

Registration Form

All information given to Trull Saplings Preschool is confidential and will only be used for the purpose of the Preschool.

Basic Details											
Name of child											
Name known as											
Date of birth											
Preferred start date											
Days required (please circle)	Mon		Tues		Wed		Thurs		Fri		
Session/s required morning (AM) or all day (AD) AM : 9am-1pm AD : 9am-3pm (please circle)	AM	AD	AM	AD	AM	AM	AD	AM	AD		
Name of parent/s with whom the child lives											
Parent 1											
Does this parent have parental responsibility	Yes				No						
Parent 2											
Does this parent have parental responsibility	Yes				No						
Address											
Home Telephone											
Parent 1 Mobile											
Parent 1 Email address											
Parent 2 Mobile											
Parent 2 Email address											
Name of parent with whom the child does not live											
Parent 3											
Does this parent have parental responsibility	Yes				No						
Does this parent have legal access to the child	Yes				No						
Address											
Home Telephone											
Parent 3 Mobile											
Parent 3 Email address											
Are you happy for Preschool to contact Parent 3	Yes				No						



Emergency Contact Details			
Parent 1 - Work/daytime contact number			
Parent 2 - Work/daytime contact number			
Parent 3 - Work/daytime contact number			
Any other emergency contact details			
Name		Relationship to child	
Home Telephone			
Mobile			
Name		Relationship to child	
Home Telephone			
Mobile			
Doctors Details			
Name		Telephone	
Surgery			
Address			
Persons authorised to collect the child (must be over 16 yrs of age)			
Name		Place Picture Here	
Home Telephone			
Mobile			
Relationship to child			
Name		Place Picture Here	
Home Telephone			
Mobile			
Relationship to child			

Funding		
Does your child attend another childcare provider?	Yes	No
If yes, which one		
Are you entitled to 30hr funding?	Yes	No
Does your child use their allocated funding at another setting	Yes	No
If yes, please state how many hours are used for Universal or Extended (your childcare provider will have this information)	Universal	Extended
Will you be requiring to use childcare vouchers	Yes	No
If yes, please state		
Personal Details of Child		
Does the child have any siblings?	Yes	No
If yes, please provide names and ages of siblings as the children do discuss family members in session		
Does your child have any special dietary needs or preferences?	Yes	No
If yes please state		
NB We store lunch boxes on a trolley within the Preschool setting during session, therefore, please provide ice blocks for lunch boxes in warmer weather		
How would you describe your child's ethnicity or cultural background?		
What is the main religion in your family?		
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		
If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment?	Yes	No
If yes, discuss and agree with the key person how you will support your child when settling-in		



Does your child have any Special Education Needs or Disabilities?	Yes	No
If yes, please provide details		
What special support will he/she require in our setting?		
What other information is important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when		
Names of any professionals involved with child		
Name 1		Role
Agency		Telephone
Name 2		Role
Agency		Telephone
Name 3		Role
Agency		Telephone
Do you have a health visitor?	Yes	No
Name		Telephone
Based at		
Does your family have a social care worker for any reason?	Yes	No
Name		Telephone
Based at		
What is the reason for the involvement of social care department with your family?		
NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.		



Our Preschool offers supporting services as outlined in our prospectus. However, parents are the first and most important educators of their young children. The work of the group cannot be fully effective unless Preschool and parents work together in the child’s interests.

Parents are asked to read and sign the statement below as an expression of this shared commitment.

Policies

I/We have read the Preschool’s policies and accept that the group will run in accordance with these.

Parent participation

I/We will join in the life of the Preschool for as long as our child attends. I/We would be particularly interested in:-

Helping during session	<input type="checkbox"/>	Working on the Committee	<input type="checkbox"/>
Making/mending equipment	<input type="checkbox"/>	Taking part in outings	<input type="checkbox"/>
Helping with fundraising	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other (please specify)	_____		

Shared record-keeping

I/We will contribute to the record of the child’s development created jointly by parents and Preschool, working with the staff to identify and meet the child’s educational, personal and social needs and to implement decisions taken in the interest of the child.

Fees

I/We will pay fees in the amounts and at the time specified by the Preschool.

Punctuality

I/We will try not to be late in collecting the child at the end of the session and will warn both the Preschool and the child on any occasion when this might happen.

Outings

I/We DO / DO NOT consent for my/our child to be taken out as a part of the daily activities of the setting. I/We understand that our further consent will be requested for major outings.

I/We DO / DO NOT consent for the staff to take my/our child(ren) to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that I/we have been informed and are on my/our way to the hospital.

Signed By

Parent 1	_____	Parent 2	_____
Key Person	_____	Supervisor	_____
Date	_____	Date or first review	_____



To be completed by the Supervisor/Key Person	
Date starting	
Days and times of attendance	
Are any fees payable?	
Name of Key Person	
Name of back up Key Person	
Has the settling-in process been agreed?	Yes
	No
If yes, detail	



Medical Questionnaire

Name of child		
Has your child been immunised against the following:		
Diphtheria	Yes	No
Whooping Cough	Yes	No
Tetanus	Yes	No
Polio	Yes	No
Hib	Yes	No
MMR	Yes	No

Is your child allergic to anything?	Yes	No
If yes, please provide details		
Has your child had any major illness/operation?	Yes	No
If yes, please provide details		
Has your child been in hospital recently?	Yes	No
If yes, please provide details		
Has your child any on-going health problems?	Yes	No
If yes, please provide details		
Has your child been subject to an Educational Health Care Plan?	Yes	No
If yes, please can Pre-School have access to their care plan	Yes	No

Signature of Parent

Date
