

REGISTRATION FORM -
PART 1



Providing a happy and creative environment
where children learn best.

Personal Details:

Child's Name _____ DOB _____

Mother/Carer 1 Name _____

Father/Carer 2 Name _____

Parents/Carers Address _____

Telephone Numbers
(Home) _____ (Mobile) _____

Email address mother/carers 1 _____

Email address father/carers 2 _____

Session Times: The sessions I would like my child to attend St Peter's Pre-School is/are:

		Mon	Tues	Wed	Thurs	Fri
AM	9.15 – 11.45					
Lunch Club	11.45 – 12.15					
PM	12.15 – 2.45					

Please tell us your **preferred start date**

Note: We will endeavour to meet your preferred session requests, but if a session is fully subscribed, we would hope to offer you an alternative session.

Number of government funded hours you will be claiming (these can be claimed for any sessions including lunch clubs, up to a total of 15 hours, from the term after your child's 3rd birthday, or some 2 year olds are now eligible if your family meet certain criteria)

Deposit: There is a one-off non-refundable registration fee of £20 for those children who are not eligible for government funding, to cover administration costs. Please make your cheque payable to St Peter's Pre-School Ardingly and write your child's name on the reverse. Thank you. Cheques should be sent, together with this form, to a member of staff, or: St Peter's Pre-School at the address below.

If you find that you no longer need this place for your child, please inform us as soon as possible.

Signed Print Name

Date

Tel. 07969 890907

St. Peter's Church Centre,
Ardingly, West Sussex RH17 6UN

www.st-peters-preschool-ardingly.org

We're a charity...

Registered Charity: 1022794
Ofsted Registration: 113730

**REGISTRATION FORM
- PART 2**



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Personal details

Child's first name(s) _____ Surname _____

Name known as _____

Child's full address _____

Gender _____ Date of birth _____

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

Contact details 1 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes No

Contact details 2 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes No

Tel. 07969 890907

St. Peter's Church Centre,
Ardinalv. West Sussex RH17 6UN

We're a charity...

Registered Charity: 1022794

Emergency Contact Details

Please provide two contact names and telephone numbers in case of emergency during pre-school hours:

Name	
Telephone number	
Relation to child	
Name	
Telephone number	
Relation to child	

Nominated persons whom may collect your child

Please provide details of people whom you give your consent to, to collect you child, other than yourselves along with a password that they are to use. On the days when you will not be collecting your child it is extremely important that you provide the pre-school staff with the name of one of the following nominated people who you have given permission to do so.

Name	
Telephone number	
Relation to child	
Name	
Telephone number	
Relation to child	

Password:

About Your Child

Record of Immunisations

Has your child received the following immunisations? *Please confirm and provide date of immunisations given.* (You can find this information in your child's 'red book').

Two months old	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Three months old	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis C vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Four months old	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Between 12 and 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	MMR vaccine – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Two to three years	Flu vaccine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Three years and four months or soon after	MMR vaccine, second dose – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

Does your child have any on-going medical conditions? If so, please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

Is your child known to have any allergies or food intolerances? If so, please specify:

Details of professionals involved with your child

GP

Name _____ Telephone _____

Address _____

Health Visitor

Name _____ Telephone _____

Dentist

Name _____ Telephone _____

Any other professional who has regular contact with your child

Name 1 _____ Role _____

Agency _____ Telephone _____

Address _____

Does your child have any special needs or disabilities? If so, please specify:

Two year old progress check – children aged 24 – 36 months

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child?

Yes No

Where was the check completed _____ Date completed _____

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you.

Cultural background

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

What is the main religion in your family (if applicable)?

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

What language(s) is/are spoken at home?

Childcare History

Does your child have previous experience of attending a childcare setting? If so, please specify:

To allow us to find a starting point for your child's development, it is important for us to contact his/her previous nursery/pre-school and the key worker to share previous achievements, strengths and weaknesses. **I hereby give/do not give** consent for information regarding my child to be shared with other settings and outside agencies.

Parent name _____

Signed _____ Date _____

(Continued on next page...)

Parental Consents

The following consents given by you, the parent/carer, remain valid until your child's attendance with pre-school has been terminated in writing or you have otherwise indicated by written amendment which must be dated and signed. *Please read each section and delete as appropriate. Your signature is also required against each consent statement to confirm that this is your wish.

Administration of Calpol	
In the instance of my child having an extremely high temperature and I am not contactable I hereby give/do not give* my permission for my child to be administered Calpol by a senior member of pre-school staff.	Signature:
Emergency Medical Attention	
In the event of an emergency and my child requiring urgent medical treatment through illness or an accident and should I not be contactable I hereby give/do not give* permission for my child to receive emergency medical assistance of any kind including operative treatment and/or administration of anaesthetic in my absence. I understand that this may include my child being transported to the hospital by ambulance with a senior member of pre-school staff and that attempts will continue to be made to contact me.	Signature:
I hereby give/do not give* permission for pre-school staff to discuss my child's medical history with medical staff if needed.	Signature:
Inhalers/Epipens	
I hereby give/do not give* permission for a member of staff who has been appropriately trained to administer the inhaler/Epipen (supplied by me) to my child. I understand that I will be contacted immediately following administration of the inhaler/Epipen.	Signature:
First Aid	
I hereby give/do not give* permission for my child to receive emergency first aid by a qualified first aider.	Signature:
Plasters	
I hereby give/do not give* permission for a member of staff to use a plaster on my child as necessary.	Signature:
Suncream	
We ask you to please ensure that in hot weather sun cream is applied to your child before coming to pre-school. However, to ensure the children in our care are protected, further sun cream may be required. I hereby give/do not give* permission for staff to administer hypoallergenic suncream (supplied by me, and marked with my child's name) to my child when necessary.	Signature:
Outings	
As part of the pre-school activities we go for walks within the village of Ardingly from time to time. I hereby give/do not give* permission for my child to take part in these short walks. I understand that individual risk assessments are carried out for each outing taken and are available for me to see as required.	Signature:
Photographs/Videos	
As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child's records within the setting. We are happy to provide duplicate photos of your child to you if requested, although this might incur a small charge to cover our costs. We may also record events and activities on video. Photos/videos are stored on the setting's computer only; we only store images during the period your child is with us.	Signature:

<p>I hereby give/do not give* consent for St Peter's Pre-school to use the staff's written observations, photographs and videos of my child whilst they are attending the setting for any of the following: displays at the setting; promotional material such as the pre-school website, posters, flyers; for staff's NVQs and other educational courses/qualifications (which means that an external verifier may see them); for Quality Assurance evidence (in which case the mentor and verifier may see them).</p>	
<p>Your child's photograph/video image may be taken at other performances by other parents or invited guests e.g. at a pre-school play, show or party. Photos of children will not be placed on the closed pre-school facebook page. We ask that all parents who wish to take photographs or videos of their child at such events please be sensitive to other people and their children. Images and videos taken must only be for personal use and must not be posted on the internet via social media.</p> <p>I hereby give/do not give* consent for my child's photograph/video image to be taken by other parents or invited guests at pre-school events.</p>	

We are endeavouring to minimise running costs. Please confirm if you wish to receive pre-school communications (eg newsletters) by email or paper copy

Email

Paper copy

Data protection

I /We consent to our data being used solely to enable the setting to provide care and education to our child / children in partnership with us. The information will only be provided to third parties with our permission. We understand the personal data held by the setting will be for the specified purposes such as to enable us to be contacted in an emergency.

I/we understand the circumstances in which information we provide to you may be shared without our consent. This will only be when it is a matter of safeguarding a child or vulnerable adult. (Please refer to our Information Sharing Policy for more information).

I / we understand that it is our responsibility to ensure that the setting has up to date accurate information about our contact details and anything else deemed significant.

I / We understand that these details will be kept for two years after our child leaves the setting.

Signed

Date

Name

All About Me

The following questions are optional but provide us at pre-school with really helpful additional information about your child. If we have an idea of games they like to play or their particular interests, it helps us to tailor their experience at pre-school to fit them as an individual, helping them to settle in quicker and allowing them to get the most out of their time with us.

My favourite things at home are:

(This might include toys, games, comfort objects, stories, places...)

Meaningful or special relationships in my life are:

(This might include family members, friends, people who look after me, other people involved in my life, even pets!
Photos are lovely to see and share – and it helps us to know who everyone is!)

My routines are:

(This might include eating and sleeping routines, the kind of cup I use, my toileting habits, my routines, and who will usually bring and collect me.)

How I communicate:

(This might include special words or gestures, home language or any other types of communication I use.)

--

My feelings:

(This might include what makes me happy, sad, angry or scared and how I show these feelings.)

--

When I am feeling... it helps me if...

--

You may also tell us about your child's strengths and abilities here

--

Does your child have any particular dislikes or fears?

--

Do any of your child's friends attend St Peter's Pre-school, or do they plan to soon?

--

Anything else you might need to know about me:

--

If there is anything you wish to discuss further with the supervisor please call to make an appointment. Many thanks.
