

**Child Registration Form**

***Office Use Only***

|  |  |  |  |
| --- | --- | --- | --- |
| *Form checked:* |  | *Position offered:* |  |
| *Date:* |  | *Start date:* |  |

**Child’s Details**

|  |  |
| --- | --- |
| Child’s name:Preferred name: | Date of birth: |
| Home address:Postcode:Email: | Photograph of child:*(used for self-registration card)* |
| Primary carer’s name:Relationship to child:Home contact number:Work contact number:Email address: | Secondary carer’s name:Relationship to child:Home contact number:Work contact number:Email address: |
| Preferred start date:Preferred sessions *(tick as appropriate)*:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Monday | Wednesday | Friday |
| Morning: 9am – 12pm |  |  |  |
| Lunch: 12 – 1pm  |  |  |  |
| Afternoon: 12pm – 3pm  |  |  |  |

Little Deers is able to offer the government universal funding of 15 hours per week for 3-4 year olds. Parents unable to access their entitlement in the correct way should contact the Family Information Service on 0800 542 02 02. |

**Emergency Contact Information**

Please provide names and contact numbers for additional persons to be contacted in an emergency (e.g. sickness, unplanned closure) were the primary carers unable to be contacted.

|  |  |
| --- | --- |
| Name: | Contact number: |
| Name: | Contact number: |

**Medical Details:**

|  |  |
| --- | --- |
| Doctor’s name:Address:Contact number: | Health visitor’s name:Address:Contact number: |
| Details of medical conditions or dietary restrictions that may require staff assistance:*(e.g. epilepsy, diabetes, asthma)*Details of allergies:Details of any regular medication: |
| Has your child had a hearing test: YES / NODate if yes: | Has your child had a sight test: YES / NODate if yes: |
| Any further relevant medical information: |

**Cultural, Religious, and Ethnic Information:**

|  |  |
| --- | --- |
| Home language: | Any additional languages: |
| Any cultural, religious, or ethnic differences / influences staff should be aware of:*(e.g. religious practices, holidays)* | Any special dietary requirements staff should be aware of: *(e.g. vegetarian)* |

**Additional Information:**

|  |
| --- |
| Any other settings attended (including playgroups, Preschools, nurseries, and child-minders) and contact details:Name: Name: Contact details: Contact details: Days attended: Days attended:  |
| Preferred primary school:Date of entry: |
| Please state how you heard about Little Deers Apperley Preschool: |

**Preschool Committee:**

The Little Deers Apperley Preschool has an informal parent-led committee focussing on fundraising activities. We are a friendly bunch and are always looking for new ideas. As a Preschool parent, you will automatically be part of our committee, and will be invited to fundraising meetings as they are planned.

Parent / Carer’s Name:

Date:

**Authorisation and Consent Forms**

Little Deers Apperley Preschool is legally bound to hold permissions in the following areas. Please circle as appropriate and sign the final consent.

|  |  |
| --- | --- |
| I, the parent / carer, certify that the information contained within this document is true and correct and I will inform Little Deers Apperley Preschool should any changes occur. | **YES / NO** |
| In the event of an emergency, Little Deers Apperley Preschool can seek emergency medical treatment for my child. | **YES / NO** |
| Fees will need to be paid within 10 days of invoice. I am aware that there will be a charge of £5 per term for late payment. If payment is still not made, I understand that my child will not be allowed back into the Preschool the following term until all arrears are paid. I understand that Preschool will seek to recover any unpaid fees. If my child does not attend for whatever reason (e.g. illness, holiday) then I understand payment is still required. | **YES / NO** |
| End of day collection time is strictly 3.00pm. I understand that I must telephone to warn staff of any late collection of my child, and this will incur a penalty of £5 per 15 minutes (or part of) late. Collections after 3.00pm will be from the school office, where you will need to sign your child out. Late collection fees will be added to the following term’s invoice.  | **YES / NO** |
| I give permission for Little Deers Apperley Preschool to record my child’s time at Preschool through photographs when they are at play or on outings. I understand this will be shared with me throughout my child’s time at Preschool via a secure online platform – this is called the ‘Famly App’. | **YES / NO** |
| I agree to my child’s photograph being taken for the use of advertising on the Preschool website and literature as required, including for use in local media as appropriate. | **YES / NO** |
| I understand that any care provider who suspects that a child in their care may have been abused or neglected has a duty to report this to the Gloucestershire Safeguarding Children Board and inform Ofsted. | **YES / NO** |
| I give my permission for my child to be taken on local walks in which any other parents or carers may be in attendance. | **YES / NO** |
| I give my permission for Little Deers Apperley Preschool to liaise with other settings or professionals that my child attends or attended to enable them to offer continuity of care and learning, and enhance my child’s well-being. | **YES / NO** |

By confirming **YES** I agree to the conditions stated.

Signed:

Name:

Date: