



The Little Griffin Nursery Registration Form 2024-2025 2 Year Olds

We provide 15 hours funded provision (5 am sessions or 5 pm sessions) – please see website for further information.

am= 8.45-11.45am; pm= 12.30-3.30pm

Please tick your preferred sessions/days:

Mon			Tues			Weds			Thurs			Fri		
am		pm	am		pm	am		pm	am		pm	am		pm

Preferred start date: (please tick)

2nd September 2024
 4th November 2024
 6th January 2025
 24th February 2025
 28th April 2024
 2nd June 2025

Child's Details

Child's Surname:	Child's Forename:
Middle Name(s):	Date of Birth:
Name known as:	Gender (Male or Female):
Child's Home Address:	
Post Code:	Telephone:
Email address: (please print)	
Do you have other children currently attending The Griffin Primary School?	
Does your child already attend another setting/childminder?	

Parents' Details

Parent Contact 1: Mother/Father Miss/Mrs/Ms/Mr/Other: First name: Surname:	Parent Contact 2: Mother/Father Miss/Mrs/Ms/Mr/Other: First name: Surname:
Does the child live with this parent? (Yes or No)	Does the child live with this parent? (Yes or No)
Does this parent have parental responsibility? (Yes or No)	Does this parent have parental responsibility? (Yes or No)
Address:	Address:
Mobile telephone number:	Mobile telephone number:
Work/daytime contact number:	Work/daytime contact number:
Any other emergency contact numbers:	Any other emergency contact numbers:

Other Emergency Contacts

- Please give details of 2 more **local** contacts that could be contacted in an emergency should parents not be available. Place them in the order of contact. Include their name, relationship to child, home address and telephone number.
- We will have a password system for security if adults, other than those we have details for, have to collect children. This will be requested at a later date.

3 Name and contact details:	4 Name and contact details:
Relationship to child:	Relationship to child:

Personal Details of Child

How would you describe your child's ethnicity or cultural background? (Please tick one box)

White - British <ul style="list-style-type: none"> ▪ Irish <input type="checkbox"/> ▪ Traveller of Irish heritage <input type="checkbox"/> ▪ Gypsy/Roma <input type="checkbox"/> ▪ Any other white background <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mixed – White and Black Caribbean <ul style="list-style-type: none"> ▪ White and Black African <input type="checkbox"/> ▪ White and Asian <input type="checkbox"/> ▪ Any other mixed background <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Asian or Asian British <ul style="list-style-type: none"> ▪ Indian <input type="checkbox"/> ▪ Pakistani <input type="checkbox"/> ▪ Bangladeshi <input type="checkbox"/> ▪ Any other Asian background <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Black or Black British <ul style="list-style-type: none"> ▪ Caribbean <input type="checkbox"/> ▪ African <input type="checkbox"/> ▪ Any other Black background <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Chinese <ul style="list-style-type: none"> • Chinese <input type="checkbox"/> 	<input type="checkbox"/>	Any other ethnic background <ul style="list-style-type: none"> • Please state <input type="checkbox"/> • Prefer not to say /refused <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/>

What is the main religion in your family?	What language(s) is/are spoken at home?
If English is not the main language spoken at home, will this be your child's first experience of being in an English speaking environment? (Yes or No)	
Does your child have any special needs or disabilities? (Yes or No) Do they have a statement of special educational need (Yes or No)	Details of special needs/disabilities and any special support which will be required:
Does your family have a social care worker for any reason? (Yes or No) Reason for their involvement:	Name: Based at: Telephone:

Medical

Doctor Name:	Address:	Telephone:
Medical Information (Dietary needs, allergies, inhaler, etc)		

Travel

How will your child normally travel to and from nursery? _____

Parent/Carer Signature

Signed _____ (Parent/Guardian) Date _____

Please return this form to The Griffin Primary School via email to admin2072@welearn365.com

The information you supply will be processed by a computer and has been registered under the Data Protection Act 1984. The information will be held and used only for the administration of the school and to support the education of your child/children. From time to time information held in school will be passed on to the Local Education Authority and the Department for Education and Skills (DfES) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again. If at any time you would like to verify the information that you have supplied, please contact the Head Teacher.

For details of how we process personal information about our pupils and parents please see our

Privacy Notice <https://www.thegriffinprimary.uk/>