**REGISTRATION FORM**

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| --- |
| Child’s Name: |
| Childs preferred name: |
| Child’s DOB: |
| Child’s first language: |
| Gender: |
| Religion: |

|  |
| --- |
| Child’s home address: |
|  |
| Postcode: |

|  |
| --- |
| Contact email address: |
| Preferred contact number: |
| Back up contact number: |

**Family details:**

|  |
| --- |
| Mothers full name: Parental responsibility: YES NO  Address if different from above: |
| Fathers full name: Parental responsibility: YES NO  Address if different from above: |
| Carers full name (if applicable):  Address if different from above: |

**Emergency contact details:**

|  |  |
| --- | --- |
| 1st contact | Name: Number: |
| 2nd contact | Name: Number: |
| 3rd contact | Name: Number: |

|  |
| --- |
| Password for collection purposes if unknown to staff: |

**Emergency care:**

|  |  |  |
| --- | --- | --- |
| Permission | Parent signature | Date |
| I give my permission for my child to receive emergency medical treatment |  |  |
| I give permission for qualified member of staff to administer first aid to my child |  |  |

**General permissions**

|  |  |  |
| --- | --- | --- |
| Permission | Parent signature | Date |
| I give permission for staff at West Hill Pre-School to apply sun cream to my child |  |  |
| I give permission for my child to go to the local park or on a short walk near the Pre- School |  |  |

**Allergies and medical conditions**

|  |
| --- |
| My child has the following allergies:  And requires this medication/support: |

|  |
| --- |
| My child has the following medical conditions:  And requires this medication/support: |

|  |
| --- |
| My child has the following phobias:  And requires this medication/support: |

|  |
| --- |
| My child has the following additional needs:  And requires this Medication/Support: |

|  |  |
| --- | --- |
| Doctors Name: | Medical centre address: |
| Medical centre Phone number: | Health visitor details: |

**My child has had the following immunisations:**

|  |  |
| --- | --- |
| Immunisation: | Date: |
| Diphtheria, Tetanus and Pertussis (DTP) |  |
| Meningococcal Type C |  |
| Polio |  |
| Measles, Mumps and Rubella (MMR) |  |
| HiB |  |
| BCG (TB) |  |
| Hepatitis |  |
| Other |  |
| Other |  |

**External agencies:**

|  |  |
| --- | --- |
|  | Name and contact details |
| Social services |  |
| Bladder and Bowel support |  |
| Speech and language |  |
| Educational psychologist |  |
| Family support worker |  |
| Any other agency |  |

|  |
| --- |
| Any other relevant information: |

Please ask to speak to our SENDCo if you have any concerns or questions or would like to speak confidentially to a member of staff.

Once we have these details we can set your child up on Tapestry which is an online system that we use to share observations and photos with you and track your child’s progress, you will receive an email with a passcode for you to log in. You will then be able to complete a “This is me” information document about your child’s previous experiences, like, dislikes people who are special to them as well as lots of other useful information, once you have completed this please let preschool know.

**Tapestry permission**

|  |  |  |
| --- | --- | --- |
|  | Parent Signature | Date |
| I give permission for my and my Child’s information to be stored on Tapestry and understand that I can withdraw consent at any time |  |  |

We work on a Key worker system, this means that a member of staff will be allocated to work closely with your child and family to help them settle and build a trusting respectful relationship, you will be allocated you child’s Key worker either before starting or during the first week.

If you would like to speak to a member of staff in confidence about anything on the Registration form please feel free to email: [whpreschoolmanager@gmail.com](mailto:whpreschoolmanager@gmail.com) or phone the Preschool on : 07926691995 and ask to speak to Patricia Ratcliff.

All Children are entitled to 15 hours of funded Childcare from the term **after** they turn 3, some children may be entitled to the funding from the term **after** they turn 2, for full details of how childcare may be funded please click here.

[www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk)

**Privacy notice**

West Hill Pre-School is committed to ensuring that any personal data we hold about you and your child is protected in accordance with data protection laws and is used in line with your expectations. Please see our privacy notice on our website for further details.

By returning this Registration form you are agreeing to our Privacy notice.

http://www.westhillpreschool.com/