



**REGISTRATION FORM**

Full Name of Child: \_\_\_\_\_

Child's known name (if different to above): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Religion: \_\_\_\_\_

Child's home language: \_\_\_\_\_ Racial Origin: \_\_\_\_\_

Parent/Carers Names (First and Surnames) \_\_\_\_\_

Do both parents have 'Parental Responsibility'? YES/NO

If NO please specify which parent has 'Parental Responsibility' \_\_\_\_\_

Is there anyone else who has 'Parental Responsibility'? YES/NO

If YES, please state name and relationship to child \_\_\_\_\_

Address/addresses of parents/carers. If separate addresses, please state which parent lives at which address and which address the child predominately resides at.

_____	_____
_____	_____
_____	_____
_____	_____

Post Code: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emails: \_\_\_\_\_

2<sup>nd</sup> Contact (Please be aware that this should be someone who is local to Titchmarsh/Thrapston area, ideally no further than 15 minutes away and who is known to your child): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact numbers: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Surgery: \_\_\_\_\_

Telephone: \_\_\_\_\_

Health Visitor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Has your child been vaccinated against: Diphtheria YES/NO Tetanus YES/NO Polio YES/NO

Whooping cough YES/NO Haemophilus influenza type b (Hib) YES/NO Mumps YES/NO

Measles YES/NO Rubella YES/NO Influenza YES/NO Rotavirus gastroenteritis YES/NO

Meningococcal group B (MenB) YES/NO Meningococcal group C (MenC) YES/NO

Pneumococcal (PCV) YES/NO

Has your child any medical condition we should be aware of? (Asthma, eczema etc) YES/NO

Details:

We are fully inclusive, but to enable us to fully support your child, please detail below if they have any diagnosed special need and/ or need any additional support YES/NO

Details:

Are there any other professionals involved with your child? (speech therapist, paediatrician etc) YES/NO

Details:

Has your child any allergies, food intolerances or dietary preferences? YES/NO

Details:

Will your child be attending any other childcare setting as well as Titchmarsh Pre-school (nursery, childminder, nanny etc) YES/NO

Details:



**REGISTRATION FORM cont'd**

*We charge £4.50 an hour, so £11.25 for 2 ½ hours, £13.50 for 3 hours, £15.75 for 3 ½ hours and £27 for 6 hrs. I am aware that if my child does not attend a booked sessions for any reason I am still obliged to pay.*

Please indicate (by circling the appropriate times) which days and sessions you would like your child to attend:

<b>Mon:</b> 9:00am – 12:00 (morning session)	9:00am-12:30pm (morning plus lunch)	12:30pm – 3:00pm (Afternoon session)	9:00am – 3:00pm (Full day – includeslunch)
<b>Tues:</b> 9:00am – 12:00	9:00am-12:30pm	12:30pm – 3:00pm	9:00am – 3:00pm
<b>Wed:</b> 9:00am – 12:00	9:00am-12:30pm	12:30pm – 3:00pm	9:00am – 3:00pm
<b>Thu:</b> 9:00am – 12:00	9:00am-12:30pm	12:30pm – 3:00pm	9:00am – 3:00pm
<b>Fri:</b> 9:00am – 12:00	9:00am-12:30pm	12:30pm – 3:00pm	9:00am – 3:00pm

Please note that the '9:00am-12:30pm' & full day sessions require either a packed lunch or payment for a pre-school supplied lunch.

I would like my child to start on: \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

## Permissions

I give permission for my email address to be added to Tapestry to enable me to view my child's Learning Journal and Reports. YES/NO

I understand that there are photographs of my child in support of their learning and development that will be stored on Tapestry and these may appear on other children's observations YES/NO

I give permission for the use of plasters on a minor wound if needed YES/NO

I give permission for staff to administer 'Calpol' to my child if needed. I understand that this will only happen in extreme circumstances when a child has a high, rising temperature or if a child needs some pain relief due to an accident. In all cases staff will attempt to speak to parents before administering Calpol, but if contact cannot be made, I confirm that staff can administer the Calpol. I confirm that my child has had Calpol at least 2 times previously and has had no side effects and I understand that if my child has had any medication before coming to preschool, I will advise staff when I bring my child in the morning. YES/NO

I give consent for staff and other agencies such as Health Visitors, Specialist Support workers, Speech Therapists to carry out and record observations of my child, for the purpose of developmental assessment. Whenever possible prior notice would be given. YES/NO

I give permission for my child to be taken off site for short walks or to the park as part of preschool activities. YES/NO

I give permission for preschool staff to apply sun cream to my child YES/NO



I give permission for the Preschool to act in the best interests of my child in the event of a medical emergency to sign on my behalf any consent forms required by medical authorities, if they know that it would not be advisable to wait for my own signature. The authorising signatory for the above consent must have legal “parental responsibility”. Thus, if the parents are unmarried, only the mother of the child has legal “parental responsibility” in these circumstances, unless parental responsibility of the father has been proven. Every attempt will be made to contact the parents/guardians or the given emergency contact.

YES/NO

Child Collection- To ensure maximum security and protection of our children, we require a security password to be given to friends or family when collecting your child/ren on your behalf from Pre-School, they will need to quote this personal password to the member of staff on the door to allow the child/ren to be released.

SECURITY PASSWORD \_\_\_\_\_

## DECLARATION

I wish to enrol my child \_\_\_\_\_ at Titchmarsh Pre-school starting from \_\_\_\_\_ . I understand that Titchmarsh Pre-school uses Tapestry to track children's learning and development. I understand that staff will raise safeguarding concerns with the Local Safeguarding Children's Board. I understand that staff could decide to do this without my knowledge if they were sufficiently concerned about my child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent enrolling child: \_\_\_\_\_

Name of child: \_\_\_\_\_



## Privacy notice for Parents

**Thank you for completing the enrolment for Titchmarsh Preschool.**

### How we will use the information you have given us

- We will use the information you have given us about yourself to contact you about your child.
- Please ensure that you tell any additional adults that you have given us their contact details so that we can contact them if we are unable to speak to you if your child is unwell, has an accident or is uncollected at the end of the session. If they have any questions or queries regarding this, please direct them to contact Anne Roberts on 07879 072796.
- We will use the information you have given to us about your child to track their learning and development and to keep them safe.

In addition, we would like to send you information about Titchmarsh Pre-school such as newsletters or invitations to events. Please tick the relevant boxes to indicate if and how you are happy for us to contact you.

Post	Email	Phone	I do not wish to receive information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you need any further information, please contact Anne Roberts at Titchmarsh Pre-school.

Parent/s of \_\_\_\_\_

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## UNIFORM ORDER

*Please note that it is not essential for children to wear Pre-School Sweatshirts or T-Shirts, but it does promote a sense of belonging for the child. We also have a number of pre-owned clothing available at reduced rates if required.*

Please state the number of Sweatshirts you require (£8.00 each):

<b>3 – 4 years</b>		<b>5 – 6 years</b>	
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Please state the number of T-Shirts you require (£5.00 each):

<b>3 – 4 years</b>		<b>5 – 6 years</b>	
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I enclose a cheque/cash for the total of £ \_\_\_\_\_

*Please make cheques payable to Titchmarsh Pre-School*

Child's Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_