



# Ladybirds Kinder Class

Tel:07762 327087 Email:ladybirdskinderclass@hotmail.co.uk

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## Child Registration Form – Academic Year 2025/26

### Section 1 – Child Information

Full Name:

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Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Other / Prefer not to say.

Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

\*\*Office Use Only: Child Identity Check Confirmed Using -  Passport Or  Birth Certificate

### Section 2 – Parent / Legal Guardian(s)

#### Parent / Guardian / Primary Contact

Full Name:

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Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_

Telephone (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

Email: \_\_\_\_\_

Has Legal Parental Responsibility?  Yes  No

Any Court Orders / Custody Arrangements in Place?  Yes  No

If yes, details:

**Parent / Guardian / Secondary Contact**

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

Email: \_\_\_\_\_

Has Legal Parental Responsibility?  Yes  No

Any Court Orders / Custody Arrangements in Place?  Yes  No

If yes, details:

**Section 3 – Emergency Contacts & Collection**

Emergency Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

**Other Named Person(s) Authorised to Collect Your Child:**

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_

4. \_\_\_\_\_ Relationship: \_\_\_\_\_

**Collection Password (chosen by primary contact):**

## Section 4 – Required Sessions

Please tick required sessions:

Sessions	Breakfast	AM	Lunch	PM	All Day. Inc Lunch*	All Day. Inc Breakfast & Lunch*
	08:30 - 09:00	09:00 - 12:00	12:00 - 12:30	12:30 - 15:30	09:00 - 15:30	08:30 - 15:30
<b>Monday</b>	<input type="checkbox"/>					
<b>Tuesday</b>	<input type="checkbox"/>					
<b>Wednesday</b>	<input type="checkbox"/>					
<b>Thursday</b>	<input type="checkbox"/>					
<b>Friday</b>	<input type="checkbox"/>					

\* Please note that parents / carers are required to provide children with a pack lunch for 'lunch time' sessions.

I / we wish to enter our child into Ladybirds Kinder Class from the following date (inclusive): \_\_\_\_\_

## Section 5 – Other Childcare Settings

Does your child currently attend any other childcare setting/provider?  Yes  No

If yes, please provide details: \_\_\_\_\_

## Section 6 – Medical & Health

Medical conditions / Allergies / Dietary needs: \_\_\_\_\_

All immunisations up to date?  Yes  No

Doctor's Name & Practice: \_\_\_\_\_

Telephone: \_\_\_\_\_

Health Visitor's Name & Contact: \_\_\_\_\_

## Section 7 – Special Educational Needs / Disabilities

Please provide details of any diagnosed or suspected SEN or disabilities:

Are professionals currently involved (SENCO, Speech & Language Therapist, Social Worker, etc.)?  Yes  No

If yes, please provide details: \_\_\_\_\_

## Section 8 – Support Agencies Involved

Are there any other agencies/professionals involved with your child or family (e.g. Social Care, Early Help, CAMHS, Family Support Worker)?  Yes  No

If yes, please provide details:

## Section 9 – Permissions

I give consent for Ladybirds Kinder Class staff to seek medical advice or treatment for my child in an emergency. I understand staff cannot authorise treatment, but healthcare professionals may act in my child's best interests.

I give permission for my child to take part in short outings (nature walks, local visits). For major outings, separate consent will be obtained.

I DO /  I DO NOT wish my child to be included in the online Tapestry journal.

I DO /  I DO NOT give permission for my child's images/digital media to be used on social media, website, or printed materials.

I consent to Ladybirds Kinder Class sharing relevant information with other professionals involved in my child's care (e.g. SENCO, health visitor, speech & language therapist).

Go Paperless:  I am happy to receive correspondence by email  I prefer paper copies.

### **Section 10 – Parent Agreement & Declaration**

- I confirm all information provided is accurate and complete.
- I confirm details regarding legal parental responsibility and court orders are correct.
- I confirm I have disclosed any support agencies involved with my child/family.
- I accept that full payment of invoices is due by the stated date, regardless of any absences etc.
- I understand Ladybirds Kinder Class requires a minimum of half a term's notice to leave the setting, or fees remain payable.
- I confirm that if I opt out of the voluntary Shared Resources Fund, I will notify Ladybirds Kinder Class in writing before the next invoicing period and provide all required resources etc at my own cost. I further understand that if I fail to give this notice or supply the required resources, the invoiced charges will remain payable.
- I acknowledge that a full set of Ladybirds Kinder Class's current policies and procedures are available to view digitally, via the online Tapestry portal, or as a hard copy in the setting on request.
- I understand all booked sessions are chargeable from your child's start date for a minimum of half a term.

Parent/Guardian Signature:

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Print Name:

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Date:

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