

SHURDINGTON PRE SCHOOL REGISTRATION FORM

Proposed Start Date..... Deposit of £10.00 Paid
YES/NO (Minimum age is currently 2yrs/ only children older than
3yrs can attend on Friday)

Days Wishing To Attend Pre School (please circle) subject to availability:-

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
FRIDAY			
AM/PM	AM	AM/PM	AM/PM
AM			

Name of Child.....Date of Birth.....

Address.....

Name of Parents.....

Who has Parental Responsibility*? Please Circle: Mother/ Father/ Both/ Other.....

Contact No(s).

Mother:.(Home).....(Work).....
(Mob).....

Father: .:(Home).....(Work).....
(Mob).....

Address (if different from above).....

Email addresses
.....

Siblings - Name(s)/Age(s) & Relationship
...../
.....
...../
.....

Names of Contacts in any emergency and/or who are likely to collect your child from pre-school.

(1).....

Address.....

Tel.No:(Home).....(Work).....
(Mob).....

(2).....
.....

A d d r e s s
.....

Tel No: (Home).....(Work).....
(Mob).....

(3).....
.....

A d d r e s s
.....

Tel No: (Home).....(Work).....
(Mob).....

- | | | |
|-------------------------|-----------------|-------------|
| Ethnic Origin: White UK | White European | White Other |
| Black UK | Black Caribbean | Black Other |
| Indian | Pakistani | Bangladeshi |
| Chinese | Duel Heritage | Other |

Home languages (it may be helpful to know which languages are spoken and written in the home and if translation would help communication with parents. Languages spoken by your child should also be recorded here):-

.....Family
Religion.....

Multi agency partnership is a key element of children’s services. Linking with other agencies ensures that we can meet each families needs and guarantee the best support possible. Please include here the details of any other settings your child attends or any other professionals who have also been involved with your child and the family, in particular your Health Visitor, though this may also include also a Childminder, Social Worker, Family Support Worker, Doctors or other professionals. Please state their names, job titles and contact telephone numbers:-

(1).....
.....

(2).....
.....

(3).....
.....

Please use this section if there is any other relevant information you feel the Pre School should be aware of:-

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.....

Name of primary school/s your child is likely to attend

.....

As a Community Pre-School, we value the contribution that parents, carers and grandparents bring to our pre-school. Please use this space to share with us your occupation, where you work, skills and particular talents that you'd be happy to share with the children and /or in the capacity of committee involvement

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.....

I/We confirm that the information given above is correct and up to date and if any additional information occurs, I/We will inform Shurdington Pre School in writing at the time. I understand this information will be held along with my Child's records.

Name.....

Signed.....Dated.....

.....

MEDICAL INFORMATION

Name of

GP.....

.....

Address.....

.....

.....Tel

No(s).....

Any Medical Procedures FORBIDDEN by Family

Religion.....

Please state in full details of any allergies, medical conditions, feeding difficulties, dietary restrictions or preferences or other ways in which your child may need special help from a member of staff:-

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Current or long-term

Medication.....

.....

Administration of Medicines - In the event of your child needing to have medicine administered, a separate Consent Form should be completed.

History of infectious diseases and immunisations, including tetanus:

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.....

Consent to seek emergency medical advice or treatment:

I/We hereby give written authorisation to Shurdington Pre School to gain emergency medical advice or treatment for my child in the event of an emergency medical accident. I understand that I will be contacted in the event of a serious accident but priority will be given to the attention of my child and procedures will follow as per the Pre School Policy for dealing with an emergency incident; (a copy of which is available on request).

Name of Consenting

Adult.....
.....

Relationship to

Child.....
.....

Date.....**Signed**.....
.....

To complete your child's registration, please could we also have a copy of their birth certificate, we are able to take a copy in pre-school if you could bring in the original. Thank you

*Parental Responsibility is defined by the parents recorded on a child's birth certificate and/or both biological parents being married. Should you require any further clarification, or wish to speak to us regarding your own situation, please speak to Naomi.