Clarkston Nursery – Waiting list/Registration Form

CONFIDENTIAL

**We require the following information for our records. Please use BLOCK CAPITALS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | | |  | | | |  | | | |
| Child’s Name: | |  | | | | | | | Date of Birth: | | | |  | | | |
|  | |  | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | |  | | | | | |
| Home Tel: | |  | | | | | | | Mobile Tel: | | |  | | | | |
|  | |  | | | | | | |  | | |  | | | | |
| Parent / Carer: | |  | | | | | | | Email : | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Parent / Carer’s workplace if they are regularly there whilst child is at Nursery** | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |
| Work address: | |  | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | | |  | |
| Work Tel: | |  | | | | |  | | | | | | | |  | |
|  | |  | | | | |  | | | | | | | |  | |
|  | |  | | | | |  | | | | | | | |  | |
| **Names of other people authorised to collect child from Nursery/Emergency contacts** | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | | |  | |
| Name: | |  | | | | | Tel: | | | | | | | |  | |
|  | |  | | | | |  | | | | | | | |  | |
| Address: | |  | | | | |  | | | | | | | |  | |
|  | | | | |  | | | | | | | | | | | |
| Relationship to child: | | | |  | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | | |  | |
| Name: | |  | | | | | Tel: | | | | | | | |  | |
|  | |  | | | | |  | | | | | | | |  | |
| Address: | |  | | | | |  | | | | | | | |  | |
|  | | | | |  | | | | | | | | | | | |
| Relationship to child: | | | |  | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |
| If you have provided anyone else’s details, please make sure that you have told them that you have given their information to Clarkston Nursery. We will only use this information to contact those people in the event of an emergency.  Days child will be attending Nursery (please tick): | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | | |  | |
| Monday | Tuesday | | | | | Wednesday | | | | Thursday | | | | Friday | | |
| AM |  | | | | |  | | | |  | | | |  | | |
| PM |  | | | | |  | | | |  | | | |  | | |
|  | |  | | | | |  | | | | | | | |  | |
| **Do you wish us to apply for ERC funding on your behalf ahead of your childs 3rd birthday?**  **Please tick to show you agree to the following:** | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | | |  | |
| I agree to all the terms stated in the Clarkston Nursery Handbook | | | | | | | | | | | | | | | |  |
| I agree that one month’s notice with fees will be payable in the event that I withdraw my child | | | | | | | | | | | | | | | |  |
| I agree to abide by the forms signed during my induction. | | | | | | | | | | | | | | | |  |
|  | |  | | | | |  | | | | | | | |  | |
| Signed: | | |  | | | | Date: | | | | | | | |  | |

Registered Charity No. SCO10635

Morning sessions include a snack which contains a complex carbohydrate, a choice of fruit and milk or water.

Afternoon sessions include a two course lunch and milk or water.

Full day sessions obviously include both.

The information you supply on this form will be used to enroll your child in nursery. We may also use your information to verify your identity where required, contact you by post, email or telephone and to maintain our records. We will use this information because we need to do so to perform a task in the public interest or to perform a contract. If you do not provide us with the information we have sked for then we will not be able to provide this service to you. You can find out more about how partnership nurseries handle this information and your rights in respect of it by going to [www.eastrenfrewshire.gov.uk/privacy](http://www.eastrenfrewshire.gov.uk/privacy). If you do not have access to a computer and wish a paper copy, please contact East Renfrewshire Council.

We may also need to process more sensitive personal information about you in order to protect your vital interest in circumstances where we will not be able to seek your consent. You can find out more about how we handle this information and your rights in respect of it by going to [www.eastrenfrewshire.gov.uk/privacy](http://www.eastrenfrewshire.gov.uk/privacy). If you do not have access to a computer and wish a paper copy, please contact East Renfrewshire Council.

Please sign to say you have read the above.

Signed: Date:

If we are applying for ERC funding for your child, we will need to see the documents below ahead of doing so.

Birth Certificate provided: Seen by Staff:

Proof of residency provided: Seen by Staff: