



Hart Hill Nursery School

Registration Form

Hart Hill Nursery School
 Whitecroft Road
 Luton
 LU2 0JS

Telephone: 01582 731701 Email: admin@harthill.nurseryluton.com

Headteacher:
 Mrs K Thompson

All schools are required by law to keep on record details of any child admitted. This information will be stored securely and will be forwarded or destroyed according to the expectations in our Data Protection policy and retention procedure. Emails and mobile phone numbers are required for our online communications and online payment systems (Parentmail).

Child's Legal Forename:	Child's Legal Surname:	
Child's Preferred Name:	Child's Main Address:	
Child's Date of Birth:		
Child's Gender:		
Who does the child live with?		
Parents Details inc Contact Details		
Mother's Details: Miss/Ms/Mrs/Dr	Father's Details: Mr/Dr	
Name:	Name:	
Address: <i>If different to child</i>	Address: <i>If different to child</i>	
Postcode:	Postcode:	
Telephone Numbers: Home: Mobile: Email :	Telephone Numbers: Home: Mobile: Email:	
National Insurance No:	National Insurance No:	
Parental Responsibility: Yes/No	Parental Responsibility: Yes/No	
Child's Country of Birth	Mother's Country of Birth:	Father's Country of Birth:
Child's Nationality:	Mother's Nationality:	Father's Nationality:
Child's First Language:	Mother's First Language:	Father's First Language:

Emergency Contact Details:		
Emergency Contact 1:	Emergency Contact 2:	Emergency Contact 3:
Name:	Name:	Name:
Telephone number:	Telephone number:	Telephone number:
Relationship to child:	Relationship to child:	Relationship to child:
Do any other agencies support you with your child? (ie Edwin Lobo, EHAR Team, SALT, Social Care) ? Yes/No If yes, which other agencies?		
Is the child resident with foster parents? Yes/No If yes, which authority is financially responsible for maintenance?		
Is the child subject to a private fostering arrangement arranged by family? Yes/No If yes, which family member does the child live with?		
Has the child been adopted from care? Yes/No		
We share information regarding your child with the LA and other services that you may have help from, eg health visitors, GP's, Social care etc.		
Do you give consent to share information with external services for support? Yes/No		
Medical Information		
Doctor's Name:	Dentist's Name:	Health Visitor's Name:
Practice Name and Address:	Practice Name and Address:	Practice Name and Address:
Telephone Number:	Telephone Number:	Telephone Number:
Medical Information, including Allergies and Dietary Requirements:		
Special Educational Needs, including concerns:		

Ethnic and Cultural Information

The Department for Education has asked for the collection of information of children's ethnicity, first language and religion of all pupils.

Ethnicity

White

- British
- Irish
- European
- Any other white background

Black

- British
- Caribbean
- African
- Any other black background

Other

- Chinese
- Korean
- Japanese
- Any other ethnic group

Mixed

- White & Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian

- Indian
- Pakistani
- Bangladeshi
- Kashmiri
- British

- I do not wish to say
- Any other Asian group

Languages at Home

- Arabic
- Bengali
- Chinese Cantonese
- Chinese Mandarin
- Dutch
- English
- French
- German
- Greek
- Gujarati

- Hindi
- Italian
- Japanese
- Panjabi (Gurmukhi)
- Panjabi (Mirpuri)
- Pashto
- Polish
- Portuguese
- Shona
- Spanish

- Swahili
- Tagalog/Filipino
- Tamil
- Thai
- Turkish
- Urdu
- Vietnamese
- Other (Please State)

Religion

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other (Please State) _____
- No Religion
- I do not wish to say

The purpose of this form is to collect data for further processing within the school/local authority systems. Your signature on this form implies that you consent to us processing this data.

Declaration of person with legal responsibility:

I declare the above information to be correct to the best of my knowledge at the time of completion. I agree to notify the school of any change in my child's circumstances.

Signed _____ Date: _____