



ST JOSEPH'S CHRISTIAN NURSERY
 Ofsted Registration number EY487860
 High Street, Chasetown,
 Burntwood, Staffordshire, WS7 3XL

Tel 01543 685645

APPLICATION - REGISTRATION FORM

NAME	DATE OF BIRTH
Gender Male Female	
ADDRESS	HOME TELEPHONE
	MOBILE NUMBER 1
	MOBILE NUMBER 2
POST CODE	E MAIL ADDRESS
Ethnicity - White British Irish Traveller of Irish Heritage Gypsy/Roma Any other White Background	Asian or Asian British Indian Pakistani Bangladeshi Any other Asian background
Mixed White & Black Caribbean White & Black African White & Asian Any other Mixed Background Chinese Any other ethnic background	Black or Black British Carribean African Any other Black background Decline to record ethnicity

It is of utmost importance that you inform us if your child has any medical condition, health concerns, is/or has been investigated by a doctor/hospital for any reason, or is currently taking any medication. Examples you should tell us about are: any kind of fit/epilepsy, asthma, eczema, premature birth, food /other allergies (including those of pets). This is confidential and will not be disclosed.

If your child is unwell during the session and needs to be collected early—please indicate the best person for us to contact. It is understood that in the **event of emergency** where contact with any of the nominated persons below cannot be made, St Joseph's will obtain medical advice/attention from a doctor or hospital

Name	Relationship to child	Contact number/s

CONTINUED OVERLEAF

Name, Address and contact number of Family Doctor _____

It would help us to know if your child is, or has been receiving support from any of the following: Speech & Language Therapy, Child Development Centre, Medical Professional, Family Centre, Health Visitor, or any other professional _____

Has your child suffered from any previous broken bones, or has scars from previous injuries? _____

Does your child attend or has previously attended any other provision e. g child-minder/playgroup or any other nursery ? If so please state which one

What is your child's first language? _____

Who has Parental/Guardian/Carer Responsibility and/or legal contact with your child?

If one Parent has had Parental responsibility revoked please provide a copy of the Court Order.

Copy seen

Occasionally we take the children off the premises for short walks/visits, please tick if you give your permission for your child to participate in this YES NO

Photographs are taken of your child for display at Nursery or in their Learning Journey's. **IF YOU DO NOT wish photographs of your child to be used in this way, then place a tick in the box**

Privacy Notice:

The information you provide will be used for administration, educational purposes, and administering of funding, It will be shared with other organisations: including Staffordshire County Council, Health and Child-care professionals, any other Childcare provision your child attends, and for DfE Census purposes. Your data will be held and processed in line with General Data Protection Regulations May 2018.

I have read the Privacy Notice above and understand that any information shared will be stored in accordance with GDPR (May 2018). **I understand that I have the right to be informed about how and why any data supplied by me is being processed.**

Signed Mr/Mrs/Miss/Ms _____

Print name _____

Date _____