

ST PHILIPS PRE-SCHOOL REGISTRATION

Child's first name		M/F
Middle name		
Surname		
Name your child is known by;		Date of birth / /20
At what age would you like your child to start?		minimum age is 2 years
When would you like them to start?		
Please indicate below, which sessions you would prefer. Each session is three hours long, all day counts as 2 sessions. <u>This must be a minimum of two sessions per week.</u> (Children receive their government funding the term AFTER their 2nd or 3 rd birthday, depending on your circumstances) (Government funding is between 15 and 30 hours per week, depending on your circumstances)		
Monday am/pm Tuesday am/pm Wednesday am/pm Thursday am/pm Friday am/pm		

Parent 1. MUM/DAD/OTHER () Name: _____ Address: _____ Postcode: _____ <p style="text-align: center;"><u>Contact telephone numbers:</u></p> Home: _____ Mobile: _____ Work: _____ Email: _____ Does the child live with you full time? YES/NO Do you have parental responsibility YES/NO	Parent 2. MUM/DAD/OTHER () Name: _____ Address: _____ Postcode: _____ <p style="text-align: center;"><u>Contact telephone numbers:</u></p> Home: _____ Mobile: _____ Work: _____ Email: _____ Does the child live with you full time? YES/NO Do you have parental responsibility YES/NO
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Emergency contact / collection permission/including childminders
Please provide three alternative names and details for us to contact if we are unable to contact you.

Name	Relationship to child	Contact telephone numbers
1		
2		
3		

There may be a time when you wish someone else to collect you child at short notice, to ensure maximum security will ask them for a password to confirm that you have given them permission.
 Please set your password here _____
 Please note we will not allow unauthorised collection of your child, without seeking permission from yourselves first.

Has your child attended another setting previously? YES/NO. If yes which setting?
 If yes, do you give us permission for us to contact them? YES/NO
 Will your child be attending another setting? Yes/No. If yes which setting?
 We would like your permission to share information about your child to enhance their learning and development, with the other setting . YES/NO

Name of doctor's surgery
 Telephone number:
 Has your child had their two-year check?

Health /allergies /Special needs

<p>Does your child have any known medical conditions (including asthma) We will require you to complete a medical form to allow us to administer the inhaler.</p>	
<p>Any known allergies? (including milk, nuts or plasters)</p>	
<p>Is your child or your family currently receiving help from any outside agencies such as speech & language, health visitor, family support worker, paediatrician, or social worker? Does your child have any additional needs? Do we need to put anything in place before they start? Do you have any additional needs that we should be aware of? Do you need any additional help with reading newsletters etc?</p>	

Permissions for St Philips Preschool to;	Signature	Date
I give permission to take photographs that will be contained in my child's learning journey, this may be a group photo or a joint photo with another child which may be shared in their learning journey too.		
I give permission to publish photographs of my child in st Philips preschool closed Facebook group.		
I give permission to make observations and keep records of my child's development in their learning journey.		
I give permission that if you are unable to contact me or my partner, first aid trained staff may instigate medical intervention. I understand that every attempt will be made to contact us.		
I give permission for staff to apply sun cream supplied by myself when necessary. I understand that if I do not supply sun cream for my child, none will be applied.		
I understand that all fees must be paid by the end of each month, failure to do so will result in suspension of sessions until all fees are paid.		
I understand and agree that a minimum of 4 weeks' notice must be given for my child to leave the setting and that funding will not be transferred if this notice is not given.		
To comply with the statutory framework EYFS 2017 and the childcare register 2016, I am required to share yours and your child's personal data, on request, with OFSTED, the local authority, HMRC and the Local safeguarding children's board. I need your permission to do this, please sign to show your agreement.		
<p>I confirm that all information given is correct</p> <p>Signed: _____ Date: _____</p> <p>Print name: _____</p>		
<p>Your child's 1st language is.</p> <p>Your child's 2nd language is.</p> <p>Your child's ethnicity is</p>		