**REGISTRATION FORM**

**(Please, provide as much information as possible as this is used to allocate places.)**

|  |  |
| --- | --- |
| **CHILD’S FIRST NAME(S):****………………………………………………** | **SURNAME:****…………………………………………………** |
| **D.O.B.:** | **GENDER:** |
| **ADDRESS: ……………………………………………….****……………………………………………….****POST CODE:….………………………….** | **PARENTS NAME: .……………………….****PHONE NO.: ………………………………..****MOBILE NO.: ……………………………….** |

**WHICH SITE ARE YOU APPLYING FOR – Please circle.**

**MOSSDALE, Hockwell Ring LEABANK, Marsh Farm**

**WHICH SESSION ARE YOU APPLYING FOR – Please circle.**

**AM (8:30-11:30) PM (12:30-3:30) 30hrs (Please supply code)**

 **……………………………………**

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |
| **N/A** |  |

**HAVE YOU APPLIED FOR 2 YEAR OLD FUNDING?**

**ACCOMMODATION**

 What type of accommodation do you live in? Please tick.

|  |  |
| --- | --- |
| High Rise Flat |  |
| Maisonette |  |
| House |  |
| Temporary Accommodation |  |

**FAMILY NEEDS** – Please tick.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Are you a lone parent? |  |  |
| Do you or any family member have a disability? |  |  |
| Are you a teenage parent? |  |  |
| Are you currently employed? |  |  |
| Are you currently studying / training? |  |  |
| Is the child a ‘Looked After Child’? |  |  |
| Was the child previously a ‘Looked After Child’? |  |  |
| Is the child a ‘Child In Need’? |  |  |

**ETHNIC ORIGIN** – Please, tick one category as appropriate.

|  |  |  |
| --- | --- | --- |
| White | Black – African | Black Caribbean |
| Black – Other | Indian | Pakistani |
| Bangladeshi | Chinese | Italian |
| Asylum Seeker | Any Other – Please specify |

**HOME LANGUAGE** –

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

Is English the main language spoken at home?

If no please tick

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Bengali |  | Cantonese |  | Gujarati |  | Hindi |  |
| Italian |  | Polish |  | Portuguese |  | Punjabi |  |
| Spanish |  | Turkish |  | Urdu |  |  |
| Other - Please Specify: |

**FAMILY** - Other Children in the Family

|  |  |  |
| --- | --- | --- |
| Name | Age | Previously Attended? |
|  |  | Y/N |
|  |  | Y/N |
|  |  | Y/N |
|  |  | Y/N |

 **NEEDS** – Please give details of any special reasons for wanting your child to have a nursery place.

 **These should, where possible, be supported by a letter from your health visitor, doctor, speech therapist, social worker or Learning Support Service.**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

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**Signature of Parent/Guardian: …………………………………… Date: ..………………**