

# Early Nics and Extra Nics

## Connect Childcare - Registration Form

**Child's Details**

**Date of Registration:**

|                                |          |                               |
|--------------------------------|----------|-------------------------------|
| First name:                    | Surname: | What s/he likes to be called: |
| Date of birth and current age: | Class:   | First language:               |

**Parent/Carer details**

| Title:  | First name:    | Surname      | Title:  | First name:    | Surname      |
|---|----------------|--------------|---|----------------|--------------|
| Home address:   |                |              | Home address (if different):                            |                |              |
| National Insurance Number:  |                |              | National Insurance Number:                              |                |              |
| Does this child normally live at this address? Yes / No   |                |              | Does this child normally live at this address? Yes / No |                |              |
| Work address:   |                |              | Work address:   |                |              |
| Home number:  | Mobile number: | Work number: | Home number:  | Mobile number: | Work number: |
| Email address:  |                |              | Email address:  |                |              |
| Does this person have parental responsibility? Yes / No   |                |              | Does this person have parental responsibility? Yes / No |                |              |
| Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details) |                |              |   |                |              |

**Email address for Invoice to be sent to:**

.....

**Emergency Contact Details** (please provide details of two people we can contact if we are unable to get hold of you)

|          |                   |                            |
|----------|-------------------|----------------------------|
| Name:    | Telephone number: | Mobile number:             |
| Address: |                   | Relationship to the child: |
| Name:    | Telephone number: | Mobile number:             |
| Address: |                   | Relationship to the child: |

**Child's Doctor**

|                 |            |
|-----------------|------------|
| Name of Doctor: |            |
| Address:        | Telephone: |

**About your child**

Please detail any additional/special needs your child has: (please provide full details)

Please detail any dietary requirements / food allergies for your child: (please provide full details)

Is there anything your child doesn't like (food, games etc)

What are your child's favourite activities?

Who will be collecting your child at the end of the session(s Extra Nics:

.....  
.....  
.....

Data Protection Act 1998 / GDPR with effect from 25th May 2018: The schools are registered under the Data Protection Act for holding personal data. The schools have a duty to protect this information and to keep it up to date.

(Please tick) I have gained permission from those contacts named above to provide their contact details for the use of emergency contacts and authorise those named above to collect my child in the case of an emergency.

In the event of further changes throughout the year please update the School office by email to [lindsey.richards@st-nicholas.staffs.sch.uk](mailto:lindsey.richards@st-nicholas.staffs.sch.uk)

**Signature of Parent/Carer**

**Date:**

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