

# Registration Form Kingsbury Episcopi Pre-School

## Family details

Family Name	<input type="text"/>	Preferred Name	<input type="text"/>
First Name	<input type="text"/>	Parent/Guardian/adults who live at same address as child	
Middle Name	<input type="text"/>	Does this person have parental responsibility?	<input type="checkbox"/>
Sex	<input type="text"/>	Date of Birth	<input type="text"/>
Child's 1st language	<input type="text"/>	Other significant adults who have parental responsibility	
Other language(s)	<input type="text"/>	<input type="text"/>	
Religion	<input type="text"/>		
Address	<input type="text"/>		
e-mail address	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>

Special requests about religious observance, food, clothing, health or other matters which we should observe in our Pre-school

Background information on your child which may help us to understand her or him - eg any special fears, any brothers or sisters, pets, any special words for (eg) the toilet, any recent family events which have affected the child.

If we should need to contact somebody during the day time and there is nobody at the above address please indicate where we could try to reach parent(s), or other carer (eg relative/minder) in order of priority

Contact Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to child	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name(s) of persons authorised to collect child from pre-school**

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to child	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Medical Details**

Doctors Name	<input type="text"/>
Address	<input type="text"/>
Telephone	<input type="text"/>

Has your child been immunised against:

Diphtheria?	<input type="text"/>	Polio?	<input type="text"/>
Whooping Cough?	<input type="text"/>	Measles?	<input type="text"/>
Tetnus	<input type="text"/>	HIBS?	<input type="text"/>
MMR	<input type="text"/>	Meningitis C?	<input type="text"/>

Has your child had any major illness/operation?	<input type="text"/>
Has your child been in hospital recently?	<input type="text"/>

Has your child any on-going health problems? (further information maybe required so preschool can appropriately support your child)

Does your child have any food allergies or intolerances? Please complete a health care plan to help preschool support and care for your child

Does your child see another childcare professional? (social worker, speech therapist, psychologist etc.) Circle answer:- Yes No

Please provide names, contact numbers.

Our group has a special needs policy. Does your child have any special need which you would like to discuss with staff?

**Medication/Illness/Accident Declaration**

As parent/guardian of \_\_\_\_\_ I hereby declare that I will confirm in writing any medication my child should need whilst at Pre-school, clearly stating dose and times that the medication should be administered and method of administration.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

In the event of any illness or accident requiring emergency hospital or medical treatment, I authorise the Pre-school to sign on my behalf any written consent required by a Hospital or Doctor, if for any reason I cannot be contacted

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Keyworker**

When your child starts at Pre-school they will be appointed a Keyworker. A keyworker works closely with your child monitoring progress and developing a learning plan. You will be notified which member of staff will be your child's keyworker when your registration has been processed. Below is authority for a Keyworker file to be kept including observations of your child's activities. I give permission for confidential records, observations and photographs of progress to be kept on my child

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Partnership working**

For children who attend more than one setting we share information with each other and parents to ensure effective continuity and progression of your child. Please sign to give permission for this information to be shared.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Name of other setting attended by your child and contact details \_\_\_\_\_

Please indicate when your child attends the other setting \_\_\_\_\_

**Outings:** Occassionally pre-school will go on short walks in neighbouring orchards and fields

I give permission for my child \_\_\_\_\_ to go on short local excursions from Pre-school

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**I would like my child to start Pre-school**

Initially I would like him/her to attend:

Mon  Tues am  Tues pm  Wed  Thurs am  Thurs pm  Fri

**Photographs:** When we hold events the local newspaper occasionally takes group photographs

I give permission for my child \_\_\_\_\_ to be photographed for advertising purposes.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Use of photographs on the preschool website/preschool Facebook page/Primary school Twitter feed**

**Child's name:** \_\_\_\_\_

We do/do not wish for photos of our child to be used on the preschool website.

Delete as appropriate

We do/do not wish for photos of our child to be used on the preschool Facebook page.

Delete as appropriate

We do/do not wish for photos of our child to be used on the primary school Twitter feed.

Delete as appropriate

Signed \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

### **Safeguarding of children in preschool**

To ensure the safety, well-being and care of the children in preschool it may be necessary to share information with other professionals such as Get Set Services, Social Care, Health Professionals and Schools.

We/I give permission for information to be shared

Signed \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

### **Fees policy**

We/I have received and agree to the Preschool fees policy

Signed \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_