

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:**

### 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: \_\_\_\_\_

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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;

**Joining Fee**

You will be charged £25 joining fee, this will guarantee your place at pre-school in the term requested. This £25 will be added to your first invoice. Also included is a named draw-string bag with pre-school logo and a t shirt with pre-school logo.

I am happy for £25 joining fee to be added to my first invoice.

Signed: ..... Date: .....