

KH NURSERY SCHOOL

Kensington House Nursery School

St. Philip's Church Hall

Earl's Court Road

Kensington

W8 6QH

“Education is the most powerful tool we can give to our children.”

- Miss Dorothy
Headmistress



Registration Form

Please complete this form in BLOCK CAPITALS and return to the address above

Child's Details

First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Home address: _____

Home Landline number: _____

Position in the family (e.g. first child, second child etc.): _____

Nationality: _____

Languages spoken at home: _____

Main religion of the family: _____

Are there any festivals or special occasions celebrated in your culture, that your child will be taking part in and that you would like to see acknowledged and celebrated while he /she is in our setting? _____

Does your child have any special needs or disabilities? Please provide details if relevant. _____

Parents Details

Does the child live with both parents?

If not, please mention below the name of the parent with whom the child resides: _____

Mother's Name: _____

Occupation: _____

Email Address: _____

Work Telephone: _____

Mobile: _____

Father's Name: _____
Occupation: _____
Email Address: _____
Work Telephone: _____
Mobile: _____

Person authorized to collect the child must be aged over 16

Name: _____ Relationship: _____ Mobile: _____
Name: _____ Relationship: _____ Mobile: _____

In case of emergency (only if unable to contact parents)

Name: _____ Relationship: _____ Mobile: _____
Name: _____ Relationship: _____ Mobile: _____

Medical Details

Child's Doctor: _____

Address: _____

Telephone: _____

Immunizations (Please Circle): Diphtheria, Whooping Cough, Tetanus, Polio,
Measles, Mumps, Rubella, Hib/Meningitis C

Other Immunizations: _____

Allergies: _____

Health Problems: _____

Medication: _____

In case of emergency, I give permission for any emergency medical advice or
treatment as considered necessary by medical authorities present.

Parent/Guardian/Carer Signature _____

Diet

Any Special Dietary needs: _____

Reason: _____

Anything else we need to know about your child (likes, dislikes, fears, comforter, special
words): _____

Where did you hear about us? _____

Expected term of entry (Please Circle): September January April

Expected year of entry: _____

I would like my child to attend the following sessions (Please Circle):

Morning session 9:00-12:00 Afternoon Session 12:15-3:00

How many days do you want your child to attend? _____

I would prefer my child to attend on the following days (Please Circle):

Monday Tuesday Wednesday Thursday Friday

I enclose a cheque made to Kensington House Nursery School to cover the administration fee of £100.00 (non-refundable, includes a smock and bag provided by the school). I agree to pay each term's fees in advance and acknowledge that a term's notice in writing is required for the removal of my child from Kensington House Nursery School. In the event of my child leaving during the term, but without such notice having been given, then the fees for that term shall be forfeited along with the deposit.

Parents should notify Kensington House Nursery School of any changes to these details immediately.

The Parents/Guardians agree to:

- Pay all fees in advance.
- Collect child on time (liable for late fee of £20 if late after 2 warnings)
- Inform the school if child is unable to come.
- Provide for the child the following items as appropriate: our school's smock, change of clothes, nappies, wipes, sun cream and outdoor clothes suitable for the weather.
- Be available to discuss the progress of the child at a date and time that is mutually convenient.
- Notify the staff at the beginning of each day about any accidents or injuries the child may have suffered since last in the school.

Father's Signature: _____ Dated: _____

Mother's Signature: _____ Dated: _____