**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 Post Code

Telephone Mobile

Other family details

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

**Emergency Contact details other than parents *(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

**Password (*if required)***

**St Marychurch Pre-school Registration continued… - 2 -**

**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 Surgery 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 |  | Meningitis C |  | Diphtheria |  | Meningitis B |  |
| Meningitis C |  |
| HIB |  | Whooping cough |  | Tetanus |  | Measles, Mumps & Rubella |  |

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)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sight |  | Hearing |  | Adenoids |  |

Do you have any concerns about your child’s

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

Name Based at Tel:

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

Are there any safeguarding concerns which we need to aware of?

(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

**St Marychurch Pre-school Registration continued… - 4 -**

**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:**

|  |  |
| --- | --- |
|  | **To record my child’s daily routine** |
|  | **To record my child’s development as part of their online Tapestry learning diary** |
|  | **To record shared learning experiences in another child’s online Tapestry learning diary** |
|  | **To share with the child’s parents** |
|  | **The settings own albums** |
|  | **The setting’s staff’s coursework to be displayed or shown at training** |
|  | **The setting’s promotional literature** |
|  | **The setting’s website** |
|  | **Other publications such as the local paper** |
|  | **Other organisations’ websites such as Torbay Early Years, Play and Childcare Service** |
|  | **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:**