|  |  |  |  |
| --- | --- | --- | --- |
| **REGISTRATION FORM** | | | |
| **Parent 1** | | **Parent 2** | | | | | **Child’s Details** |
| Title: | |  | | | | | Surname: |
| Surname: | |  | | | | | First name: |
| First name: | |  | | | | | Known As: |
| Relationship to child: | |  | | | | | Date of birth: |
| Home Address: | |  | | | | | Boy or Girl |
| Religion |
| Nationality: |
| Does your child have any medical conditions and/or learning difficulties? YES/NO (If yes please provide additional information in a covering letter). |
| Home Tel: | |  | | | | |
| Mobile Tel: | |  | | | | |
| Email: | |  | | | | |
| Proposed Term  and Year of Entry |
| Company Name: | |  | | | | | Name of proposed next school: |
| Office Address: | |  | | | | |
| Tel: | |  | | | | | Any medical conditions that we should know about? (Please continue on separate sheet if necessary) |
| Email: | |  | | | | |
| Occupation: | |  | | | | | Please say how you heard of Bingham. Please tick;  Local Reputation  Recommendation  Friends  Website  School search |
| Religion: | |  | | | | |
| Nationality: | |  | | | | |
| **Doctor’s details** | | | | | | | **Immunisations; please tick and date** |
| Name of GP: | | | | | | | Meningitis C: |
| Address: | | | | | | | Diphtheria: |
|  | | | | | | | HIB: |
| Postcode; | | | | | | | MMR: |
| Telephone: | | | | | | | Poliomyelitis: |
|  | | | | | | | Tetanus: |
| |  |  | | --- | --- | |  | Whooping Cough: | | | | | | | | |
|  | | | | | | | |
| **Emergency contacts:**  In the case of emergency and if we are unable to contact you, please give us the names of two people we can telephone instead. As your child may need to be collected from Nursery **ONE NAME SHOULD BE LOCAL.** | | | | | | | |
| **Contact A** | | | | | | **Contact B** | |
| Name | | | | | | Name | |
| Relationship to child | | | | | | Relationship to child | |
| Address | | | | | | Address | |
| Postcode | | | | | | Postcode | |
| Home telephone | | | | | | Home telephone | |
| Mobile | | | | | | Mobile | |
| I authorise the following person/s to collect my child from Bingham Kindergarten  Anyone to whom access be denied?.......................................................................................................  **PASSWORD (please note; without authorisation or a password we cannot release any child from our care)** | | | | | | | |
| **Please note, four weeks notice must be given if you wish to reduce your child’s number of sessions. To cancel a place, Bingham Kindergarten requires a full term’s notice (11 weeks) to be given in writing. Failure to provide such notice will result in the charge of a full term’s fees.** | | | | | | | |
| Declaration; We request that the above child should be registered as a prospective pupil. A charge for non-returnable registration fee of £75 made payable to Bingham Kindergarten Ltd or by BACS- sort code: 090127 a/c 40527556 | | | | | | | |
| Parents signatures, please both sign and date | | | | | Parent 2 | | |
| Please return completed form either electronically to lhughes@binghamkindergarten.co.uk or sent to Bingham Kindergarten Ltd, King Street, Cirencester, Gloucestershire GL7 1JT | | | | | | | |
| Fees paid | Date | |