full birth certificate or current passport
- evidence of right to study in the UK (if applicable), for example, a status document or biometric residence permit

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How did you first hear about the nursery?

All information is held securely on the Foundation's database and will be processed fairly and lawfully in accordance with the General Data Protection Regulation 2018. Your data will not be shared with any third party unlawfully. Copies of our Privacy Notices are available on request and appear on our website at **www.littlecrackers.co.uk/policies.**