



(Registered charity number 10360990)

Registration form

Basic details

Name of child _____ Date of birth _____

Name you would like them known as (if different) _____ Gender (male or female) _____

Name of parent(s)/carer with whom the child lives

1 _____ Relationship to child: _____

Mobile no..... work tel no.....

Does this parent have parental responsibility? Yes/No (delete)

2 _____ Relationship to child: _____

Mobile no..... work tel no.....

Does this parent have parental responsibility? Yes/No (delete)

Home Address _____

Home Telephone _____ Email address: _____

Name of parent with whom the child does not live

Name: _____ Relationship to child: _____

Does this parent have parental responsibility? Yes/No (delete)

Address _____

Home Telephone _____ Mobile _____

Does this parent have legal access to the child? Yes/No (delete)

Emergency contact details

1. Name: _____ Relationship to child: _____
daytime contact number: _____
mobile contact number: _____

2. Name: _____ Relationship to child: _____
daytime contact number: _____
mobile contact number : _____

Any other emergency contact numbers _____

Name _____ Relationship to child: _____

Telephone _____ Mobile _____

Name _____ Relationship to child: _____

Telephone _____ Mobile _____

Other persons authorised to collect the child (must be over 16 years of age)

Name _____ Relationship to child _____

Telephone _____ Mobile _____

Name _____ Relationship to child _____

Telephone _____ Mobile _____

Personal details of child

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No (delete)

Does your child suffer from Asthma? Yes / No

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family? _____

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

What language(s) is/ are spoken at home _____

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

Does your child have any special needs or disabilities? Yes/No (delete)

Details:

What special support will he/she require in our setting?

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

Names of professionals involved with child (eg, paediatrician, occupational therapist, speech therapists, social worker, outreach worker etc...)

Name 1	_____	Role	_____
Agency	_____	Telephone	_____
Name 2	_____	Role	_____
Agency	_____	Telephone	_____
Name 3	_____	Role	_____
Agency	_____	Telephone	_____
Name of Doctor	_____	Surgery name	_____
Telephone	_____	And address	_____
Child's NHS no:	_____		_____

Do you have a health visitor?

Yes/No (delete)

Name	_____	Based at	_____
Telephone	_____		_____

To be completed with the key person/manager

Does your family have a social care worker for any reason? Yes/No (delete)

Name: _____ Based at: _____

Tel: _____

What is the reason for the involvement of the social care department with your family?

Start Date: _____

Thank you for taking the time to complete this registration form.
Please sign below to confirm the following:

- **All the information provided in this form is correct. The Pre-School will be informed of any changes.**
- **I understand that Digswell Pre-school may process and store, by means of a computer database or otherwise, any information which I provide to it, for the purpose of caring for my child.**
- **I understand that the staff at Digswell Pre-School have a duty to share child protection issues with other professionals and agencies.**
- **I hereby sign to accept a place at Digswell Pre-school for my child and agree to adhere to the terms, conditions and policies. I understand that a full set of Pre-school policies is available on request or to view on the website.**
- **I agree to pay my child's Pre-School fees within the first two weeks of each term after an invoice has been issued. If fees are not paid or a payment plan is not agreed within this time, then a £25 late fee will be added to my fees.**
I understand that I can speak to the Pre-School leader confidentially to determine a suitable payment plan to suit my circumstances should I need to.
- **I understand that a full half term's written notice, not including school holidays, is required to cancel my child's place or I will be liable to pay the following half terms fees (even if my child is funded).**

Signed..... Date.....

Print name: Relationship to child.....

Please now complete all the **Permission forms** on the following pages and then return this registration form. Please note that the first term's fees will be payable in the first week of term and a full half term's notice is required to vacate your child's place.

PERMISSION SECTION

Hospital treatment

In the unlikely event that neither you nor your emergency contacts are available and the staff consider urgent hospital treatment is necessary we need your permission for a member of staff to take your child to hospital whether by car or ambulance and allow doctors to administer emergency treatment. Please sign below to give us your permission.

I give permission for a member of Digswell Pre-school staff to accompany my child (child's name)
to hospital in the event of them being unable to contact me or any of my emergency contacts and I give my permission for them to authorise hospital staff to administer emergency treatment until my arrival.

Signed Date.....

Print name: Relationship to child.....

Fire Drills

I give permission for my child to be taken out of the Pre-school premises by pre-school staff for fire-drill practice or in the event of a fire alarm in accordance with the Pre-school Fire Procedure.

Signed Date.....

Print name: Relationship to child.....

Food

We give the children snacks during the course of the session and we also allow the children to take part in cooking activities. For details please see our Diet policy. We therefore need to know if your child has any allergies to any food or if there are any religious or cultural reasons for your child not to be given certain foods.

My child (insert name)is allergic to the following

foods:.....

and should not be given the following foods for cultural /religious reasons:

.....

Signed Date.....

Print name: Relationship to child.....

Plasters

My child (insert name)

* is not allergic to plasters. I hereby give my permission to apply plasters where necessary.

* is allergic to plasters. Please do not apply plasters.

* delete where appropriate

Signed Date.....

Print name: Relationship to child.....

Photographs

Sometimes we like to take photographs of the activities we are doing with the children. This means that your child may appear in them. We may use these photographs to display to parents and visitors what we have been doing and for publicity purposes. We therefore ask for your permission to include your child in such photographs. We should stress that your child's name would not be used for such purposes without you being consulted beforehand. If you do not wish your child to be included we will take every care to omit them.

I do/do not* give permission for photographs to be taken and used of my child for Pre-School displays

I do/do not* give permission for photographs to be taken and used of my child for publicity purposes (including possible use on the Pre-Schools own website)

I do/do* not give permission for photographs to be taken of my child for observational use in their learning journals and in other children's learning journals.

(name)

Signed Date.....

Print name: Relationship to child.....

Equalities monitoring form –

Ethnicity, where collected, should be recorded according to the following categories:

White – British

- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Mixed – White and Black Caribbean

- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

- Chinese

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Any other ethnic background

- Please state _____

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