

St Marychurch Pre-school

The Parish Hall, Church Road, St Marychurch, Torquay TQ1 4QY

Tel: 01803 312542

REGISTRATION FORM

We aim to provide a safe, stimulating, caring, happy Pre-school where all children and their families are welcome. We provide a curriculum based on the Early Years Foundation Stage using individual children's interest and needs.

Name of child _____ Date of birth _____

Known as _____

Name of parent/s with whom the child lives

1 _____ 2 _____

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

National Insurance Number: _____ Parent date of birth: _____
(for 30 hour and EYPP funding)

Are there any court orders in place for your child? _____

Address _____

Telephone _____ Mobile _____

Other family details _____

Are there any particular skills you could offer the Pre-school? *(eg sewing, gardening, reading, cooking)*

Emergency Contact details (we need these in case your child is sick, or there is any other emergency).

Parent 1 Work/daytime contact number _____

Parent 2 Work/daytime contact number _____

Any other emergency contact number

Name _____

Telephone _____ Mobile _____

Name _____

Telephone _____ Mobile _____

Please inform us if someone else will be collecting your child. For obvious reasons we will not let your child go with anyone we do not know. The 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 have any food allergies, dietary requirements? Yes/No (delete)
 Do you have any concerns about your child's diet/eating habits? Yes/No (delete)

Would your child prefer water, milk, or either of them to drink at break? _____

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 is 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) Language understood by family? _____

If so, discuss and agree with the key person who will support the child when settling in

Does your child have any special needs or disability? 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.

Toileting requirements

Is your child toilet trained?		Are they wearing nappies/pull ups?	
Can they wipe themselves?		Do they use a dummy?	

Has your child attended a pre-school/nursery prior to St Marychurch Pre-school.

If so where? _____

How long? _____

What age did they start? _____

Does your child attend another setting? _____

St Marychurch Pre-school Registration continued... - 3 -

Names of professionals involved with the child

Doctor's Name _____ Based at _____ Tel; _____

Health Visitor _____ Based at _____ Tel: _____

Are you registered with a dentist and which one? _____

Immunisations (please tick as appropriate) Please provide *Red book*

Oral Polio	<input type="checkbox"/>	Meningitis C	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Meningitis B	<input type="checkbox"/>
						Meningitis C	<input type="checkbox"/>
HIB	<input type="checkbox"/>	Whooping cough	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	Measles, Mumps & Rubella	<input type="checkbox"/>

Was your child a premature baby? Yes/No If so how many weeks? _____ weeks

Any childhood illnesses? _____

Any important health considerations? (Asthma inhaler/Epipens/Eczema) _____

Any allergies eg penicillin, plasters, anaesthetic, wasp stings/insect bites? _____

Are there any other professionals involved with your child? (Speech therapist, Portage) _____

Do you have any concerns about your child's

Sight	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Adenoids	<input type="checkbox"/>
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Does your family have a social worker for any reason? Yes/No (delete)

Name _____ Based at _____ Tel: _____

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

(If your child attends another setting which one? _____)

To be completed by the Manager

Date starting at St Marychurch Pre-school _____

Days of attendance: Monday/Tuesday/Wednesday/Thursday/Friday

Parents Legal Declaration (please read carefully)

I agree for my child’s learning and development and any welfare/safeguarding questions to be discussed with other settings they attend and any other professionals involved with my child.

I agree to documents or any information referring to my child’s learning and development and any safeguarding concerns being shared with another setting should my child leave or move setting.

I agree staff may use devices, such as computers, laptops, I Pads, cameras at their home location to undertake pre-school work using passwords, memory cards and encrypted sticks.

I agree that minor First-aid may be given to my child by trained staff if deemed necessary. I agree to the use of plasters and non-alcohol antiseptic wipes on my child if necessary.

In the event that my child should require medical treatment either at a Doctor’s surgery or in hospital during their attendance time, I hereby give my consent for any such treatment to be administered. Staff will contact parents if this was necessary and give details of where the child is being taken.

I give my consent for a suitable sun cream factor 30 plus to be applied when necessary to my child, during Pre-school hours and on outings, by staff under the direction of the Pre-school Manager/Supervisor.

I also agree that my child be attended to in the toilet facilities, if necessary and if my child allows it and to apply any nappy cream supplied by me.

I agree that my child may be taken out for walks in the St Marychurch, Babbacombe areas, and into the Precinct centre for intergenerational visits, without my prior knowledge.

I agree that I will give 4 weeks written notice should I wish to withdraw my child from the pre-school and pay any fees during this notice period. I understand that the Pre-school will claim the funded fees for the 4 week notice period before passing any remaining funding to a new setting.

I give permission for St Marychurch Pre-school, or a person nominated by the setting to take photos of my child for the reasons indicated with a tick below:

<input type="checkbox"/>	To record my child’s daily routine
<input type="checkbox"/>	To record my child’s development as part of their online Tapestry learning diary
<input type="checkbox"/>	To record shared learning experiences in another child’s online Tapestry learning diary
<input type="checkbox"/>	To share with the child’s parents
<input type="checkbox"/>	The settings own albums
<input type="checkbox"/>	The setting’s staff’s coursework to be displayed or shown at training
<input type="checkbox"/>	The setting’s promotional literature
<input type="checkbox"/>	The setting’s website
<input type="checkbox"/>	Other publications such as the local paper
<input type="checkbox"/>	Other organisations’ websites such as Torbay Early Years, Play and Childcare Service
<input type="checkbox"/>	Other reasons specified by the setting below: Facebook – no faces shown

I agree that photos/videos taken by parents, containing other peoples’ children are for family use only and will never be passed on to the media or put on any websites/emails or social networking sites without prior permission from the pre-school.

I agree information contained in this document can be used to apply for funding for my child. I understand that the setting have a legal duty to safeguarding my child, I have read and understood the settings safeguarding policy and procedures and know that the setting may make a referral about my child, but that this will be done with my consent, I also understand that should the setting think my child may be at risk of significant harm this may be done without my consent.

Signed by: _____ Legal relationship to child _____

Date: _____