

## NURSERY REGISTRATION AND ACCEPTANCE FORM

Please complete this form and return it to the Registrar with your acceptance fee (non-refundable) of £120 (inclusive of VAT) and refundable deposit of £400 per child, Coworth Flexlands, Chertsey Road, Valley End Road, Chobham, GU24 8TE

Cheques should be made payable to "United Church Schools Trust". Bank transfers to Barclay's Bank, Sort Code: 20-46-50, Account No: 50853747

Please bring your child's original passport or birth certificate into the school. We will need to take a copy of our records, but must confirm we have seen the original document.

1. PUPIL DETAILS:				
TITLE:		GENDER:		MALE / FEMALE
FIRST NAME:		DATE OF BIRTH:		
MIDDLE NAME:		NATIONALITY:		
SURNAME:		RELIGION:		
PREFERRED NAME (IF DIFFERENT):		ETHNIC GROUP:		
HOME ADDRESS				
COUNTRY OF RESIDENCE:				
PRIMARY LANGUAGE:				
OTHER LANGUAGES:				
BIRTH PLACE:				
BIRTH COUNTRY:				
VISA REQUIRED?		YES/ NO	If YES, please complete the following:	
	VISA TYPE:			
	VISA ID:			
	NATIONALITY (associated with visa):			
	COUNTRY OF ISSUE:			
	VALID FROM:		TO:	
	ENTRY DATE:			
	ANY OTHER INFORMATION:			
2. ENTRY DETAILS:				
TERM/ START DATE (including year)				
NURSERY SESSIONS: Please tick nursery sessions required Morning: collection at 11:45am Morning with Lunch: collection at 1:00pm Full Day: collection at 3.00pm  Please note: Future terms are for our guidance only, you will be contacted before		Autumn Term		
		Morning	Lunch	Afternoon
		Monday		
		Tuesday		
		Wednesday		
		Thursday		
		Friday		

the start of each term to confirm your sessions.	<div style="background-color: #f2f2f2; padding: 5px; margin-bottom: 5px;"> <b>Spring Term</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 25%;"></th> <th style="width: 25%;">Morning</th> <th style="width: 25%;">Lunch</th> <th style="width: 25%;">Afternoon</th> </tr> <tr><td>Monday</td><td></td><td></td><td></td></tr> <tr><td>Tuesday</td><td></td><td></td><td></td></tr> <tr><td>Wednesday</td><td></td><td></td><td></td></tr> <tr><td>Thursday</td><td></td><td></td><td></td></tr> <tr><td>Friday</td><td></td><td></td><td></td></tr> </table> </div> <div style="background-color: #f2f2f2; padding: 5px;"> <b>Summer Term</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 25%;"></th> <th style="width: 25%;">Morning</th> <th style="width: 25%;">Lunch</th> <th style="width: 25%;">Afternoon</th> </tr> <tr><td>Monday</td><td></td><td></td><td></td></tr> <tr><td>Tuesday</td><td></td><td></td><td></td></tr> <tr><td>Wednesday</td><td></td><td></td><td></td></tr> <tr><td>Thursday</td><td></td><td></td><td></td></tr> <tr><td>Friday</td><td></td><td></td><td></td></tr> </table> </div>		Morning	Lunch	Afternoon	Monday				Tuesday				Wednesday				Thursday				Friday					Morning	Lunch	Afternoon	Monday				Tuesday				Wednesday				Thursday				Friday			
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NAME OF PRESENT NURSERY:																																																	
ADDRESS OF PRESENT NURSERY																																																	
NAMES OF ANY SIBLINGS WITHIN THE SCHOOL OR UL GROUP																																																	

3. PARENT/GUARDIAN 1:			
FULL TITLE/NAME:		HOME TELEPHONE:	
RELATIONSHIP TO CHILD:		MOBILE:	
OCCUPATION/PLACE OF WORK		WORK TELEPHONE:	
EMAIL:			
HOME ADDRESS (IF DIFFERENT FROM ABOVE):			
CORRESPONDENCE TO RECEIVE:	ALL / BILLING / REPORTS / CONTACT ONLY		
<b>I CONSENT TO THE SCHOOL SHARING THESE CONTACT DETAILS ON MY CHILD'S CLASS CONTACT LIST</b>			YES / NO
4. PARENT/GUARDIAN 2:			
FULL TITLE/NAME:		HOME TELEPHONE:	
RELATIONSHIP TO CHILD:		MOBILE:	
OCCUPATION/PLACE OF WORK		WORK TELEPHONE:	
EMAIL:			
HOME ADDRESS (IF DIFFERENT FROM ABOVE):			

CORRESPONDENCE TO RECEIVE:		ALL / BILLING / REPORTS / CONTACT ONLY	
I CONSENT TO THE SCHOOL SHARING THESE CONTACT DETAILS ON MY CHILD'S CLASS CONTACT LIST			YES / NO
<b>5. DETAILS OF ANY PERSON HAVING PARENTAL RESPONSIBILITY AND/OR GUARDIAN:</b>			
(Appointed under section 5 of the Children Act 1989, by the court or by a parent with parental responsibility, or by existing guardian. <b>This is compulsory for overseas pupils</b> ) Please note the below named person must sign the declaration in addition to the parents.			
FULL TITLE/NAME:		HOME TELEPHONE:	
RELATIONSHIP TO CHILD:		MOBILE:	
OCCUPATION/PLACE OF WORK		WORK TELEPHONE:	
EMAIL:			
HOME ADDRESS (IF DIFFERENT FROM ABOVE):			
CORRESPONDENCE TO RECEIVE:	ALL / BILLING / REPORTS / CONTACT ONLY		
<b>6. PERSON TO WHOM THE FEE INVOICE SHOULD BE SENT (if different to parent/guardian)</b>			
Please note: For the avoidance of doubt, all signatories to the declaration are jointly and severally liable for the payment of Fees			
FULL TITLE/NAME:		HOME TELEPHONE:	
RELATIONSHIP TO CHILD:		MOBILE:	
OCCUPATION/PLACE OF WORK		WORK TELEPHONE:	
EMAIL:			
HOME ADDRESS (IF DIFFERENT FROM ABOVE):			
SIGNATURE:			
<b>7. PAYMENT TERMS</b>			
<p>United Learning offers parents, at its discretion, the option to pay a particular term's fees by instalment under our Instalment Scheme. Under the Instalment Scheme the dates and amounts of each instalment for that particular term's fees will be set out in a separate agreement for that term. No administration charges, interest or other charges are included in the Instalment Scheme. The School reserves the right to withdraw or amend the terms of the Instalment Scheme at any time by giving you notice in writing before the beginning of a new school term. No agreement to accept payment on deferred terms will be valid unless it provides for no more than twelve payments within a twelve-month period. For more information on the Instalment Scheme please refer to the enclosed Introductory Letter.</p> <p>A small discount is offered from the normal termly fees for those parents who sign up to Termly Direct Debit payments.</p> <p><b>We also accept payments by debit or credit card</b></p> <p>Please indicate below the method that you will be using to settle your school fees and if paying by direct debit, please complete the mandate overleaf.</p> <p><b>Please note that Direct Debits can only be set up on UK current accounts.</b></p> <p style="text-align: right;"><b>Please tick</b></p>			
TERMLY BY BANK TRANSFER OR DIRECT DEBIT			

INSTALMENT SCHEME – each term paid in four monthly payments by bank transfer or standing order on the 1 <sup>st</sup> banking day of each month from August to July					
OTHER (PLEASE SPECIFY: )					
<b>8. EMERGENCY CONTACTS (Please note this should be someone other than the parents/guardian listed above)</b>					
<b>EMERGENCY CONTACT 1:</b>					
NAME:					
DAY TIME TELEPHONE NO:					
<b>EMERGENCY CONTACT 2:</b>					
NAME:					
DAY TIME TELEPHONE NO:					
<b>9. MEDICAL INFORMATION:</b>					
FAMILY DOCTOR	NAME:				
	ADDRESS:				
	TELEPHONE NO:				
NHS NUMBER:					
DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS?				YES / NO	
If YES, please give details below:					
TYPE	EXPLANATION		TREATMENT		ACTION
ANY FURTHER INFORMATION:					
Any known allergies e.g. nuts, food, insect bites, etc.					YES / NO
Is your child currently receiving medical treatment					YES / NO
Has your child been given any specific medical advice to follow in emergencies?					YES / NO
Is there any other medical information that might be helpful to the school?					YES / NO
If the answer to any of these questions is YES please provide details					
I am happy for my child to be treated with the following non-prescription medicines, if required, and understand that the School will contact me before administering any of these to a child in Nursery or Reception.					
PIRITON	YES/NO	CALPOL	YES/NO	CALAMINE	YES/NO
IS YOUR CHILD A VEGETARIAN?					YES / NO
DOES YOUR CHILD HAVE SPECIAL DIETARY REQUIREMENTS?					YES / NO
If YES, please specify below					

<b>I agree, in the event of a medical emergency, for my child to be given any treatment considered necessary by the medical authorities present.</b>	YES / NO												
<b>I declare that all information provided is accurate and up to date. I will notify the school of any change affecting the information provided above.</b>	YES / NO												
<b>10. PHOTO AND MEDIA PERMISSIONS:</b>													
<p>I authorise the following permissions for photographs, video clips, artwork or similar data of my son/ daughter to be used in relation to/on:-</p> <p>I Do/ Do Not (please tick the appropriate box)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 20px;">1. Internal displays and publications (e.g. classroom/ hallway boards, weekly newsletter and annual magazine)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 20px;">2. Social Media (Facebook, Twitter, Instagram, Flickr), school website</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 20px;">3. Printed marketing materials (e.g. prospectus, leaflets &amp; banners) and online advertisements</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 20px;">4. Visitor/ third party digital accounts (website/ social media) e.g. visiting author taking a photo to tweet on his/ her account about the workshop or an opposing sports team taking photos of a match to put on their social media accounts</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">If we wish to highlight your child's achievement in local press we will seek permissions at the time.</p>		<input type="checkbox"/>	<input type="checkbox"/>	1. Internal displays and publications (e.g. classroom/ hallway boards, weekly newsletter and annual magazine)	<input type="checkbox"/>	<input type="checkbox"/>	2. Social Media (Facebook, Twitter, Instagram, Flickr), school website	<input type="checkbox"/>	<input type="checkbox"/>	3. Printed marketing materials (e.g. prospectus, leaflets & banners) and online advertisements	<input type="checkbox"/>	<input type="checkbox"/>	4. Visitor/ third party digital accounts (website/ social media) e.g. visiting author taking a photo to tweet on his/ her account about the workshop or an opposing sports team taking photos of a match to put on their social media accounts
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<b>I consent to the processing of personal and sensitive information for the purposes specified in the Pupil and Parent Privacy Notice (found on the Policies page of the school website) including the census.</b>	YES / NO												
<b>11. MARKETING</b>													
HOW DID YOU HEAR ABOUT THE SCHOOL?:													
<b>12. ABOUT YOUR CHILD</b>													
PLEASE PROVIDE DETAILS OF YOUR CHILD'S LEARNING DIFFICULTIES, BEHAVIOURAL ISSUES OR SPECIAL EDUCATION NEEDS													

## DECLARATION

**Declaration (this must be signed by all persons named in sections 3, 4, 5 & 6)**

We accept the offer of a place as set out in the Letter of Offer. We have read, agree and understand the Standard Terms and Conditions enclosed, and note that they may undergo reasonable change from time to time as circumstances require.

We understand that a full term's fees (less deposit) are payable if less than one term's written notice is provided of a cancellation of a place, and that in the case of cancellation with notice the deposit will be retained by the school. We are not (jointly or individually) in arrears on the payment of fees or charges owing to our child's current or previous school / placement. We understand that we are jointly and separately liable for the payment of fees, including any extras and any fees in lieu of notice.

We the above-named parents, co-habit/live separately at the address(es) shown above, and agree to notify the school immediately of any change of address or family circumstance. All holders of parental responsibility for the pupil have signed this form, and no one else holds parental responsibility for him/her. There are no court orders or parental responsibility agreements in place in respect of the care or living arrangements of our child, or relating to the payment of fees, and any such orders or agreements will be immediately notified to the school and copies provided.

A Medical Declaration in relation to the pupil will be completed, and the school will be provided with all relevant information regarding our child's needs, including copies of any medical or other professional reports or assessments. Our child has not been expelled or removed at the request of another school for misconduct. Any information or circumstance relating to us and/or our child that has been previously notified to the school is and remains complete and accurate, and we will notify the school immediately of any change.

Our child has the right to enter, live and study in the United Kingdom, and if we require the school to sponsor our child as a condition of his/her entry into the UK, we have already notified the school.

The Registration Fee of £120 and Acceptance Deposit of £400 per child is enclosed / has been transferred (delete as appropriate).

**Data Protection**

The data controller for personal information held by Coworth Flexlands is United Church Schools Trust (UCST). UCST is registered with the Information Commissioner's Office (ICO). The registration number is **Z533407X**.

The Data Protection Officer is Steve Whiffen, [company.secretary@unitedlearning.org.uk](mailto:company.secretary@unitedlearning.org.uk)

The School and UCST will obtain process and hold personal information about you and your child in accordance with the purposes set out in the Standard Terms and Conditions and the School's Privacy Notice, which is available on the School's website.

**SIGNATURE PARENT 1:**

	NAME		DATE	
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**SIGNATURE PARENT 2:**

	NAME		DATE	
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**SIGNATURE (PARENTAL RESPONSIBILITY/GUARDIAN) SECTION 5:**

	NAME		DATE	
--	------	--	------	--

**SIGNATURE (PERSON TO WHOM INVOICE SHOULD BE SENT) SECTION 6:**

	NAME		DATE	
--	------	--	------	--