

**REGISTRATION FORM**

To secure a place for your child at Preschool, please complete and return this form to:
Email: or Postal address:
info@littletonpreschool.com The Manager

 Littleton Preschool
 Littleton Millennium Memorial Hall
 The Hall Way, Littleton, SO22 6QL

|  |  |
| --- | --- |
| **Name of Child:**  | **Name known as:**  |
| **Date of birth:**  | **Gender (male or female):**  |
|  |
| **Name of parent(s) with whom the child lives**: |
| **Parent (1):** | **Parent (2):** |  |
| Does this parent have parental responsibility? Yes / No | Does this parent have parental responsibility? Yes/No |
| Home address: | Home address:  |
| Home phone number: | Home phone no. |
| Work phone Number: | Work phone no. |
| Mobile: | Mobile: |
| Email: | Email: |
|  |
| **Name of parent(s) with whom the child does not live**: |
| **Parent (3):** | **Parent (4):** |  |
| Does this parent have parental responsibility? Yes / No | Does this parent have parental responsibility? Yes/No |
| Does this parent have legal access to the child? Yes/No | Does this parent have legal access to the child? Yes/No |
| Home address: | Home address:  |
| Home phone number: | Home phone no. |
| Work phone Number: | Work phone no. |
| Mobile: | Mobile: |
| Email: | Email: |
| **EMERGENCY CONTACT DETAILS** |
| Please provide emergency contact numbers: |
| Contact 1:  | Work/daytime number: |
| Contact 2: | Work/daytime number: |
| Contact 3: | Work/daytime number: |
| Contact 4: | Work/daytime number: |
|  |  |
| **Persons authorised to collect your child (must be over 16 years of age)** |
| **Name:** | **Relationship to child:** |
| **Telephone:** | **Mobile** |
| **Name:** | **Relationship to child:** |
| **Telephone:** | **Mobile** |
| **Name:** | **Relationship to child:** |
| **Telephone:** | **Mobile** |
|  |
| In the event of an accident or injury, I give permission for my child to be administered first aid by a qualified member of staff **Yes / No** |
| We will always endeavour to contact a parent/carer, but in the event of an emergency, do you consent for your child to receive emergency medical treatment, if needed, by a member of staff, doctor or emergency service. **Yes / No** |
| If need be, a member of staff will travel in/follow the ambulance and hand over to experts at the hospital. **Yes / No** |
| In the event that neither I nor any of the adults named above can be contacted, I give my permission for my child to receive any emergency First Aid/medical treatment deemed necessary by the Manager/First Aider at Pre-school. I understand that every effort will continue to be made to contact me or the above named persons, but also understand that it may be necessary for the Manager/First Aider to act without delay. I understand that such immediate action would only be taken if the situation were deemed to be an emergency by the Manager/First Aider. I also give my consent for any records concerning my child held by Pre-school to be passed on to the medical personnel should the need arise in the course of emergency treatment. In the event that the emergency services are called in by the Pre-school, on arrival of the emergency services the Pre-school would hand over all responsibility to the emergency team.Signed: Name:  |
|  |
| **Name of Doctor:** | **Telephone Number:** |
| **Surgery address:** |
| Please list any medical conditions/recurring illnesses / medication / special needs |  |
| Please list any known allergies, including food, environment, medication, toiletries, consumer products |  |
| **PERSONAL DETAILS ABOUT YOUR CHILD** |
| Does your child have any special dietary needs or preferences Yes / No | If Yes, please detail: |
| Does your child have an EHC Plan in place? Yes / No | If yes, please detail: |
| What other information is 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. |  |
|  |
| **Names of professionals involved with your child** |
| Name | Role |
| Agency | Telephone |
| Do you have a Health Visitor? Yes / No |  |
| Name | Based at |
| Telephone |  |
|  |  |
| Does your family have a social worker for any reason? Yes / No |
| Name | Based at |
| Telephone |  |
| What is the reason for the involvement of social services with your family?NB if the child is on the Child Protection Register, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child’s file. |
|  |
| How would you describe your child’s ethnicity or cultural background? | What language(s) is/are 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 |
| If Yes, discuss and agree with your child’s key person or Manager how you will support your child when settling in: |
| What is the main religion of the 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? |
| **PERMISSIONS** |
|  |
| **Outings**Permission for outings/walks to Littleton Recreation Ground and surrounding area | Yes / No |
|  |
| **Photography**Permission for photographs to be taken for inclusion in your child’s development recordsPermission for photographs for our website ([www.littletonpreschool.com](http://www.littletonpreschool.com))Permission for photographs for publicity purposes on behalf of Littleton Pre-school (including by the local Press) | Yes / NoYes / NoYes / No |
|  |  |
| **Information sharing**Permission to share information with other childcare providers. | Yes / No |
|  |  |
| **Email address(es) for the weekly update email to be sent electronically:** |
| We will only use your personal information in relation to our childcare service. We would like to keep sending you information about our Pre-school by email and phone. We will also update our Facebook page with posts that do not include any personal details about the children, or any photos that show their faces. However, we need to be sure we have your permission to do so. We keep your information so you can receive important updates about our Pre-school. We will keep your information secure and will never share it except if required to do so by law. By ticking this box, you are consenting to us continuing to holding and processing your data and sending you information. You can of course ask us not to contact you by email or phone at any time, and that any photos posted online do not identify your child.I consent to Littleton Pre-school sending me information by telephone or email to keep me informed. □I consent to Littleton Pre-school updating their Facebook page with photos that do not include children’s faces. □ |
| It is a statutory requirement of registration that we have checked the child’s identity and date of birth. Could you please bring the following documents with you on your child’s first day at Pre-school and show them to your child’s key person, who will sign this form to confirm that the required paperwork has been seen:* Child’s Birth Certificate
* Proof of address
* Child’s personal health record (red book)
* Health Visitor 2 year old development check
 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Monday**  | **Wednesday** | **Thursday** | **Friday** |
| **Morning session without lunch** | **08.30 am to 11.45 am**  |  |  |  |  |
| **08.30 am to 12.15pm** |  |  |  |  |
| **Morning session without Lunch** | **9.00 am to 11.45 am**  |  |  |  |  |
| **9.00am to 12.15pm** |  |  |  |  |
| **Morning Session with lunch** | **8.30am to 1.00pm** | **Not Available** |  |  | **Not Available**  |
| **Morning session with lunch** | **09.00am to 1.00 pm**  | **Not Available** |  |  | **Not Available**  |
| **Afternoon session without lunch** | **13.00 – 3 pm**  | **Not Available** |  |  | **Not Available**  |
| **Afternoon Session with Lunch** | **12.15pm to 3pm** | **Not Available** |  |  | **Not Available**  |
| **Full day with Lunch** | **08.30 – 3 pm**  | **Not Available** |  |  | **Not Available**  |
| **Full Day with Lunch** | **09.00 to 3.00pm** | **Not Available** |  |  | **Not Available**  |

Please tick the sessions you would like your child to attend. Where possible these will be accommodated and confirmation will be sent to the email address provided on page one of this form.

|  |  |
| --- | --- |
| Joining date required (month/year ) |  |

|  |  |
| --- | --- |
| Please tell us how you heard about Littleton Pre-school |  |

**TO BE COMPLETED BY KEY PERSON / MANAGER**

**Date starting at Littleton Preschool:**

**Days and times of attendance**

**Are any fees payable? If so, note here\***

**Will EYE Funding be claimed?
If so, note here**

**Name of key person:**

**Name of back-up key person**

**Has the settling-in process been agreed? Yes / No**

**If so, detail here**

\*If fees are applicable these will be levied in accordance with our Fees Policy, a copy of which will be provided to you upon confirmation of your child’s place at Littleton Pre-school.

It is a statutory requirement of registration that we have checked the child’s identity and date of birth. The key person should sign below to say that the following documents have been verified:

* Child’s Birth Certificate Birth certificate number:
* Proof of address
* Child’s personal health record (red book)
* Health Visitor 2 year development check

I confirm that I have seen the above documents that verify proof of identity and address.

Signed: Name:

I confirm that the above information is accurate. I agree to keep Littleton Pre-school informed of any changes to the details I have provided.

**Signed by:**

Parent/guardian signature Date

Key person Date

Moderated by Setting Manager / Deputy

Manager/Deputy Date