

# Mulberry Pre-School Registration Form

Mulberry Road, Marchwood, SO40 4WB

Tel: 02380 660354 Registered Charity No. 1062690

www.mulberrypreschoolmarchwood@btconnect.com

### For office Use:

Date received:	
Registration fee received:	
Confirmation of registration sent:	
Confirmation of offer sent:	

Please remember to enclose your deposit in with your registration form.



# **Child Registration Form**

# (Private & Confidential)

Surname (family name)

Known as	Date of birth	
Gender	What language(s) are	

First Name

spoken at home?

How would you describe your ethnic origin? (please tick)

	Ethnicity
White British	Any other Mixed background
Bangladeshi	White and Asian
Indian	White and Black African
Pakistani	White and Black Caribbean
Any other Asian background	White Irish
Black African	White Traveller of Irish Heritage
Black Caribbean	Any other White background
Any other Black background	Gypsy/Roma
Chinese	Any other ethnic group
	Do not wish to disclose

# How would you describe your religion or belief?

Christian	Buddhist	Hindu	Jewish
Muslim	Sikh	None	Prefer not to say

Other (please specify)				
Are there any festivals or special occasions celebrated in your culture that you would like acknowledged and celebrated in Pre-School?				



# **Parent / Guardian Details**

# Parents/Guardian with whom the child lives

Name of parent/guardian 1					
Does this parent have parental respon	ibility? Yes/No				
Name of parent/guardian 2					
Does the parent have parental respon	ibility? Yes/No				
Home Address					
	Postcode				
Home telephone number					
Mobile number (parent/guardian 1)	Mobile (parent/guardian 2)				
Work number (parent/guardian 1)	Work number (parent/guardian 2)				
Email address (parent/guardian 1)					
Email address (parent/guardian 2)					
Parents/Guardian with whom the child does not live with (if applicable)					
Name of parent/guardian 1					
Does this parent have parental responsibility? Yes/No					
	Does this person have legal access to the child? Yes/No				
Home Address	,				
	Postcode				
Telephone number					
Mobile number	Work number				
(parent 1)					
Email address					
'					
Any person to whom the child should not be handed over to:					



# Siblings

Sibiligs					
	Name (S)		Date of Birth		
Emergency Contacts					
			owever, should we be unable to		
emergency. (Must be over		s of individuals that we have e).	e authority to contact in an		
	7.5.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	,- <i>,</i>			
Contact 1					
Name		Relationship to child			
Home Telephone Number		Mobile number	Mobile number		
Contact 2					
Name		Relationship to c	hild		
Home Telephone Number		Mobile number			
Contact 3					
		51			
Name		Relationship to c	hild		
Home Telephone Number		Mobile number			
Sa accestac					
Security					
We operate a password system collecting your child/children.		urposes. This should be used by	any of your emergency contacts		
onecting your child/children.					
Please detail the password	you would like to use				



# **Health and Wellbeing**

Name of Child's Doctor:			ved the full immunisation No (delete as applicable)
Doctor's address			
Doctor's telephone number			
Name of Health Visitor			
Name of child's Dental Practice			
Dentist's telephone number			
Does your child have an allergy? Yes / No (If so, please give details. An allergy sheet will need to be completed).			
Does your child have any dietary requirements or food intolerances? YES / No. (If so, please give details)			
Does your child have any medical conditions? Yes / No (if so, please give details)			
Has your child had any operations? Yes / No (if so, please give details)			
Is your child being seen at any hospital or by a community paediatrician? Yes / No	If so, please provide name of Consultant/Paediatrician	Name of hospital and/or surgery.	Telephone number of consultant/paediatrician if known)



## **Additional Needs**

Does your chil Yes / No	d have any addition	onal needs or disabilities?	If so, please provide o	details
Do you have a (e.g. speech a Yes / No		ding your child's development?	If so, please provide o	details
-		g your child's behaviour that we ar child settle into the setting?	If so, please provide o	details
		Are there any of the follow	ing in place for the child	d?
Early Years A	Action		Yes / No	
Early Years A			Yes / No	
•	f Special Educat	ional Needs	Yes / No	
Name :	er professionals	involved with the child	Role: Telephone number	
Name:			Role	
Agency			Telephone number	
	nily have a social v		Yes / No	
Name				
	What is the	e reason for involvement of the	social care department	with your family?
I confirm that	the information	n I have given is correct.		
Name (pleas	e print)			
Signature				
Date				



## **Session Request Form**

Required Start Date (not before 2" birthday)	
For Office Use Only: Evidence of identity (birth certificate) checked by:	
Name:	Date
Mulberry Pre-school prides itself on being able to offer flexible times to suit the preferences for sessions using the table below (a minimum of 2 sessions per we	•

Mornings	Monday	Tuesday	Wednesday	Thursday	Friday
8.30 – 12.00					
9.00 – 12.00					
9.30 - 12.00					

Afternoons	Monday	Tuesday	Wednesday	Thursday	Friday
12.30 – 3.00					
12.30 - 3.30					

All day session	Monday	Tuesday	Wednesday	Thursday	Friday
8.30 – 2.30					
8.30 – 3.00					
8.30 - 3.30					
9.00 - 2.30					
900 - 3.00					
9.00 - 3.30					
9.30 - 2.30					
9.30 - 3.00					
9.30 - 3.30					

- For children starting at 8.30, we can provide a healthy breakfast at an additional charge of 50p per day (this can be paid daily)
- Children that stay all day will need to bring in a healthy packed lunch.

availability and will be confirmed to you in line with our Admissions Policy.

## **Fees & Funding**

We have a separate hourly rate for a child who is 2 years old and for a child who is aged 3 years old, or older. Please contact us for our current rates. Fees are reviewed annually by the Pre-School committee. Fees will still need to be paid even if a child does not attend because of illness, holidays or any other reason.

## **Discounts**

The Pre-School offers a discount of 10% for families whose children are twins or triplets etc or have a sibling attending, this applies until the children are in receipt of funding from Hampshire County Council.

### **Tax-Free Childcare & Childcare Vouchers**



The Pre-School is registered to accept tax-free childcare and childcare vouchers payments for any fees owed. Applications to set up a tax-free childcare account with HMRC should be completed on the following website www.childcarechoices.gov.uk

## 2 Year Old Funding

Funding (15 hours) is available to eligible 2 year olds the term following their 2nd birthday. More information on how to check eligibility and how to apply is available via:

https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/childcare/payingforchildcare/freechildcare/2yearoldoffer

The Finance Administrator or Manager is able to assist with applications for children who attend/are going to attend Mulberry Pre-School.

### 3 and 4 Year old funding (15 hours)

• Each child is entitled to a maximum of 15 hours funding per week, up to a maximum of 570 hours per educational year. Mulberry Pre-School will apply for funding on behalf of parents/carers, however, parents/carers must ensure funding forms provided to them are completed in full and returned by the agreed date. If this is not done, full fees will be payable until the form is returned.

If both parents work at least 16 hours per week each at the minimum wage and both parents earn less than £100,000 each, they can apply for a 30 hour funding code via <a href="www.childcarechoices.gov.uk">www.childcarechoices.gov.uk</a> Please also check this website for other qualifying criteria. The applicant will need to verify their employment status every 3 months in order to continue to be able to claim the 30 hours funding.

30 hours funding code (3/4- year olds) (if applicable)	
NI number of 30 hours code applicant (if applicable)	

When is your child's birthday	When your child becomes eligible for funding	Period when funding starts
1 <sup>st</sup> January – 31 <sup>st</sup> March (Spring)	From 1 <sup>st</sup> April	Summer
1 April – 31st August (Summer)	From 1 <sup>st</sup> September	Autumn
1 September – 31 <sup>st</sup> December	From 1 <sup>st</sup> January	Spring
(Autumn)		

## **Deposit**

A non-refundable registration fee of £20.00 is charged, in return you will receive a Mulberry Pre-school sweatshirt and bookbag for your child. Additional uniform is available to purchase on request.



If, however, your child is eligible for government funding, we will require a refundable holding deposit of £20. This can either be offset against the cost of a book bag and sweatshirt if required or returned to you when your child has completed a term at Mulberry Pre-School.

Cheques should be made payable to **Mulberry Pre-School** and attached to your registration form. Cash payments are also accepted.

## **Confirmation of a place at Mulberry**

The Manager will acknowledge receipt of the registration form by letter or email. A starting pack will be issued confirming child's day/hours, settling in visits and fees (if applicable) in the term before the child's start date.