



Shurdington Pre-School Registration Form

Proposed Start date:		Deposit of £10 paid: Yes/No		
<i>Minimum age is currently 2yrs / only children older than 3yrs can attend on Friday</i>				
Days wishing to attend Pre-School (please circle) subject to availability:				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM (8:30am - 11:45pm)	AM (8:30am - 1:00pm)	AM (8:30am - 11:45pm)	AM (8:30am - 11:45pm)	AM (8:30am - 11:45pm)
PM (11:45pm - 2:45pm)		PM (11:45pm - 2:45pm)	PM (11:45pm - 2:45pm)	PM (11:45pm - 2:45pm)

Does your child attend another setting? If so, which one?				
Does your child receive funding? How many hours?		A2YO	15 hours	30 hours
If you have a funding code please insert it here:				

Name of Child:		Date of Birth:	Male / Female
Address:		Who has parental responsibility? (Please circle)	
		Mother / Father /Both /Other	
Who is your child's Health Visitor?			
Please sign here to give consent to us contacting your child's Health Visitor if needed.			
Birth Certificate sighted and copied by Preschool Staff? Yes / No			

Name of Mother:	Birthdate:	N.I Number:
Address if different from above:	Contact Details:	
	Home Phone:	
	Mob:	
	Work Phone:	
	Email:	

Name of Father:	Birthdate:	N.I Number:
Address if different from above:	Contact Details:	
	Home Phone:	
	Mob:	
	Work Phone:	
	Email:	

Details of Siblings (Name / age / relationship)

Emergency Contact Details

Please give details of people to contact in the event of any emergency and / or are likely to collect your child from preschool:

Primary Contact	
Name:	Relationship to child:
Address:	Contact Details: Home Phone: Mob: Work Phone: Email:

Contact 2	
Name:	Relationship to child:
Address:	Contact Details: Home Phone: Mob: Work Phone: Email:

Contact 3	
Name:	Relationship to child:
Address:	Home Phone: Mob: Work Phone:

Contact 4	
Name:	Relationship to child:
Address:	Home Phone: Mob: Work Phone:

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.....

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:-

.....
.....

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, we will need to see the original of their Long Form Birth Certificate first. We will take a copy for our records and return the original to you. 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 Tess.