

Huntington Kinder Class



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 Huntington 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 DO / I DO NOT give consent for Huntington 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 DO / I DO NOT 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 give permission for my child's images/digital media to be used on Huntington Kinder Class's social media platforms, website, and or printed materials etc.

I DO / I DO NOT consent to Huntington 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 all Huntington Kinder Class correspondence digitally I prefer paper copies.

Section 10 – Parent Agreement & Declaration

- I confirm all information provided in this registration form is accurate and complete.
- I confirm all the details provided regarding legal parental responsibility and court orders are correct.
- I confirm full disclosure of any support agencies involved with my child/family in this registration document.
- I accept that we will comply with, and abide by, the terms, conditions and policies of Huntington Kinder Class in full and at all times, and acknowledge that a full and up-to-date set of the setting's policies and procedures is openly available for inspection at any time, either digitally via the online Tapestry portal or, upon request, as a hard copy within the setting.
- I understand Huntington Kinder Class requires a minimum of half a term's notice should we wish to remove my / our child from the setting.
- I understand that the Shared Resources Fund is voluntary and applies only where government-funded hours are utilised. Should I wish to opt out of this voluntary charge, I, as my child's primary parent/carer, must notify Huntington Kinder Class in writing prior to the next invoicing period and provide all required resources for my child to use whilst attending the setting (a comprehensive list is available on request). If written notice is not provided, or if the required resources are not supplied in full, I understand the Shared Resources Fund charge will remain both applicable and payable in full.
- I Understand that my child will be included on to the online Tapestry journal platform. Note, this is a password / login protected portal, therefore not public, whereby staff and nominated parents / carers / guardians securely communicate setting updates and your child observations etc.
- I understand that all booked sessions are chargeable from my child's start date for a minimum commitment of half a term, and that fees are payable in full regardless of absence.
- I confirm that I am a primary parent/carer/guardian of the child being registered and that I have the legal right and responsibility to agree to the provisions set out in this registration document and to submit the information provided within it.

Parent/Guardian Signature:

Print Name:

Date:
