

**OFFICIAL USE ONLY**

Schedule:

Start Date:

**NEF: 2 YEAR PLACE**

**3-4 YEAR PLACE**



**PHOENIX MONTESSORI PLAYGROUP**

**27 Stamford Hill, London N16 5TU**

**Telephone: (020) 8880 2550 / Email: phoenixn16@yahoo.co.uk**

**REGISTRATION FORM**

**NEF CODE FOR 2 YEAR FUNDING:** .....

**NEF CODE FOR ADDITIONAL 15 HOURS {30 HOURS}:** .....

**Parents NI number for additional hours only:** .....

**CHILD'S DETAILS**

Name of child: ..... Also known as: .....

Date of birth: ..... Sex: M / F Religion: .....

Home address: .....

Post code: ..... Tel.No: .....

**PARENTS (OR GUARDIANS) DETAILS**

Name: ..... Relationship to child: .....

Home address: .....

Post code: .....

Work Tel No: ..... Extension: ..... Mobile No: .....

Occupation:..... Email address: .....

Name: ..... Relationship to child: .....

Home address: .....

Post code: .....

Work Tel No: ..... Extension: ..... Mobile No: .....

Occupation:..... Email address: .....

**Who to contact first in case of an emergency:** .....

**PARENT INFORMATION:**

Are you alone parent: YES / NO

Are you in: Full or Part time Education / Full or Part time Employment.

**HEALTH INFORMATION:**

To be completed by a Phoenix Staff member:

**PLEASE BRING YOUR RED BOOK & A COPY OF THE CHILD'S BIRTH CERTIFICATE**

<b>Name of staff member who saw the Red book:</b>	<b>Date:</b>
<b>Health visitor's name:</b>	<b>Contact number:</b>
<b>Home address confirmation check:</b>	Yes [ ] No [ ]

**Parent / Guardian to complete:**

<b>Immunisations the child has had and dates:</b>
<b>Date of next immunisation and what immunisation is due:</b>
<b>Health concerns / requirements:</b>
<b>Is your child potty trained:</b> Pants / Knickers [ ] Pull ups [ ] Nappies [ ]

**DIET NEEDS:**

<b>Dietary requirements / Known allergies:</b>
<b>Parents preferences (e.g. no sweet desserts, party treats, etc.)</b> As apart of the Eat better start better scheme please note yoghurts are fruit based. These are not part of our sweet desserts. Please indicate if you do not wish your child to have this.

**DOCTORS INFORMATION:**

<b>Name of doctor:</b>	<b>Contact number:</b>
<b>Surgery address:</b>	<b>Email address:</b>

**FAMILY BACKGROUND:**

<b>Family background / Nationality:</b>
<b>Spoken languages:</b>
<b>Religious festivals you celebrate or participate in:</b>
<b>List of people who live with your child:</b>

**ADDITIONAL ADULTS WHO MAY COLLECT MY CHILD:**

<b>Name:</b>	<b>Contact number:</b>	<b>Relationship to child:</b>	<b>Description:</b>	<b>Password:</b>

**REQUIRED SCHEDULE:**

I / We would like our child to be considered for a place as per the following schedule:

Official start date: ..... Preferred days: .....

**Please note we can not guarantee your choice of days due to our ratio.**

**Terms of a place:**

If you are applying for the 2 year old funding we will need your eligibility code before accepting this form. The nursery will only offer places if they are available and we will allocate days that the nursery can cater for your child.

The nursery does not offer mornings or afternoons.

You will be charged £6.00 for a Phoenix bag and any other excursions the setting plans, you will be required to pay for the trips if you would like your child to attend. The nursery does not offer day swapping.

The NEF is term time only and we will inform you of dates that your child will not be able to attend. You can top up if you would like additional days, however this will depend on ratio.

I agree to the terms and conditions above.

Signature(s) 1 ..... Date.....

Print Name 1..... Date.....

Signature(s) 2 ..... Date.....

Print Name 2..... Date.....