



Preston Pre-School

Preston Pre-school Registration Form

Child's Details

Child's Full Name			
Preferred Name			
Date of Birth		Age Next Birthday	
Gender	Male/Female		
Child's Address			
Postcode			

Parent/Legal Guardian Contact Details (Where appropriate, clarification of the legal guardian is required)

Mr/Miss/Mrs/Ms		Name	
Relation to Child		Date of Birth	
Address (If different to above)			
Postcode		E-mail	
Parent National Insurance Number	(required for funding purposes)	Parent date of Birth	
Home Phone		Mobile	
Does adult have parental responsibility for the child? (Please delete)			Yes / No

Please provide your child's birth certificate to the setting, this will be immediately returned after verification.

Mr/Miss/Mrs/Ms		Name	
Relation to Child		Date of Birth	
Address (If different to above)			
Postcode		E-mail	
Parent National Insurance Number	(required for funding purposes)	Parent date of Birth	
Home Phone		Mobile	
Does adult have parental responsibility for the child? (Please delete)			Yes / No

Other Person(s) with legal contact to be completed where those persons with parental responsibility are separated and/or an S8 order is in place.

Mr/Miss/Mrs/Ms		Name	
Address (If different to above)			
Postcode		E-mail	
Please give details of the legal contact arrangements that we need to be aware of?			

Does adult have parental responsibility for the child? (Please delete)	Yes / No

Parent's Place of Employment Details

Adult's Name	
Address of Employment	
Contact Number of Employment	
Adult's Name	
Address of Employment	
Contact Number of Employment	

Ethnicity data gathered for monitoring purposes only. Parents are not obliged to give this information.

Ethnic origin is classified as special category of data under data protection legislation and we require your consent in order to process and store this information. The Privacy policy explains how the data provided in this form will be processed and explains your rights with respect to the information given.

Privacy Notice

I confirm that I have received a copy of the Privacy Notice and give my consent to the processing of special category data.

Signed

Date

White British

☐

Pakistani

☐

White Irish

☐

Indian

☐

White other

☐

Asian other

☐

Black British

☐

Chinese

☐

Black African

☐

Chinese other

☐

Black Caribbean	☐	White and Black Caribbean	☐
Black Other	☐	White and Black African	☐
Bangladeshi	☐	White and Black Asian	☐
Other please state _____			

Collection/Permission Authorisation

(other than parents) Please note that if the authorised person is not the person indicated on this form we will check before releasing the child. Only those over the age of 16 years can be named as authorised persons.

Authorised Person 1

Mr/Miss/Mrs/Ms		Name	
Relationship to Child		Date of Birth	
Address (If different to above)			
Postcode		E-mail	
Home Phone		Mobile	

Authorised Person 2

Mr/Miss/Mrs/Ms		Name	
Relationship to Child		Date of Birth	
Address (If different to above)			
Postcode		E-mail	
Home Phone		Mobile	

Authorised Person 3

Mr/Miss/Mrs/Ms		Name	
Relationship to Child		Date of Birth	
Address (If different to above)			
Postcode		E-mail	
Home Phone		Mobile	

Persons with no access to the child

Adult's Name	
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Address	
Relationship to child	
Reason: court order or other (evidence must be provided)	
Evidence Seen	Yes No

Emergency Contact Details

(Three adults to whom your child can be handed over to or contacted in the event of an emergency)

Emergency Contact 1 Name	
Contact Number(s)	
Emergency Contact 2 Name	
Contact Number(s)	
Emergency Contact 3 Name	
Contact Number(s)	
Name of any persons to whom the child may NOT be handed over	

Does/will your child attend any other settings or childminders?

Name of Setting			
Address			
Postcode		Phone	
Date Started		Days Attending	
Will childminder collect from Pre-school?	Yes / No	Please state which days they will collect	

Password

The safety of your child whilst at Preston Pre-school is of paramount importance and therefore a password system is in place for the collection of children by anyone other than the nominated person. This password will be required in all instances that the child is collected by another person.	
Password	
Signed	

Religion

Child's Religion	
What Religion does your family follow?	
How would you describe your families cultural background?	
Details of any festivals or religious occasions in your culture that you child will be taking part in	

and you would like to see acknowledged and celebrated

Language

What is your child's first language?

What languages are spoken at home?

Medical Information

Name of Child's Doctor

Address and Contact Number

Child's NHS Number

Dates of Immunisations

Diphtheria

Whooping Cough

MMR

Tetanus

Polio

Men.C

I attach my child's birth certificate for Preston Pre-school to take a copy for records.

Name, address and phone number of health visitor

Name, address and phone number of dentist

Any other professional who has regular contact with the child.

Does your child have any medical conditions that we need to be aware of? Please give details:

Was your child born prematurely, if so how many weeks, please provide any further information

Does your child require a health care plan?

Does your child have care or mobility needs that may mean that they are eligible for or in receipt of disability living allowance?

Is your child disabled?

Yes

No

Do you have any concerns about your child's learning

and development? Please provide details:	
Is your child known to have any allergies or food intolerances, please specify:	
What are your child dietary requirements?	
Is there anything that you would like us to help you with or any further information that you would like us to know about your child?	

Is our usual practice to provide both a meat and vegetarian option. If this is not in keeping with your child's dietary requirements please discuss this with the setting manager to ensure that we are working in partnership with you to meet your child's needs. Please refer to our nutrition procedures.

Emergency Treatment Declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me and emergency services will be called as necessary. I understand that my child may be taken hospital accompanied by the manager or authorised deputy for emergency treatment. I understand that health professionals will be responsible for decisions about medical treatment in my absence.

Signed	
Name	
Date	
For inhalers/auto-injectors (e.g.Epipens) only: I give permission for a named member of staff who has been trained to administer the inhaler/Epipen orAnapen (supplied by me) to my child	
Signed	
Name	
Date	

Two year old progress check/Integrated health check

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and to share it with your child's health visitor. Please note that where a local authority has arrangements in place we complete an integrated check with you and your child's health visitor.

If your child is aged between 24-36 months, has a two year old progress check already been

completed for your child? Yes ☐ No ☐

If not already completed, date completed in setting:

Parental Consents

Please read each statement carefully, delete as appropriate and sign each statement individually. These statements are in accordance with the settings policies and procedures.

Sun Tan Lotions/Nappy Cream

I do / do not give consent to Pre-school staff applying sun-tan lotion /nappy cream provided by pre-school, or myself, to my child.

Signed

Date

Paracetamol/ or Ibuprofen based medicine

I do / do not give consent to Pre-school staff administering paracetamol/ibuprofen based products to my child In the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible.

Signed

Date

Photographs/Video at setting

I do / do not* consent to Pre-school staff taking photographs or videos of my child for inclusion within my child's file and Tapestry Learning Journey, display purposes and labels within Pre-school. I am aware that my child may be in the background of another child's photograph displayed in their file or in their Tapestry Learning Journey. Only equipment supplied by us is used for this purpose and images taken are for display and for your child's learning records. Images are saved and stored on our equipment securely, and only kept for the period your child is with us.

Signed

Date

I do / do not give permission for my child's photograph to be used by any media such as local newspapers/magazines.

Signed

Date

E Safety

There are procedures in place that govern the use of IT equipment on site. Where i-pads or similar are used by staff to record children's learning and development or as a management tool, a risk assessment is completed and only equipment owned by the setting is used. Visitors to the setting using IT equipment, such as Ofsted or Social Care, are advised of the procedure for its use and must seek prior permission from the setting manager.

In some instances children will use ICT equipment to promote their learning and development under the supervision of staff. Children never have unsupervised access to the internet.

I give permission for my child to use ICT equipment for the purposes stated above. I

understand that there are procedures and risk assessment in place to govern its use and that staff and visitors may also use ICT equipment to record and monitor children's learning and development.

Signed

Date

Short trips/general outings

I do / do not* consent to Pre-school taking my child on short trips or general outings. e.g the local shop, church . Individual risk assessments are carried out for each trip and will be available to view if required.

Signed

Date

Animals

We may occasionally have supervised visits of animals to our setting or have pets on site. We will ensure that our pets are healthy and are inoculated as appropriate and that animals showing any signs of disease are treated. Risk assessments will be carried out for visiting animals and will be made available to parents on request. Please state here any known allergies or aversion your child has to animals:

Signed

Date

Nappy/Pull Up Changing

I do / do not consent to Pre-school staff changing my child's nappy or pull up as required.

Signed

Date

I do / do not* consent to Pre-school staff changing my child's clothing (including underwear) should they become wet or soiled.

*delete as appropriate

Signed

Date

Snack Time

At Pre-school we provide a mid-morning snack for the children. The snacks offered are breadsticks, dried or fresh fruit, cereals, biscuits, cheese and we celebrate birthdays with some cake. Allergen information can be produced upon request. We provide milk or water to drink.

My child will drink

Water

Milk

Both Water & Milk

Signed

Date

Transfer of Records

With your consent we will transfer your child's records to the receiving school when they leave our setting. This will enable the school to continue to effectively manage any special education, health or medical needs, and to continue with their development.

Signed		Date	
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Policies and Procedures

I am aware that Pre-school have Policies and Procedures which they adhere to through the EYFS and that I can have access to them at any time.

I confirm that information about the setting's policies and procedures has been made available and explained to me, and I understand I can find more information as to how my personal data is handled through the Privacy policy.

Please sign below to indicate that the information on this form is accurate and that you will notify us of any changes as they arise.

Signed		Date	
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