



## REGISTRATION FORM NURSERY

\* Required | Please complete in BLOCK CAPITALS

### PERSONAL DETAILS

*Forename		*Surname	
Middle Names		Preferred Name	
*Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	*Date of Birth
*Nationality		*Ethnicity	
*Religion		*Language(s)	
*Resident Country		Current Nursery	

### HOME ADDRESS

*Address Line 1		*Town	
Address Line 2		*County	
Address Line 3		*Post Code	
Home Phone			

### CONTACTS

Please provide details of any person who has parental/guardian responsibility and/or legal contact as well as anyone you wish to be contacted during an emergency. All correspondence is emailed and/or text via ClarionCall.

### PARENTS/LEGAL GUARDIANS

#### \* MOTHER/GUARDIAN 1

#### FATHER/GUARDIAN 2

*Title	Miss/Mrs/Ms/Mr/Dr/Other:	*Title	Miss/Mrs/Ms/Mr/Dr/Other:
*Forename		*Forename	
*Surname		*Surname	
*Email Address		*Email Address	
*Home Phone		*Home Phone	
*Mobile		*Mobile	
Work Phone		Work Phone	
Same as Home Address	<input type="checkbox"/>	Same as Home Address	<input type="checkbox"/>
*Address Line 1		*Address Line 1	
Address Line 2		Address Line 2	
Address Line 3		Address Line 3	
*Town		*Town	
*County		*County	
*Post Code		*Post Code	

#### \* EMERGENCY CONTACT 1

#### EMERGENCY CONTACT 2

*Relation Type		*Relation Type	
*Title	Miss/Mrs/Ms/Mr/Dr/Other:	*Title	Miss/Mrs/Ms/Mr/Dr/Other:
*Forename		*Forename	
*Surname		*Surname	
Home Phone		Home Phone	
and/or Mobile		and/or Mobile	

## HEALTH DETAILS

Please provide details of any medical conditions which the school should be aware of.

### \*Medical Notes

Allergies, medical conditions, prescribed medication, etc...

### DOCTOR

#### \*Practice

#### \*Doctor Name

#### \*Address

#### \*Telephone

## PERMISSIONS FOR TREATMENT

\*I/We authorise the Head of Early Years Foundation Stage/Deputy Manager, or authorised leader acting on behalf of our child to consent on the advice of an appropriately qualified medical specialist regarding my/our child receiving emergency medical treatment, including general anaesthetic and surgical procedures if the school is unable to contact me/us in time.

#### Permission

Yes

No

## CARE REQUIRED

### NEST (FROM 6 MONTHS TO APPROXIMATELY 15-20 MONTHS)

MINIMUM OF 1 DAY PER WEEK AND 51 WEEKS PER YEAR

*Full day sessions run from 08:00 to 18:00*

### DAYS REQUIRED

*Please indicate the days which you require care*

**Start Date**

DD / MM / YYYY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

### CHICKS (FROM APPROXIMATELY 14-18 MONTHS TO 22-26 MONTHS)

MINIMUM OF 1 DAY PER WEEK AND 51 WEEKS PER YEAR

*Full day sessions run from 08:00 to 18:00*

### DAYS REQUIRED

*Please indicate the days which you require care*

**Start Date**

DD / MM / YYYY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

### ROBINS (FROM APPROXIMATELY 22-24 MONTHS TO 33-37 MONTHS)

MINIMUM OF 1 DAY PER WEEK AND 51 WEEKS PER YEAR

*Full day sessions run from 08:00 to 18:00*

### DAYS REQUIRED

*Please indicate the days which you require care*

**Start Date**

DD / MM / YYYY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

## SPARROWS (CHILDREN RISING FROM 3 YEARS)

### MINIMUM OF 10 HOURS PER WEEK

Parents of Nursery children aged 3 years plus and eligible for EYE funding may set their pattern of days and hours based on the start and end times below (dependant on availability which should be discussed with the Head or Deputy Head of Early Years Foundation Stage). Please note this is not an option prior to EYE funding being available.

#### Start Times

08:00

08:45

13:00

14:00

15:30

#### End Times

11:45

13:00

15:30

17:00

18:00

Please indicate Term Time Only or 51 Weeks

Term Time Only

51 Weeks

### DAYS REQUIRED

Please indicate the days and start/end times which you require care | Under 3 years please strikethrough times

Start Date

DD / MM / YYYY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

HH : MM

HH : MM

HH : MM

HH : MM

HH : MM

HH : MM

HH : MM

HH : MM

HH : MM

HH : MM

## RED KITES (CHILDREN RISING FROM 4 YEARS)

### MINIMUM OF 10 HOURS PER WEEK

Parents may choose any combination of the Start and End Times listed above under The Sparrows.

Please indicate Term Time Only or 51 Weeks

Term Time Only

51 Weeks

### DAYS REQUIRED

Please indicate the days which you require care

Start Date

DD / MM / YYYY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

HH : MM

HH : MM

HH : MM

HH : MM

HH : MM

HH : MM

HH : MM

HH : MM

HH : MM

HH : MM

## TERMS AND CONDITIONS

1. I/We understand that the Nursery opens 51 weeks per year and, as such, fees are payable for this period. I/We understand that a full calendar months' notice is required if I/we wish to remove our child from the Nursery.
2. Children in Sparrows and Red Kites (approximately 3 years plus) may be registered for either Term Time Only or 51 Weeks once in receipt of EYE Funding. I/We understand that if I/we register for Term Time Only I/we will be required to give a full term's notice. I/We understand that if we register for 51 Weeks I/we will be required to give a full calendar months' notice (as with 1.).
3. I/We understand that fees are payable for all sessions booked and no reduction is given for bank holidays, holidays, illness or days when the school is forced to close due to adverse weather.
4. I/We understand that fees are payable 1 calendar month in advance. I/We understand that late payment will result in the loss of a place in the Nursery.
5. I/We acknowledge the opening times of the Nursery are 08:00 to 18:00, and I/we understand that a late fee may be incurred if I/we collect my/our child after 18:00 charged at £20 from 18:00 to 18:15 and £40 from 18:15 to 18:30 except in an emergency.
6. I/We acknowledge that ad hoc hourly fees will be incurred if I/we are late collecting my/our child from a morning or afternoon session prior to 18:00 (applicable to 3 years plus only).
7. I/We understand that in an attempt to ensure equity of availability and offer the widest possible choice of sessions the Nursery is required to ask parents to note that once an offer of a place has been accepted, this forms a contract between the Nursery and myself/ourselves. If I/we decide to reduce sessions, giving less than 3 months' notice, I/we will incur a full month's fee for the sessions originally booked.
8. I/We understand that there is an expectation for my/our child to continue into Alton Preparatory School.

## DATA PROTECTION

1. I/We understand that photographs of my child may be captured by the Nursery for marketing, publicity, and professional development and can confirm or deny my/our consent to this
2. I/We understand that parents may take photos and videos of the Nursery events such as the Christmas Nativity, fun days etc... and confirm my/our consent to this.
3. I/We consent for our name, address and telephone number to be circulated with the Nursery to compile a contact list for social/emergency closure purposes.
4. I/We understand that we have the right to access development records in accordance with the Data Protection Act 1998.
5. I/We understand that the circumstances when confidential information may be shared with our consent in accordance with the Data Protection Act 1998.
6. The School is registered under the Data Protection Act 1998 for holding personal data. The School has a duty to protect this information and to keep it up to date. The School is required to share some of this data with the Local Authority and the Department for Education.

<b>Confirm</b> <input type="checkbox"/>	<b>Deny</b> <input type="checkbox"/>
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## REGISTRATION FEE

1. I/We enclose a cheque for £50 (made payable to Alton School) to register my/our child a place in the Nursery and agree to all the terms and conditions on this form.
2. I/We understand that the Registration Fee will be required on acceptance of a place on the schedule and date required. However, should I/we wish to be placed on the waiting list, the registration fee becomes non-refundable.
3. I/We understand that a deposit of £300 will be required on acceptance of a place, which will secure the place/sessions for my/our child and be returned when he/she leaves Alton School. I/We understand that the deposit becomes non-refundable should I/we later decide not to take up the places booked.

## BACS BANK TRANSFER DETAILS:

<b>Bank Account Number</b>	83206140
<b>Sort Code</b>	60 01 13
<b>Reference</b>	Please transfer with pupil's name
<b>Who will be responsible for paying school fees?</b>	

Do both Parents/Guardians have legal responsibility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no please indicate who has legal responsibility				

## \*Signed

<b>Mother/Guardian 1</b>	<b>Date</b>	DD / MM / YYYY
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<b>Father/Guardian 2</b>	<b>Date</b>	DD / MM / YYYY
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Please return Registration Form and Fee to:

**Mrs Pigott**

Admissions Registrar

**Alton School**  
**Anstey Lane**  
**Alton**  
**Hampshire**  
**GU34 2NG**

<b>OFFICIAL USE ONLY</b>	
<b>Received by SJH</b>	<input type="checkbox"/>
<b>Date Entered on iSAMS</b>	DD / MM / YYYY
<b>£50 Registration Fee Received</b>	<input type="checkbox"/>
<b>£300 Deposit Received</b>	<input type="checkbox"/>

**01420 82070**

[www.altonschool.co.uk](http://www.altonschool.co.uk)

[admissions@altonschool.co.uk](mailto:admissions@altonschool.co.uk)