

# REGISTRATION FORM



|  |        |   |        |
|--|--------|---|--------|
| <b>Child's Full Name<br/>(as on birth certificate):</b>                            |        |   |        |
| Date of Birth:   |        | Child likes to be known as:                                 |        |
| Child's Home Address:  |        | Religion:   |        |
|  |        | Ethnicity:  |        |
|  |        | Home Language:  |        |
| Postcode:  |        | Home Phone No:  |        |
| Is this your child's first experience of being in an English speaking environment? |        |   | YES/NO |
| <b>PARENT/GUARDIAN INFORMATION</b>   |        |   |        |
| Name of mother:  |        | Name of father:   |        |
| Address (if not same as above):  |        | Address (if not same as above):                             |        |
| Postcode:  |        | Postcode:   |        |
| Home Phone No.(if not same as above):  |        | Home Phone No.(if not same as above):                       |        |
| Mobile No.:  |        | Mobile No.:   |        |
| Email:   |        | Email:  |        |
| Place of work:   |        | Place of work:  |        |
| Work contact no.:  |        | Work contact no.:   |        |
| Does this parent have legal parental responsibility/access?                        | YES/NO | Does this parent have legal parental responsibility/access? | YES/NO |
| Other persons with parental responsibility at child's home address:                |        |   |        |
| <b>ADDITIONAL ADULTS / EMERGENCY CONTACTS APPROVED TO COLLECT CHILD</b>            |        |   |        |
| Name of additional/emergency Contact (1):  |        |   |        |
| Relationship to child (if any):  |        |   |        |
| Phone/Mobile no.:  |        |   |        |
| Name of additional/emergency Contact (2):  |        |   |        |
| Relationship to child (if any):  |        |   |        |
| Phone/Mobile no.:  |        |   |        |
| Security Word:   |        |   |        |

# MEDICAL/HEALTH INFO

Name of Child's Doctor/GP: \_\_\_\_\_

Name and address of Doctor's Surgery:  
 \_\_\_\_\_  
 \_\_\_\_\_

Surgery Phone No.: \_\_\_\_\_

Is your child up to date with the following vaccinations?

|            |  |                |  |
|------------|--|----------------|--|
| BCG        |  | Rubella        |  |
| Diphtheria |  | Meningitis     |  |
| Hib        |  | Polio          |  |
| Measles    |  | Tetanus        |  |
| MMR        |  | Whooping Cough |  |

Please give details of any **allergies/intolerances/previous medical history** your child has been identified as having/had and the treatment required:

If your child suffers with **asthma or eczema** please give details of the treatment required:

Please give details of any **dietary requirements** your child may have:

Please give details of any **special needs/disabilities/long term medication** your child has and what support they may require:

Please provide contact details of health visitors / portage workers etc.

Does your child have regular contact with health professionals or agencies? YES/NO

Is there any other information that you feel we should know about your child and/or their development? YES/NO

## TO BE COMPLETED BY STAFF MEMBER

|                      |  |            |  |
|----------------------|--|------------|--|
| RED BOOK SEEN BY:    |  | DATE SEEN: |  |
| TYPE OF ID PROVIDED: |  | ID NUMBER: |  |
| SEEN BY:             |  | DATE SEEN: |  |

# STARTING DATES AND SESSION INFORMATION

NB. The preschool is open in accordance with Hampshire school dates - term time only

Requested starting date:

Agreed starting date:

Agreed dates for Accompanied Visits and Settling-in visits

1st Visit Date:

2nd Visit Date:

Additional Dates if required:

Please tick the days / sessions below that you require each week

|           | AM         | LUNCH CLUB  | PM         | TOTAL HOURS PER DAY |
|-----------|------------|-------------|------------|---------------------|
|           | 9.00-12.00 | 12.00-12.30 | 12.30-2.45 |                     |
| Monday    |            |             |            |                     |
| Tuesday   |            |             |            |                     |
| Wednesday |            |             |            |                     |
| Thursday  |            |             |            |                     |
| Friday    |            |             |            |                     |

If you require other start / finish times please note them here:

# OTHER USEFUL INFORMATION

It is important for us to know if your child attends another childcare setting to enable us to work in partnership and share relevant information.

Other preschools/nurseries previously attended:

Is your child attending another preschool/nursery simultaneously to us?

Please can you advise how you heard about Cherry Trees Preschool?

Why did you choose Cherry Trees Preschool?

# PARENTAL PERMISSIONS

|   |        |
|---|--------|
| I/we consent to the preschool collecting and processing my/our personal data in order to comply with the requirements of the EYFS and understand that this information will be handled, stored and disposed of in accordance with the General Data Protection Regulation (GDPR) 2018. | YES/NO |
|---|--------|

## ONLINE PHOTOGRAPHS/VIDEOS & TAPESTRY ONLINE LEARNING JOURNAL

|  |        |
|--|--------|
| I/we give permission for an online Tapestry Learning Journal to be created and maintained for my/our child during their time with us | YES/NO |
|--|--------|

|  |        |
|--|--------|
| I/we give permission for staff to take photographs and videos of my/our child to be used in their online Tapestry Learning Journal | YES/NO |
|--|--------|

|  |        |
|--|--------|
| I/we give permission for my/our child to appear in any <b>group photos or videos</b> used in the Tapestry Learning Journal and I/we understand that my/our child's image will be viewable by the parents/carers of the other children featured in that particular photo or video | YES/NO |
|--|--------|

|  |        |
|--|--------|
| I/we agree <b>NOT</b> to electronically share, by social media or other platforms, <b>ANY</b> part of my/our child's Tapestry Learning Journal, including photo's or videos. I/we understand this is all for <b>personal use only</b> and <b>not to be shared/published</b> in any way | YES/NO |
|--|--------|

|   |        |
|---|--------|
| I/we agree to keep my/our login details safe and secure | YES/NO |
|---|--------|

|  |        |
|--|--------|
| I/we consent to the preschool taking photographs of my/our child to be added to our newsletters/website/Facebook page. | YES/NO |
|--|--------|

## EMERGENCY, MEDICAL & HYGIENE

|   |        |
|---|--------|
| I/we consent to the preschool trained paediatric staff providing first aid treatment and seeking emergency medical advice and/or treatment that my/our child may require. | YES/NO |
|---|--------|

|  |        |
|--|--------|
| I/we consent to the preschool sending a paediatric trained member of staff to travel to hospital with my child in an ambulance in the event of an emergency. | YES/NO |
|--|--------|

|  |        |
|--|--------|
| I/we consent to the preschool staff administering a plaster/sun cream (either provided by parents or setting)/face paints/antihistamine cream or liquid to my/our child. | YES/NO |
|--|--------|

|  |        |
|--|--------|
| I/we consent to the preschool changing my/our child's nappy / pull-up / clothing as necessary. | YES/NO |
|--|--------|

|  |        |
|--|--------|
| I/we confirm that the additional/emergency contacts that we have provided give their consent for the preschool to hold and use their contact details in the event that we are unable to contact you. | YES/NO |
|--|--------|

## OUTINGS & SPECIAL ACTIVITIES

|  |        |
|--|--------|
| I/we confirm that my/our child can take part in multi-cultural events and festivities. | YES/NO |
|--|--------|

|  |        |
|--|--------|
| I/we confirm that the preschool can take my/our child into other areas of the preschool grounds. | YES/NO |
|--|--------|

|  |        |
|--|--------|
| I/we consent to the preschool taking my/our child out on local walks and outings to local schools/church/care home, sometimes without prior knowledge or additional written consent* | YES/NO |
|--|--------|

\* **Local walks** - weather and staff:child ratios dependent, we may take the children on local walks around the preschool or to the nearby park, common etc...

**Local schools, care home & church** - we visit these a number of times throughout the year, with the majority being notified in advance as we may require separate drop off or pick up arrangements, however there may be times we make visits without prior arrangement

## DECLARATION - I UNDERSTAND THAT...

Fees are payable monthly, in advance—for those that are funded, hours taken over the 15 hours per week are payable.

The Pre-School reserves the right to alter or increase fees after giving parent's at least one full month's notice.

No refunds are given for illness or holidays during term time unless agreed with the Parent Management Committee and the Manager.

One month's notice, or the equivalent in fees, is required on leaving or dropping the number of sessions, except when your child moves up to school.

Each child's attendance at the pre-school is conditional upon continued payment of fees/grants.

Funding forms must be completed prior to the start of the funded term to allow sufficient time for claims to be processed.

A contract must be agreed between the pre-school & parent with regards to the sessions & hours required each term.

The pre-school reserves the right to alter the child's settling-in procedure.

Children should not attend pre-school with any infectious illnesses (see full policy for details).

My/our child will be collected on time at each session or late collection charges will be incurred.

Authority from you must be provided if your child is to be collected by someone else.

The information provided must be true to the best of my knowledge and must notify the preschool as soon as possible should any information change.

Impstone & Cherry Trees Preschool has a website: [www.impstonepreschool.co.uk](http://www.impstonepreschool.co.uk)

By completing and signing this registration form, I accept the preschools policies. These policies are available on our website at [www.impstonepreschool.co.uk](http://www.impstonepreschool.co.uk) and hard copies are available upon request.

**PLEASE PROVIDE PROOF OF ID - PARENT PASSPORT OR DRIVING LICENCE & YOUR CHILD'S BIRTH CERTIFICATE AND RED BOOK UPON REGISTRATION**

Parent/guardian Name (please print):

Parent/guardian Name (please print):

Parent/guardian Signed:

Parent/guardian Signed:

Date:

Date: