**Registration Form**

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|  | **Child’s Details** |
| Child’s full name:    Date of Birth: | Birth certificate seen: Y / N |
| Main address: |  |
| Does the child live at any other address? | Y / N (If yes, please give details) |
| Who has parental responsibility for the child? |  |
| Start Date: |  |

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| Ethnic origin of child |  |
| Nationality of child |  |
| Religion |  |
| What is the main language spoken at home? |  |
| Does your child speak any other languages? |  |
| Does your child have any dietary requirements? |  |

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|  | **Starting Sessions** |  |

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|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast Club |  |  |  |  |  |
| Morning Session |  |  |  |  |  |
| Afternoon Session |  |  |  |  |  |
| Afterschool Club |  |  |  |  |  |

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|  | **Parent/Carers Contacts** |
| Parent 1 | Name:  Date of Birth:  Phone number:  Address:  Email address:  NI Number:  Occupation: |
| Parent 2 | Name:  Date of Birth:  Phone number:  Address:  Email address:  NI Number:  Occupation: |

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|  | **Any other Emergency Contact Details (Not Parents)**  **Please supply at least one** |
| Name:  Relationship to child:  Telephone number: |  |
| Name:  Relationship to child:  Telephone number: |  |

Should your child ever need to be collected by a person unknown to us, the following password must be quoted. Please do not make this password be known to your child

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| Please list below the names of the people that you give permission to collect your child from Preschool. | |
| **Name** | **Relationship to child** |
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| **Medical Information** | |  |
| Does your child have any medical conditions? | **Y / N** | **Details** |
| Does your child have any allergies? | **Y / N** | **Details** |
| Does your child have any involvement with outside professional agencies e.g. speech and language therapist, social worker, paediatrician? | **Y / N** | **Details** |

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|  | **Doctors and other professional information** |
| Family Doctors | NHS Number:  Doctors name:  Address:    Telephone |

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| **Permissions** | | | |  |
| Do you give permission for a member of staff to change the child’s nappy/clothing and apply nappy cream when required? | | | | **YES / NO** |
| Do you give permission for your child to be taken to the doctor or hospital in a n emergency? | | | | **YES / NO** |
| Do you give us permission to share information, if necessary, with outside professional agencies? - This includes Social Services, Speech and Language therapists, Health Visitors, Primary schools etc | | | | **YES / NO** |
| Do you give permission for members of staff to take photographs of the child at preschool for their learning journals and displays? | | | | **YES / NO** |
| Do you give permission for photographs of your child to be placed on social media? Please note, your child’s name or any other personal information will never appear online | | | | **YES / NO** |
| Do you give permission for the child’s photograph to be used on our website? | | | | **YES / NO** |
| Do you give permission for the child’s learning journal to be uploaded onto Tapestry? | | | | **YES / NO** |
| Do you give permission for your child’s photograph to be included in other children’s learning journal e.g. if we take a photograph of them playing together? | | | | **YES / NO** |
|  | Do you understand that you should not share or upload any photographs from | |  | **YES / NO** |
| tapestry that include other children? |  |
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| Do you give permission for a member of staff to reapply sun cream to the child  when necessary? | | | | **YES / NO** |
| Do you give permission for the child to be taken on local outings?  Additional parental consent will be collected if the outing is further afield or includes public transport. | | | | **YES / NO** |
| Does your child attend any other childcare setting?    If yes, do you give permission for Preschool to contact them to discuss your child’s development? | | | | **YES / NO**    **YES / NO** |
| Do you have a copy of our policies and procedures?    Would you like these to be resent by email? | | | | **YES / NO**      **YES / NO** |

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| Parent 1 signature |  | Date |  |
| Parent 2 signature |  | Date |  |
| Manager Signature |  | Date |  |