

St Helen's Church of
England
Primary School

Little Stars Nursery



0161 775 2935

sthelensprimary@ldst.org.uk

www.sthelensprimary.uk

Birch Road, Hollins Green, Rixton, WA3 6JS

Registration forms

**Thank you for choosing us as your
nursery provider.**

**This registration form is to be completed with or by the
parent/carer.**

Childs Name:	
Date of Birth:	
Address:	
Parent,/carer (1st contact):	
Telephone number: Mobile number:	
Email address:	
Does this parent have parental/carers responsibility:	
Parent,/carer (2nd contact):	
Telephone number: Mobile number:	
Email address:	
Does this parent have parental/carers responsibility:	
Emergency contacts: (name, relationship to child, contact number, etc.)	1. 2.

3.

Password to collect child:

Child's GP:

Address:

Telephone number:

Medical information:

Dietary information:

Is your child up to date with all necessary vaccinations?

Child's Ethnicity:

Is there anything else you feel the team needs to know about your child?

Do you give permission for your child to be allowed to take part in local trips and visits around the village?

Do you give permission for your child to receive first

We want to make sure information about fees and funding is simple for parents and carers. Please use our nursery fees guide to understand your funding eligibility and how you can use your funding hours across the week.

Preferred start date:

Preferred session:	Monday	Tuesday	Wednesday	Thursday	Friday
School Day 9.00-3.30 (6hrs - £30)*					
1 session 9.00-12.00/ 12.30- 3.30 (3hrs - £15)					
Breakfast club 7.30 - 9.00 £5					
After school club 7.30 - 9.00 £5					

These sessions are over lunch which include a school meal and an additional 30mins supervision which is not included in the funded hours. A half day session lunch is an additional £3 which includes lunch and additional supervision.

Once your place has been confirmed, we will begin the induction process. This will include a guided tour of the nursery; opportunity to meet the team; further information to be gathered to best understand your child's needs before they start with us and a taster session for your little one.

I wish to apply for a place at Little Stars nursery and I have given my above preferred

dates. I agree to pay for all fees as required.

Name of parent/carer:

Signature:

Date: