



Vicarage Park CE Primary School
 Vicarage Drive
 Kendal
 Cumbria
 LA9 5BP

Tel: 01539 735442
 admin@vicaragepark.cumbria.sch.uk

Vicarage Park Nursery Registration Form

Child's Details	
Child's Full Name: _____	
Address: _____ _____	
Known as: _____	Date of Birth: _____
Birth Certificate Number: _____	Place of Birth: _____
Nationality: _____	First Language: _____
Religion: _____	

Parent / Carer Details
Parent / Carer Full Name: _____ Mr / Mrs / Ms / Dr / Other _____
Address: _____ _____
Relationship to Child: _____
Are you a member of HM Armed Forces? Yes / No
Address (if different from child's): _____ _____
Telephone Numbers:
Home: _____ Mobile: _____
Work: _____
Email Address: _____
Password (Please provide a password that may be used to authorise an emergency collection): _____

Medical Details

Doctor's Name: _____

Address: _____

Telephone Number: _____

Health Visitor: _____

Telephone Number: _____

If you receive or have received 2 year old funding
please tick here: _____

Are all immunisations up to date? Yes / No

Is no please state exceptions: _____

_____Any special medical needs: _____
_____Any special dietary requirements: _____
_____Any allergies: _____

_____If further medical or dietary information is required
parents/guardians will be asked to complete a
medical form.Does your child have a legal document called either a Statement of Special Educational Needs or an
Education Health Care Plan? Yes / No

Is your children in the care of the Local Authority under the Children Act 1989? Yes / No

If yes, please state which Local Authority: _____

Key Worker: _____ Telephone Number: _____

Was your children previously in the care of the Local Authority under the Children Act 1989? Yes / No

If yes, please state which Local Authority: _____

Please enclose a copy of your Adoption Certificate or Special Guardianship Order.

Siblings

Does your child have any siblings already on role at Vicarage Park School and Nursery? Yes / No

Name: _____ Date of Birth: _____

Year Group: _____

Does the sibling live at the same address as your child? Yes / No

Please state the siblings address (if different from the child's): _____

Emergency Contact Details (Please provide details of 2 or more emergency contacts for your child in order)**Contact 1**

Name: _____ Relationship to Child: _____

Home/Work/Mobile Number: _____ Home/Work/Mobile Number: _____

Contact 2

Name: _____ Relationship to Child: _____

Home/Work/Mobile Number: _____ Home/Work/Mobile Number: _____

Contact 3

Name: _____ Relationship to Child: _____

Home/Work/Mobile Number: _____ Home/Work/Mobile Number: _____

Declaration and signature of Parent/Carer

You are only allowed to submit an application if you have parental responsibility for the child. If there is joint responsibility this application must be discussed with everyone who has parental responsibility and agreement reached for this form to be submitted. By submitting this application you are confirming that you have sole parental responsibility for the children or that there is agreement between all persons who have parental responsibility.

I have parental responsibility for or look after the child named. To the best of my knowledge the information I have given is correct and complete. I will advise the school in writing of any changes to the information on this form. I understand that the information I have submitted on this form is covered by the Data Protection Act 1998.

Signed Parent / Carer: _____ Date: _____

Print Name: _____