

# Abbotsham & Alwington Pre School

## Registration and consent form

Please complete all sections of this form and return it to Pre-school BEFORE YOUR CHILD STARTS.

Child's first name: ..... Date of birth: .....

Child's surname: ..... Phone no: .....

Address: .....

.....

Postcode: ..... Language(s) spoken: .....

### **PARENT INFORMATION**

Mother's name: ..... Father's name: .....

Mother's address (if different from above): .....  
Father's address (if different from above): .....

.....

.....

Mother's home phone: ..... Father's home phone: .....

Mother's mobile phone: ..... Father's mobile phone: .....

Mother's work address: ..... Father's work address: .....

.....

.....

Mother's work phone: ..... Father's work phone: .....

Occupation: ..... Occupation: .....

**EMERGENCY CONTACTS**

Please provide the names and phone numbers of 4 people who may be contacted in the event of an emergency. These should NOT include the child's parents.

Name	Phone number
1 .....	.....
2 .....	.....
3 .....	.....
4 .....	.....

**COLLECTING YOUR CHILD**

It may be that on occasion you are unable to collect your child from pre-school. Staff will only release children into the care of named people authorised in writing by the parent. If the person collecting the child is not known to the play leader they may be asked for identification.

If anyone other than the parents or emergency contacts named above is likely to collect your child please give details below:

Name: ..... Relationship: .....

Address: .....

Phone number: .....

**MEDICAL INFORMATION**

Child's Doctor: ..... Phone number: .....

Address: .....

Child's Health Visitor: ..... Phone number: .....

Allergies, health conditions or special needs: .....

Immunisations:	Diphtheria	<input type="checkbox"/>	Whooping cough	<input type="checkbox"/>	H.I.B.	<input type="checkbox"/>
	Tetanus	<input type="checkbox"/>	M.M.R.	<input type="checkbox"/>	Measles	<input type="checkbox"/>
	Mumps	<input type="checkbox"/>	Rubella	<input type="checkbox"/>		

Does your child have an allergy to plasters? .....

If no, do you give permission to use plasters on your child? .....

Has your child had any major illness/ operation? .....

Has your child been in hospital recently? .....

Has your child any on-going health problems? .....

Please note in an emergency an ambulance will be called and you will be required to meet it at hospital.

**CONSENT**

I consent to any emergency medical treatment necessary during the running of the pre-school. I authorise any member of staff to sign any consent form required by the hospital authorities if delay in getting a signature is considered by the doctor to endanger my child.

Signed: .....

Name: .....

**OTHER INFORMATION**

Names and dates of birth of any brothers or sisters: .....

Other relevant information, for example, do both parents have access to the child? .....

.....

Does the child attend any other pre school, nursery or toddler group? .....

Which school will your child be attending (if known)?.....

Any other information which may be helpful? .....

**PARENT PARTICIPATION**

I/we would be willing to join in with the pre school for as long as our child attends. I/we would be particularly interested in:

- |                            |                          |                          |                          |
|----------------------------|--------------------------|--------------------------|--------------------------|
| helping during the session | <input type="checkbox"/> | working on the committee | <input type="checkbox"/> |
| cleaning/mending equipment | <input type="checkbox"/> | taking part in outings   | <input type="checkbox"/> |
| helping with fundraising   | <input type="checkbox"/> | other (please specify)   | <input type="checkbox"/> |

Funding starts from the term after the child's 3<sup>rd</sup> birthday. The current cost is £5.00 per session. I/we will pay fees in full and on time, as specified by the Pre School.

Please indicate how many and which sessions you would prefer for your child (maximum of 5 sessions.)

Monday am	.....	Wednesday am	.....
Tuesday am	.....	Thursday am	.....
Tuesday pm	.....	Friday am	.....

Please note that it is not always possible to allocate the requested days due to numbers.

**POLICIES**

Our policies are available for all parents to read, they can be found on the display board in the main hall or in the operational plan.

I /we have read the pre school's policies and accept that the group will run in accordance with these.

Signed ..... Name .....

Date .....

Thank you for choosing Abbotsham and Alwington Pre school, we look forward to welcoming your family into our group and hope you will enjoy sharing in pre school life.

For monitoring purposes only, please could you describe the religion and ethnic origin of your child, (for example you may wish to describe your child as Black British of Caribbean heritage or White British.

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