



Registration Form

Child's details

Child's full name

Name child is known by

Child's full address details

.....

..... Postcode

Sex Date of birth

Family details

Mother's name Parental Responsibility: Yes/No

Full address details (if different from above)

.....

Contact telephone numbers

Work Home Mobile

Father's/Partner's Name Parental Responsibility: Yes/No

Full address details (if different from above)

.....

Contact telephone numbers

Work Home Mobile.....

Are you happy to receive information, such as newsletters via e-mail? If so please provide us with an e-mail address:

Other person with parental responsibility (if relevant)

Full address details (if different from above)

.....

Contact telephone numbers

Work Home Mobile

Emergency contact details (if parents are not available) for two named contacts

First contact

Relationship to the child

Address

.....

Telephone numbers Work Home Mobile

Second contact

Relationship to the child

Address

.....

Telephone numbers Work Home Mobile

Medical details

Has your child been immunised against any of the following (tick & provide date)?

<input type="checkbox"/> Diphtheria, Tetanus and Pertussis (DTP)	Date
<input type="checkbox"/> Whooping cough	Date
<input type="checkbox"/> Meningococcal Type C	Date
<input type="checkbox"/> Polio	Date
<input type="checkbox"/> Measles, Mumps, Rubella (MMR)	Date
<input type="checkbox"/> HIBS	Date
<input type="checkbox"/> BCG	Date
<input type="checkbox"/> Hepatitis	Date

Has your child any on-going health problems or special needs (please specify)?

.....

.....

.....

Is your child allergic to anything (please specify)?

.....

.....

.....

Can you give training in application of medication (Epipen or Anapen) if necessary

Yes No

Doctor's details

Doctor's name

Doctor's address

.....

.....

Doctor's telephone number

Collection authorisation

Any person collecting your child who is not known by Pre-school staff will be asked to produce Proof of Identity and give the password provided below:

Password:

Failure to do this would mean we would be unable to let your child leave until we have first spoken to yourselves.

Authorised collector one

Name

Full address details (if different from above)

.....

.....

Contact telephone numbers

Work Home Mobile

Relationship to the child

Authorised collector two

Name

Full address details (if different from above)

.....

.....

Contact telephone numbers

Work Home Mobile

Relationship to the child

Animals

Occasionally we may have animals visit the pre-school. Any visiting animals will be healthy and fully inoculated.

Please tick the following:

My child has no known allergies or aversions to animals.

My child is allergic or has an aversion to animals.

I have no objection to animals visiting the premises.

Signed Date

About your child

Are there any agencies involved with your child, for example Health Visitor, Social Worker? Yes No

Is English your main language? Yes No

If not, what language is spoken at home?

What religion does your family follow?

Are there any cultural or religious festivals that your child takes part in?

Does your child have any other childcare experience?

Does your child attend another early years provider? Yes No

If Yes which setting does your child attend?

We would like the opportunity to liaise with this setting so that your child has a wide range of opportunities and to aid with our planning and assessment.

I give permission/do not give permission for you to contact the other setting where attends so that information can be shared.

Signed: Date:

Do you have any special requests/requirements for your child which you feel we should be made aware about?

Does your child have any special words (i.e. for toilet)?

For snack we offer a wide range of healthy foods (most fruit, bread, toast, pitta bread, crackers, bread sticks etc.), it would be helpful to have an idea of your child's likes and dislikes so that we may offer as wide a range as possible.

Is your child a vegetarian? Yes No

Likes Dislikes

.....

.....

Any other background information on your child that may be useful for us, for example, concerns or fears, brothers and sisters etc.?

Have you read and agreed to the pre-school's policies and procedures? Yes No

Starting Pre-school

I would like (name of child)

to start pre-school on (month/year)

If possible my first choice of days/sessions would be

.....

Please sign below to indicate that the information given is accurate and correct, and that you will notify us of any changes.

Parent/main carer name

Parent/main carer Signature

Date

Note: All this information will be kept confidential.

Please inform us of any changes in your family circumstances as this can have an effect on your child.

Permissions

Plasters

I give/do not give permission to the registered person (or authorised deputy) to apply plasters to (name of child) should an accident happen.

Signed Date

Accident/Emergency Treatment

I give/do not give permission to the registered person (or authorised deputy) to take the necessary steps to ensure that (name of child)

receives the best and most appropriate care, attention and treatment should an emergency or accident happen. I understand that every effort will be made to inform me of the accident or emergency as soon as possible, but they may need to accompany my child to the hospital in the case of serious accident in my absence, I give permission for the person in charge to authorise hospital staff to administer essential treatment in my absence until my arrival.

Signed Date

Blood Transfusion

I give/do not give permission to the registered person (or authorised deputy) to take the necessary steps to ensure that (name of child)

Receives a blood transfusion (if required) should an emergency or accident happen.

Signed Date

For inhaler/epipens only

I give/do not give permission for staff to administer the inhaler/Epipen or Anapen (supplied by me) to give (name of child)

as instructed and to record its use.

Signed Date

Suncream

I give/do not give permission for staff to administer suncream (supplied by us) to (name of child)

when necessary and to record its use.

Signed Date

Outings

I give/do not give permission for staff to take (name of child) on local outings, all within walking distance of the pre-school.

Signed Date

Nappy Changing/Changing Underwear

I give/do not give permission for staff to change (name of child) in the event that their nappy/underwear is wet/dirty.

Signed: Date

Wipes

I give/do not give permission for my child (name of child) to use a non-perfumed wipe after lunch to clean his/her face.

Signed: Date

Photographs

As part of the on-going recording of our curriculum, we regularly take photos of the children during their play. These photos are used for display work and for your child's records within the pre-school. We may also record events and activities on video.

We need your written permission to do this. If you are happy for your child to have their photo taken and/or be in the occasional video, please sign below.

I give permission for (name of child)
to have his/her photo taken and/or to be in the occasional video for the use of the pre-school.

Signed Date

Publicity

On occasions the pre-school place adverts and articles in the local newspapers which include photographs of children, the policy of some newspapers is to name all the children in the photograph.

I give/do not give my permission for photographs of my child to be used to advertise the pre-school on their website (they will not be named).

I give/do not give my permission for photographs of my child (un-named) to appear in newspaper articles.

I give/do not give my permission for my child's names to appear alongside any photographs printed in newspaper articles.

Signed: Date: