

For office use only,
 School year
 Use of Imagery
 Toileting
 Outings
 Proof of I.D.
 Sun protection
 Ambulance form

For office use only,
 Allergies/medical requirements

Reviewed and updated
 Parent/carer Date.....
 Parent/carer Date
 Parent/carer Date



HEMINGFORD GREY PRE-SCHOOL – REGISTRATION FORM

Full name of child: _____ Date of birth: _____
 Name known as: _____ Gender: _____
 Address: _____ Postcode: _____
 Home telephone number: _____ Mobile number: _____
 Email address: _____

Name of parent(s)/guardian(s) with whom the child lives:

1: _____
 Relationship to child: _____
 Does this person have legal parental responsibility? _____
 2: _____
 Relationship to child: _____
 Does this person have legal parental responsibility? _____

Other children in the family? Please give names and dates of birth

Name of persons with whom the child does not live:

Please provide information about who has legal contact with the child, and who has legal parental responsibility for the child.

Name: _____
 Relationship to child: _____
 Does this person have legal parental responsibility? _____
 Address of this person: _____
 Home telephone number: _____ Mobile: _____
 Does this person have legal access to the child? _____

Emergency contact details

(To be used in the event of accident/illness/non-collection of the child)

NB. Parent/guardian to be first choice

Parent/guardian 1

Work/daytime contact number: _____ Mobile: _____

Parent/guardian 2

Work/daytime contact number: _____ Mobile: _____

Other emergency contacts:

1. Name: _____ Relationship to child: _____

Home telephone: _____ Mobile: _____

2. Name: _____ Relationship to child: _____

Home telephone: _____ Mobile: _____

Persons authorised to collect the child

This applies to those allowed to collect the child at the end of a normal session, rather than in an emergency – must be over 16 years of age.

Any person authorised to collect the child on a regular basis should be introduced to the pre-school staff.

When someone other than the parent/guardian or regular authorised person is to collect the child, the details must be written in the Collection book by the parent/guardian.

If the person collecting the child is not known to pre-school staff, the following procedures should be adhered to:

- They should introduce themselves to pre-school staff, stating who they have come to collect.
- They should provide a unique password, which has been pre-arranged with the child's parent/guardian (as indicated below)

Password:

Other contacts:

1. Name: _____ Relationship to child: _____

Home telephone: _____ Mobile: _____

2. Name: _____ Relationship to child: _____

Home telephone: _____ Mobile: _____

Personal details of child

Name of child's doctor: _____ Telephone no: _____

Name of Health visitor/midwife: _____

Address of surgery: _____

Does your child have any special dietary needs/allergies/intolerances?

If yes please provide details: _____

Does your child have any medical conditions or concerns?

If yes please provide details: _____

Does your child have any birthmarks or distinguishing scars?

If yes please provide a description and location: _____

Is there an Early Help Assessment in place for your child/family? _____

If you have answered yes to any of the above please provide a separate letter explaining in detail as much background information as possible including any doctors/hospital letters if possible.

Additional information (Premature birth, Speech and Language Therapy, CAF, LAC)

Please provide details: _____

Is the District Team or Social Care involved with the child or family? _____

Does your child's family access services at a Children's Centre? _____

If yes please provide names: _____

Contact details/telephone numbers: _____

How would you describe your child's ethnicity or culture background? _____

What is the main religion in your family? _____

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?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in that you would like to see acknowledged and celebrated while he/she is in our setting? Yes/no (please circle)

If yes provide details;

Consent clauses:

If we were unable to contact you in an emergency and medical treatment is required for your child, it would be useful if you could sign below, giving your consent for this.

I give my consent for appropriate medical treatment to be given to my child if I cannot be contacted.

Signed:

Date:

I consent to observation and records being held in respect of my child and understand that I may have access to these records in request.

Signed:

Date:

We are required to advise you that we have a Safe Guarding Children's Policy and that as childcare providers we have a duty to report suspected cases. Please sign to confirm that you are aware of this.

I am aware that pre-school has a Safeguarding Children's Policy and that as childcare providers they have a duty to report suspected cases.

Signed:

Date:

Sunscreen Permission

I give permission for the pre-school staff to support my child when applying sun cream at pre-school.

I agree to supply sun cream in a named bottle, and apply sun cream before my child attends pre-school.

Childs Name:

Signed:

Date: