**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? |   |
|   |
| 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  |   |