



## **Registration Form**

The following information will be kept confidentially in your child's personal file.

### **Child's Details**

Child's Full Name: \_\_\_\_\_

Preferred name if different: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:        Male / Female

First Language: \_\_\_\_\_

Position in Family: \_\_\_\_\_

Religion: \_\_\_\_\_

Who has parental responsibility for your child: \_\_\_\_\_

Birth mothers automatically have parental responsibility.

Fathers have parental responsibility if:

- \* They were married to the child's mother when the child was born.
- \* They adopt a child.
- \* The parents jointly register the birth (both names appear on the birth certificate).
- \* The parents have formed a parental responsibility agreement.
- \* They are given parental responsibility by a court order.

Main Parent / Carer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Other Parent / Carer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Who has legal contact with the child?

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Please bring your child's birth certificate to Pre-School, to be copied and kept on file, and returned to you immediately.

### **Starting Pre-School**

What date do you wish your child to start pre-school: \_\_\_\_\_

Days or number of sessions required: \_\_\_\_\_

Please state any unsuitable days: \_\_\_\_\_

Does your child attend any other pre-school / nursery? Yes / No

Please give details: \_\_\_\_\_

I understand that if my child is absent from Pre-School I am required to complete a form (provided by the Supervisor) explaining the reason and his / her expected return.

Yes / No

People responsible for collecting your child from Pre-School: \_\_\_\_\_

\_\_\_\_\_

### **Emergency Contact Details**

Name, address and telephone number of parent / carer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Second contact details in case you are unavailable:

\_\_\_\_\_

\_\_\_\_\_

### **In Case of Emergency**

Name, address and telephone number of child's doctor:

\_\_\_\_\_

\_\_\_\_\_

Name of Health Visitor / Clinic: \_\_\_\_\_

Does your child have any special dietary needs? Please tick box & give details if yes:

No  Yes  \_\_\_\_\_

Does your child suffer from any allergies? Please tick box & give details if yes:

No  Yes  \_\_\_\_\_

Does your child suffer from any other medical condition such as asthma, epilepsy, arthritis, speech / hearing / visual impairments? Please give details or discuss with the pre-school supervisor:

\_\_\_\_\_

\_\_\_\_\_

Any other information about your child's development:

\_\_\_\_\_

\_\_\_\_\_

Has your child received the following immunisations:

Diphtheria, Tetanus, Whooping Cough, Polio, HiB

Yes / No

Measles, Mumps, Rubella (MMR)

Yes / No

Meningitis C

Yes / No

In the case of an emergency do you authorise staff to obtain medical assistance as deemed necessary, and give your consent to these medical details being passed on to relevant medical staff?
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Yes – Signed: \_\_\_\_\_

No – Signed: \_\_\_\_\_

Please note that if your child is on prescribed medication pre-school staff will not take responsibility for administering this medication. Regarding the administration of inhalers and nebulisers, please speak to a member of staff who will explain our procedure and conditions for administering these medications.

In sunny weather, do you agree to provide a sun hat and apply sun cream to your child prior to attending Pre-School  
Yes / No

### **Parental Consent Regarding Photography**

Occasionally we may take photography during the session for either our own internal use or to send to local newspapers for publicity purposes. We are required by law to obtain parental consent for such photographs to be taken and used in this way.

Depending on whether or not you consent to your child being photographed and named in this way, please could you sign and date the appropriate box below:

I give my consent to my child being photographed for internal use only	Signed: Relation: Date:
I give my consent to my child being photographed and named for internal use and publicity purposes in the following formats: Newspaper: Yes / No Flyer: Yes / No Website: Yes / No	Signed: Relation: Date:
I do not consent to my child being photographed and named for publicity purposes	Signed: Relation: Date:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**HELP US IMPROVE OUR PRE-SCHOOL!**

Groups like ours can only run thanks to a lot of hard work put in by parents behind the scenes to help the staff with administration, legal documentation, book work, recruitment, running the library etc. We are always grateful for more volunteers to help, as the more parental help we get, the more we can offer the children at pre-school.

We would be grateful if you could provide us with the following information, which will be held confidentially by the pre-school committee secretary. Once you have completed this sheet, please hand it to a member of staff or post it in the reply slips box in the foyer.

Child's Name: .....

Would you be prepared to help out at fundraising events (manning stalls, making refreshments, buying prizes etc)?

During pre-school sessions: Yes / No

At the weekend: Yes / No

Would you be interested in joining the pre-school committee (meetings held once every half term)? Yes / No

Do you, or your partner / family have a job e.g. fireman, doctor, farmer, dentist, policeman etc, or hobby which may be of particular interest to the children at the group?

Yes /

No

Do you have any childcare qualifications? Yes / No

If yes, would you be willing to put your name on our staff cover list? Yes / No

Please give details of days available: .....

Could you help with project preparation work at home? Yes / No  
(cutting out etc)

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**SWEATSHIRT ORDER FORM**

As part of our fundraising efforts we sell sweatshirts with our pre-school logo on them.

If you would like to order a sweatshirt, please see Jane Smith - Supervisor. We do ask that when you receive these items you mark them clearly with your child's name.