

WEST HILL PRESCHOOL REGISTRATION FORM

We require information to ensure that we have adequate knowledge of you and your child to look after them in the Preschool setting. This information will be kept confidential and will be provided to/accessible to staff members and the Admissions Officer, only. If the need arises, the information may be provided to the West Hill Committee Chair, and Committee, who assist in managing the preschool.

Child and parent/carer contact details

Child's full name.....
Child's pet (preferred) name.....
Child's full address details.....
.....
.....Postcode.....
Gender..... Date of birth..... Birth certificate seen - Y/N
Child's 1st language.....
Preferred Telephone number.....
Email Address.....

Family details

Mother's full name.....
Full address details (if different from above).....
.....
.....Postcode.....
Contact telephone numbers:
Work..... Home..... Mobile.....
Father's Name.....
Full address details (if different from above).....
.....
.....Post code.....
Contact telephone numbers:
Work..... Home..... Mobile.....
Other person with parental responsibility (if relevant).....
Full address details.....
.....
.....Post code.....
Contact telephone numbers:
Work..... Home..... Mobile.....

Emergency contact details (if parents are not available) for 2 named contacts

First contact name.....
Relationship to child.....
Full address details.....
.....Post code.....
Contact telephone numbers:
Work.....Home.....Mobile.....

Second contact name.....
Relationship to child.....
Full address details.....
.....Post code.....
Contact telephone numbers:
Work.....Home.....Mobile.....

Emergency treatment

To ensure that your child receives the best and most appropriate care, attention and treatment should an emergency or accident happen, you need to complete and sign the following declaration.

Declaration

I give permission to West Hill Preschool to take the necessary steps to ensure that receives medical attention and treatment should an emergency or accident happen, which requires such attention. I understand that every effort will be made to inform me of the accident or emergency as soon as possible, but staff may need to accompany my child to the hospital in the case of a serious accident in my absence. I give my permission for the staff member to authorise hospital staff to administer treatment that they deem to be necessary, in my absence, until my arrival.

Mother's signature.....Date.....
Father's signature.....Date.....
Signature of Person with parental responsibility (if relevant).....
Date.....

Blood transfusion

I give/do not give permission to West Hill Preschool to take the necessary steps to ensure that receives a blood transfusion if recommended by a doctor, should an emergency or accident happen.

(Please delete as applicable).

Mother's signature.....Date.....
Father's signature.....Date.....
Signature of Person with parental responsibility (if relevant).....
Date.....

Medical details

Please indicate whether your child has been immunised against any of the following (by ticking) and provide date of immunisation

Immunisation	Date(s)
Diphtheria, Tetanus and Pertussis (DTP)	
Meningococcal Type C	
Polio	
Measles, mumps, rubella (MMR)	
HiB	
BCG (TB)	
Hepatitis	
Other:	
Other:	

Please specify if your child has any ongoing health problems or special needs:.....

Please specify if your child has any allergies with details of the allergies.....

Can you give training in the application of medication (such as epipen or anapen/inhalers) if necessary? Y/N

Has training been given? Y/N

Signature of staff members to whom training has been given.....

Date of training.....

Please confirm that you give permission for staff to administer inhalers, epipen or anapen (supplied by parents/carers) as instructed.

Signature of parent/carer.....Date.....

Details of General Practitioner

Name of General Practitioner.....
Address of Practice.....
.....
.....
..... Post code.....
Telephone number of practice.....

Health Visitor Details

Name of Health Visitor.....
Address of Practice.....
.....
.....
..... Post code.....
Telephone number of practice.....

Collection Authorisation

We will assume that named carers (e.g. father/mother/persons with parental responsibility), named in the family details section are authorised to collect your child, unless you inform us otherwise, below.

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

You may also wish to authorise relatives/friends to collect your child. Please enter details of these persons below.

Authorised collector 1

Name.....
Relationship to child.....
Full address details.....
.....
.....
..... Post code.....
Contact telephone number:.....

Authorised collector 2

Name.....
Relationship to child.....
Full address details.....
.....
.....
..... Post code.....
Contact telephone number:.....

If any person, other than a parent/carer/person with parental responsibility collects the child, the parent must inform staff, prior to the child being collected, that the child is to be collected by someone other than them and the collector must provide staff with a password before the child is released to them.

Please indicate here what password you would like collectors to use.....

Parental permissions

1. Suncream

I give permission for staff to administer suncream (supplied by me) to my child, when deemed necessary, by staff members.

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

2. Photographs/videos

As part of the on-going recording of our curriculum, and to provide you with photographic evidence of the learning goals which we are working towards, we take photos, and less often videos, of the children during play. These photos may be used for display work and for your child’s records within the nursery environment.

If you are happy for your child to have his/her photo taken and/or be in the occasional video, please sign below.

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

3. Animals

Occasionally the preschool staff may arrange for animals, such as horses, kittens, rabbits to visit the preschool.

Please sign to let us know that you have no objection to animals visiting the premises of the preschool.

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

Please let us know below whether your child has any known allergies or aversions to animals.

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4. Outside agencies

The preschool may need to discuss some details with outside agencies, such as your child’s chosen primary school, upon transfer to the school, as appropriate. Please confirm that you are happy for the appropriate staff member to share information in this way.

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

Key persons

Each child joining the preschool will have a key person appointed to them. It will be the key person’s responsibility to ensure that your child’s individual profile record is kept up to date and this person will discuss with you your child’s progress at parent meetings. Your child’s key person may change as your child progresses through the Preschool and you will be notified of these changes.

Although your child’s key person may not always be at each session that your child attends (since this will depend on staff rotas), the key person should be your first point of contact, if possible. If your child’s key person is not at a particular session that your child attends, then the person in charge of that session should be your point of contact.

We encourage all our parents to contribute to Preschool life, in any way they can. All your comments and suggestions are welcomed and we especially value your input via your child’s key person.

About your child

Is English your main language at home?.....
If not, what language is spoken at home?.....
What religion does your family follow (if applicable).....
How would you describe your family’s cultural background?.....
.....
.....

Are there any cultural or religious festivals that your child takes part in (other than Christmas/Easter) that you would like us to know about.....
.....
.....

Does your child have any other Preschool/nursery/childcare experience?.....
.....
.....

Sometimes at Preschool we may have crackers/biscuits/fruit/various drinks.
Please can you indicate your child’s dietary preferences/restrictions/allergies.....
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.....
.....
.....
.....

Does your child have any special toy or object that they may wish to bring to the Preschool?
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What does your child enjoy doing at home?

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Please can you provide us with any other information that you believe it may be useful for us to be aware of (e.g. siblings, special people, concerns, likes, dislikes).....

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Policies and procedures of the Preschool

On the preschool website are the prospectus and the policies of the preschool. There is also a statement about safety at the end of sessions.

It is a condition of your child’s joining the preschool that you read and agree to the preschool prospectus, policies and procedures.

Please sign to state that you have read, understood and agree to abide by the preschool prospectus, policies and procedures.

Mother’s signature.....Date.....

Father’s signature.....Date.....

Person with parental responsibility (if applicable).....Date.....

If you have any comments about the policies, please provide these on our “comments forms”, which may be found on the preschool noticeboard.

Changes in information

Please sign below to indicate that the information you have given us is accurate and correct and that you will notify us immediately of any changes.

Mother’s signature.....Date.....

Father’s signature.....Date.....

Person with parental responsibility (if applicable).....Date.....

Thank you for your time in completing this form. We would be grateful if you could return it to preschool when you bring your child to their first preschool session.

We look forward to welcoming you to our preschool!