



Ladybirds Kinder Class

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

Child Registration Form – Academic Year 2025/26

Section 1 – Child Information

Full Name: _____

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: _____

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

Print Name:

Date:
