



Child's Full Name .....  
*Please bring your child's original full birth certificate, we will take a copy for our records*

Child's DOB..... Child's Gender.....(Male / Female).....

**Registering for:** Babies 0-2 years / Toddlers 2-3 years / Over 3's

**Start date request:**

**Session:** FT / AM Only / PM Only / 30-hours 8.45am – 3.30pm

Days:	MON	TUES	WED	THURS	FRI
Fee paying Full day 8am – 6pm Fee paying half day AM 8am – 1pm Fee paying half day PM 1pm – 6pm 15 hours AM 08.45am – 11.45am 15 hours PM 12.30pm – 3.30pm 30 hours 8.45am – 3.30pm	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>
	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>

Do you qualify 2 year funding YES/NO ..... If yes, please provide letter  
 Do you qualify for the 3-year old 30-hours provision, please provide 30-hours code from HMRC .....

Parent/Carer **PRIORITY 1** (mother/father) ..... Parent/Carer **PRIORITY 2** (mother/father) .....

First Name \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Your Emergency Mobile Contact No \_\_\_\_\_  
*text message will go to this number ONLY*  
 Home Tel No \_\_\_\_\_  
 Email address \_\_\_\_\_  
*please write clearly in block capitals you will receive emails from Grove House*  
 Occupation \_\_\_\_\_  
 Work Address \_\_\_\_\_  
 Work Contact No \_\_\_\_\_  
*This number will only be used in case of emergency*

First Name \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Your Emergency Mobile Contact No \_\_\_\_\_  
*please save our number 020 8571 0878 to ensure you answer our call in case of emergency, it is important to inform us if you change your number*  
 Home Tel No \_\_\_\_\_  
 Email address \_\_\_\_\_  
*please write clearly in block capitals you will receive emails from Grove House*  
 Occupation \_\_\_\_\_  
 Work Address \_\_\_\_\_  
 Work Contact No \_\_\_\_\_  
*This number will only be used in case of emergency*

**Please provide us with 2 additional Emergency Contact Numbers (in order of priority):**

	Name:	Relationship to child:	Contact Number:
Priority 3			
Priority 4			

**Consent to share information from 25<sup>th</sup> May 2018**  
 I understand that the information I have given will be used to provide childcare and that information which I provide will be held securely and only accessed by staff providing these services. I understand that Grove House Nursery School may share my information with Ealing Council, partnering organisations and the Department of Education for these purposes. Grove House Nursery School will comply with the General Data Protection Regulations and Data Protection Bill 2018 as set out in Grove House Nursery School and Ealing Council Privacy Notices. Copies of Privacy Notices can be obtained from Grove House Nursery School, for Ealing Council Privacy Notice please refer to Ealing Council website [https://www.ealing.gov.uk/info/201045/data\\_protection/1420/privacy\\_statement](https://www.ealing.gov.uk/info/201045/data_protection/1420/privacy_statement)

Signed.....Date of Registration .....