



Mulberry Pre-School Registration Form

Mulberry Road, Marchwood, SO40 4WB

Tel: 02380 660354

Registered Charity No. 1062690

www.mulberrypreschoolmarchwood@btconnect.com

Please remember to enclose your registration fee with your registration form.

(payment to: Mulberry Pre-School, sort code (089299), account number (67213416))

For office Use Only:

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



Child Registration Form

(Private & Confidential)

Child's Details (please use block capitals)

First name		Surname (family name)	
Known as		Date of birth	
Gender		What language(s) are spoken at home?	

How would you describe your ethnic origin (please tick)

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

How would you describe your religion or belief (please tick)

Christian	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	None	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Other (please specify)

<p>Are there any festivals or special occasions celebrated in your culture that you would like acknowledged and celebrated in Pre-School?</p>	
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Parent / Guardian Details

Parents/Guardian with whom the child lives

Name of parent/guardian 1			
Does this parent have parental responsibility? Yes/No			
Name of parent/guardian 2			
Does the parent have parental responsibility? 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 (parent 1)		Work number	
Email address			



Any person to whom the child should not be handed over to:

Siblings

Name (s)	Date of Birth

Any other adults that live in the child's home

Name (S)	Relationship to child

Additional Emergency Contacts

We will always endeavour to contact a Parent/Guardian in the first instance; however, should we be unable to contact a parent or guardian, please provide details of individuals that we have authority to contact in an emergency. (Must be over the age of 16 years of age).

Contact 1

Name:

Relationship to child:

Home Telephone Number		Mobile number	
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Contact 2

Name:

Relationship to child:

Home Telephone Number		Mobile number	
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Contact 3

Name:

Relationship to child:

Home Telephone Number		Mobile number	
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Security

We operate a password system for emergency security purposes. This should be used by any of your emergency contacts collecting your child/children.

Please detail the password you would like to use

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Health and Wellbeing

Name of Child's Doctor:

Has your child received the full immunisation programme? Yes / No (delete as applicable)

Doctor's address	
Doctor's telephone number	
Child's NHS number	
Name of Health Visitor	

Name of child's Dental Practice

Dentist's telephone number	
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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 child have any additional needs or disabilities? Yes / No	If so, please provide details
Do you have any concerns regarding your child's development? (e.g. speech and language) Yes / No	If so, please provide details
Do you have concerns regarding your child's behaviour that we need to be aware of to help your child settle into the setting? Yes / No	If so, please provide details

Are there any of the following in place for the child?

Early Years Action	Yes / No
Early Years Action Plus	Yes / No
Statement of Special Educational Needs	Yes / No

Details of other professionals involved with the child

Name :	Role:
Agency	Telephone number
Name:	Role
Agency	Telephone number
Does your family have a social worker for any reason?	Yes / No
Name	

What is the reason for involvement of the social care department with your family?

I confirm that the information I have given is correct.

Name (please print)	
Signature	
Date	



Session Request Form

Required Start Date (not before 2nd birthday)

Please indicate your preferences for sessions using the table below (a minimum of 2 sessions per week) – these will be allocated strictly on availability and will be confirmed to you in line with our Admissions Policy.

Mornings	Monday	Tuesday	Wednesday	Thursday	Friday
8.00 – 12.00					
8.00 – 1.00					
8.30 – 12.00					
8.30 – 1.00					
9.00 – 12.00					
9.00 – 1.00					
9.30 – 1.00					

Afternoons	Monday	Tuesday	Wednesday	Thursday	Friday
1.00– 3.30					
1.00 – 4.00					

All day session	Monday	Tuesday	Wednesday	Thursday	Friday
8.00 – 3.00					
8.00 – 3.30					
8.00 – 4.00					
8.30 – 3.00					
8.30 – 3.30					
8.30 – 4.00					
9.00 – 3.00					
9.00 – 3.30					
9.00 – 4.00					
9.30 – 3.00					
9.30 – 3.30					
9.30 – 4.00					

- Children arriving at 8.00 am & 8.30 will be offered breakfast and mid-morning snack
- Children arriving at 9.00 am & 9.30 will be offered a mid-morning snack
- Children staying between 3.30 & 4.00 will be offered an afternoon snack

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

For Office Use Only:

Evidence of identity (birth certificate) checked by: Date:

Funding code checked by: Date:



Fees & Funding

Fees are charged at £5.50 per hour for non-funded children or children who go over their allowance of hours. Fees are reviewed annually by the Pre-School committee in order to stay in line with the rise of minimum wage and the rate of inflation. Fees will still need to be paid even if a child does not attend because of illness, holidays or any other reason. Payments for fees are required in advance, either weekly or monthly. In line with our fees policy a levy of 10% will be added to any late payments.

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 2 year funding 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 www.childcarechoices.gov.uk 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.

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

Deposit

A non-refundable registration fee of £30.00 is charged in advance of a child's start date. In return you will receive a polo shirt and sweatshirt for your child. Additional uniform is available to purchase on request.

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.