Bright Sparks Nursery

Part of Isambard Kingdom Brunel Primary School

Thomas Place

Wellington

Somerset, TA21 8FP

**REGISTRATION FORM**

Please complete one form per child.

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| --- | --- |
| **CHILDS FULL NAME:** |  |
| **AGE AT THE TIME OF STARTING NURSERY:** |  |
| **CHILDS DATE OF BIRTH:** |  |
| **HOME ADDRESS:** |  |
| **HOME TELEPHONE NUMBER:** |  |
| **MOBILE NUMBER:** |  |

|  |  |
| --- | --- |
| Will you be claiming the governments free childcare for 2 years olds? | Yes / No |
| Are you wishing to use this at Bright Sparks?<https://www.gov.uk/get-childcare> | Yes / No |

|  |  |
| --- | --- |
| Will you be claiming the government’s 15 hours free childcare for 3 -4 years olds? | Yes / No |
| Are you wishing to use this at Bright Sparks?<https://www.gov.uk/get-childcare> | Yes / No |

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| --- | --- |
| Will you be claiming the government’s 30 hours free childcare for 3 -4 years olds?  | Yes / No |
| Are you wishing to use this at Bright Sparks?<https://www.gov.uk/get-childcare> | Yes / No |

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| --- | --- |
| Will your child attend another setting? (If yes, please state the settings name and contact number) | Yes / No |
| Will you be sharing your funding with this setting?  | Yes / No |

Some sessions include a meal charge (see box below). Meal charges will be payable for all children including when sessions are paid for by government funding. These will be invoiced to you on a monthly basis.

|  |  |
| --- | --- |
| Please indicate your preferred start date: |  |

**REQUESTED SESSIONS**

Please refer to our information brochure and terms and conditions for details of the sessions provided. Please place a cross in the box to indicate your preferred sessions. The nursery manager will review your requested sessions alongside the current availability and come back to you to confirm what we are able to offer.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **BREAKFAST** **7.45am – 9am** **Includes £1 meal charge** |  |  |  |  |  |
| **MORNING****9am – 12noon** |  |  |  |  |  |
| **AFTERNOON****12noon – 3pm****Includes £2.50 meal charge** |  |  |  |  |  |
| **AFTER SCHOOL 1****3pm – 4.30pm** |  |  |  |  |  |
| **AFTER SCHOOL 2****4.30pm – 6pm****Includes £1.50 meal charge** |  |  |  |  |  |
| **I would like this to be:** | **Term Time only** (please tick to indicate)  |  | **All Year Round** (please tick to indicate) |  |
| **Lunch options** | **Hot dinners** (please tick to indicate) |  | **Bring in packed lunch** (please tick to indicate) |  |

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| I have read the terms and conditions of Bright Sparks Nursery and by requesting sessions understand and agree to these terms. |
| **PARENT/CARERS NAME** |  |
| **RELATIONSHIP TO THE ABOVE-NAMED CHILD** |  |
| **PARENT/CARERS SIGNATURE** |  |
| **HOME TELEPHONE NUMBER:** |  |
| **MOBILE NUMBER:** |  |
| **EMAIL ADDRESS:** |  |

 Please return this form to brightsparks@ikbschool.co.uk and we will be in touch very soon.