



REGISTRATION FORM

This registration form should be completed if you wish to apply for a place at Little Me PreSchool.

The information on this form is subject to the terms of the Data Protection Act 1998.

Child's Full Name:

Date of Birth: Sex

Birth Certificate number.....

Name in which child should be addressed in PreSchool:

Name of parent/s with whom the child lives

1.....

E-mail address

Does this parent have parental responsibility? Yes/No

2.....

E-mail address

Does this parent have parental responsibility Yes/No

Address.....

.....

Home tel:mobile:.....

Name of parent with whom the child does not live

3.

Does this parent have parental responsibility Yes/No

Does this parent have legal access to the child Yes/No

Address of this parent

.....
.....

Tel:

Emergency Contact Details.

Parent 1. Daytime / work contact number Mobile number

Parent 2. Daytime / work contact number Mobile number

Emergency contact details at least 2 (these should be different from the parents)

1. Name and Relationship to child
Contact number including mobile

2. Name and Relationship to child
Contact number including mobile.....

Persons authorised to collect the child - must be over the age of 18
(password to be given to a member of staff by person authorised to collect the child other than the usual person)

Name and relationship to the child
Day time telephone number Mobile.....

Name and relationship to the child
Day time telephone number Mobile.....

Personal details of child:

Does your child have any special dietary needs? Yes/No. If yes please give details below:

.....
.....

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

.....

What are your child and families religious beliefs and practises?

.....

Are there any festivals or special occasions celebrated in your family that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is at our setting?

.....
.....

What is your child's first language/s 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

We have a special needs Policy and a Special Educational Need Co-ordinator (SENCO)

Does your child have any special needs or disabilities Yes /No
If yes please give details:

.....
.....
.....

Are any of the following in place for the child?

Early years Action Plan Yes/ No

Early years Action Plus Yes / No

Statement of Special Educational Need Yes/ No

What support will he/she require at Little Me Preschool?

.....

Any other information, which you think, is important for us to know about your child?
Example any fears/comforter they may need and when.

.....
.....
.....

Name of professional involved with child

Name 1..... Agency:

Role Tel.

Name 2. Agency.....

Role Tel:

Name 3 Agency.....

Role Tel:.....

Do you have a health visitor? Yes/ No

Name..... Tel:.....

Based at

Do you have a social care worker for any reason? Yes / No

Name Tel:

Based at

What is the reason for the involvement of the social care department in your family?

.....

Medical Details

Child's GP : Tel: Number:

Address:.....

Has your child been immunised against the following? (please tick)

Diphtheria:	Tetanus:	Whooping cough:	Polio:
HIB:	MMR:	MenC	Pneumo

Medical History: Please give any relevant medical information plus treatment eg. Use of Asthma inhalers, regular medication etc. (a separate consent form need to be completed, if staff need to administer any regular medication prescribed by your doctor for your child while he/she is at Pre-School)

Is your child allergic to anything?.....

Are there any special dietary needs?.....
.....
.....
.....
.....

Authority for Emergency Treatment

I give my permission to Little Me Preschool for seeking of any necessary emergency medical advice or treatment in the future.

Signed.....

Name.....

Date.....

I give permission for Pre School staff that has a valid first aid certificate to perform appropriate First Aid on my child

Signed.....

Other helpful information about your child:

Has your child previously attended:

Parent and Toddler group Yes /No

Another preschool

Yes / No

Does your child:

Use a special word when referring to the toilet

Have any brothers or sisters (names)

.....

Name of Primary school your child is expected to attend and their start date

.....

As part of the transition into primary school, we would like to give a written report of your child's development to the school. If you have any objection, please let us know.

I give permission for Little Me PreSchool permission to discuss your child and share information with any other setting he/she attends.

Name:

Signature

Consent for regular observation and assessment

I understand and give permission for routine observations and assessments to be carried out by staff members and supervised students. I understand that I have full access to these if required

Signed.....Name.....

Parent/Carer ofDate:

PHOTOGRAPHS

I agree to my child being photographed during session for use of the preschool as evidence of activities and photos to be used on display boards during pre-school hours.

Signature

Igive permission forto have photos taken at PreSchool for the purposes of using photos in their Early Years Foundation Folder and also be in other Children's Early Years Foundation Folders.

Signed..... eDate.....

Igive permission forto be taken out of PreSchool for the purposes of an educational school trip on the understanding that Little Me Preschool will undertake all necessary arrangements for the safety of my child during that time. Notice of these trips will be given in advance.

Signed.....Date.....

In order to safeguard your child we have devised a system which ensures your child can only leave pre-school when accompanied by an authorized adult.

If you know that the usual procedure for collecting your child will be different please fill out the column in the self registration folder.

On the rare occasion of an emergency or oversight we will require the person collecting your child will be different please fill out the column in the self registration folder.

On the rare occasion of an emergency or oversight we will require the person collecting your child, particularly if they are unknown to us, to be aware of the child's password and if possible a phone-call advising us of this change. They will be expected to show us identification (photo if possible) and we will record all information of this person. We will ask you for a description of that person.

Lastly we must remind parents that we cannot allow children to leave the premises in the care of people under the age of 16.

Child's Name _____

Password _____

Signature_____

