



Sunbeams Registration Form

Child's Surname:	Date of Birth:
Child's forename & middle name(s):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name known as:	Home telephone number:

Home Address: (Including postcode)

Names and addresses of parents/carers	
Title & Name: Address: Occupation: Relationship to Child: Telephone Numbers: Home: Work: Mobile: Email:	Title & Name: Address: Occupation: Relationship to Child: Telephone Numbers: Home: Work: Mobile: Email:

Who has parental responsibility?
Who has legal contact with the child?
Which parent/carer does the child normally live with?

Nationality:	Religion:
Home Language(s):	Language(s) spoken by child:

Will your child be attending another setting (Childminder/Pre-School/Nursery) while they are at Sunbeams?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes please give details)
	Name of setting:
	Contact Name:
	Contact Number:

Please give details of at least one person who can be contacted in an emergency if parents/carers are unavailable

Title & Name:	Title & Name:
Address:	Address:
Relationship to Child:	Relationship to Child:
Telephone numbers:	Telephone numbers:
Home:	Home:
Work:	Work:
Mobile:	Mobile:

Links with Stepgates

Does your child have a sibling currently attending Stepgates Community School
 No Yes (if yes please give details)

Name: _____

Class: _____

Any other links with Stepgates? (i.e. staff etc.) _____

Name of Primary school you are intending to send your child to after Sunbeams Nursery

Ethnicity (please tick to indicate your child's cultural background)

White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Showman <input type="checkbox"/> Traveller or Irish Heritage <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Any Other white Background	Mixed <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> Any other mixed background	Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any Other Asian background
Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any Other black background	Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Other ethnic group (please state) _____	<input type="checkbox"/> Prefer not to say

Does your child have any special educational needs/disabilities?

No Yes (please give details, including support received i.e. speech therapist, occupational therapist or other)

Please give details of any specific dietary requirements including allergies or preferences (i.e. vegetarian, gluten free etc)

Please give details of any health requirements that your child may have (i.e. inhaler, Epi-pen)

The following information may be needed in event of an emergency

Is your child up to date with their vaccinations? Yes No (please give details)

Name of Doctor:

Telephone Number:

Name of Health Visitor:

Telephone Number:

Name of Social Worker:

Telephone Number:

Please note that in an emergency, setting staff may be asked to provide information to NHS staff regarding your child's medical history.

Please complete and sign the statement below:

***I give / do not give permission for staff at Sunbeams Nursery to seek any emergency medical advice or treatment and to discuss my child's medical history if needed.**

Full name of child: _____

Parent/Carers Signature: _____

Date: _____

*please delete where appropriate

Information Sharing - It may sometimes be helpful to share information about your child's development with other agencies / settings, particularly at the time of transition. You will always be informed when this is happening and who with.

Could you please complete the statement below:

***I give / do not give** permission for the setting to share information about my child's development with other agencies / settings.

Parent/Carers signature: _____

*please delete where appropriate

The setting uses cameras to record activities and this aids planning for your child's next steps in development.

Could you please complete the statement below:

Please tick to give permission for photographs of your child to be used:

for your child's profile

within the setting

on Stepgates Website

in the local press (please note the local press may ask to publish your child's name)

Please use this space to tell us anything else about your child that you may feel is relevant (continue on a separate sheet if needed)

Preferred date of start at Sunbeams and child's age at that time:

If we no longer require the place, we will inform the school as soon as possible.

Please print your name, sign and date

Print Name: _____ parent/guardian

Signed: _____ Date: _____

Please complete this form and return it to the School Office, Stepgates Community School, Stepgates, Chertsey, Surrey, KT16 8HT. Any queries please contact us on Tel: 01932 563022 or e-mail: admin@stepgates.surrey.sch.uk