

PUTNOE WOODS PRESCHOOL Child Registration Form

Personal Details

Name of child			
Date of birth		Gender	
Home address			
Postcode			
Religion	Ethnic origin	Nationality	Place of Birth
Language(s) spoken at home			
COLLECTION PASSWORD			
How did you hear about Putnoe Woods Preschool?			
Current early years setting/childminder			
Will they be attending more than 1 setting at the same time			
Preferred start date			

Sessions

Please indicate your preferred times – we do our best to meet parents' requests

Session	Mon	Tues	Wed	Thurs	Fri

Do you require? term time only

47 weeks

If term time, I/we may be interested in additional sessions during school holidays Y/N

Agreement

I agree to abide by the terms and conditions and policies and procedures of Putnoe Woods Preschool which I have read and fully understand.

Signed..... Date

Print name.....

Signed.....Date.....

Print name.....

Your family

Mother/carer			
Title	First name	Surname	Date of Birth
Home address			
Postcode			
Home tel number			Mobile
Personal email			
Employer			Work tel number
Position			Hours worked
Responsibilities (Tick all that apply)	Parental responsibility	<input type="checkbox"/>	Payment of fees <input type="checkbox"/>
	Collect from preschool	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>
I would be interested in learning more about volunteering opportunities are preschool			Y/N

Father/carer			
Title	First name	Surname	Date of Birth
Home address			
Postcode			
Home tel number			Mobile
Personal email			
Employer			Work tel number
Position			Hours worked
Responsibilities (Tick all that apply)	Parental responsibility	<input type="checkbox"/>	Payment of fees <input type="checkbox"/>
	Collect from preschool	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>
I would be interested in learning more about volunteering opportunities are preschool			Y/N

Other Emergency contacts

First name Surname Relationship to the child Contact number Responsibilities <input type="checkbox"/> Collection from preschool <input type="checkbox"/> Contact in emergency <input type="checkbox"/>	First name Surname Relationship to the child Contact number Responsibilities <input type="checkbox"/> Collection from preschool <input type="checkbox"/> Contact in emergency <input type="checkbox"/>
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Medical details If yes, please give details of the cause and reaction

Does your child have any allergies?	Yes / No (please circle)		
Does your child have any special dietary requirements?	Yes / No (please circle)		
Has your child had any of the following immunisations? Please tick and date			
BCG	<i>HIB</i>	Tetanus	Any others?
Diphtheria	Meningitis C	Whooping cough	
<i>MMR</i>	Poliomyelitis		
Name of GP Name of surgery Address Postcode Telephone number		Health visitor details Name Address Postcode Telephone number	
Other agency details Name Address Postcode Telephone number		Other agency details Name Address Postcode Telephone number	
Details of any other medical conditions / special educational needs/disabilities			

The Preschool is the data controller for the purposes of the Data Protection Act and in line with our Code of Conduct and policies. We hold your and your child’s personal data to: • Support your child’s learning; • Monitor and report on their progress; • Provide appropriate pastoral care, and •Assess how well our setting is doing. We are in the process of updating our records to comply with new data protection standards. We would like to keep sending you information about your child/our preschool by email/Facebook/phone/iconnect/text but we need to be sure we have your permission to do this. We keep your information so you can receive important updates about your child and the nursery. We will keep your information secure and never share it unless required to do so by law.

By ticking this box, you are consenting to us to continue to hold & process your Data and sending you information. You may opt out any time.



PERMISSIONS

	PLEASE INITIAL
I/we have read and understand the 'Code of Conduct' for parents, carers and families.	
I/we agree to consent to sharing information about my child's health, welfare and development, their home or family circumstances with multi agencies including health visitors, social workers, Local Authority, other settings and schools	
I/we agree to photographs being taken of my child for the purposes of observation, individual and for Putnoe Woods. I understand that these will not be shared with others outside of the setting without my permission.	
I/we agree to photographs of my child being used for marketing purposes including the website. If you would NOT like your child's image to be used for promotional materials, please tick here. <input type="checkbox"/>	
I/we agree to my child having their face painted	
I/we agree that my child can wear pre-school plasters if necessary	
I/we agree to my child taking part in short trips, for example, to the post box or local shop. I understand that staff/child ratios are maintained and risk assessments completed	
I/we agree my child can participate in learning and enjoying multicultural events	
I/we consent to my child being given Calpol in the event of them needing it for reason such as to control a temperature. I understand that I will be contacted before my child receives Calpol and will collect them if necessary prior to the end of their pre-school session.	
If I/we cannot be contacted I agree that an age appropriate dose of Calpol can still be administered in the event of a temperature. Only ONE dose will be administered.	
I/we agree to apply sun cream to my child before they attend preschool that is above a factor 40 and applied 1 hour before the child can go into the sun. I must also supply a named sun hat.	
I/we understand that the preschool will apply a supermarket brand of KIDS factor 50 sun cream to my child if required.	
I/we acknowledge, there is no smoking of tobacco or electronic cigarettes anywhere on the premise.	
I/we understand that my child will not be released into our/my care if the preschool believe I/we are under the influence of alcohol/drugs and social services will be contacted	
I/we understand we are committed to parking responsibly in the preschool car park on Wentworth Drive for the safety and welfare of other users of the site	
It is our responsibility to inform preschool immediately of any changes to any contact details and that all correspondence from the preschool will receive a timely response.	
I/we understand that the fees for any hours not paid for by government funding are my/our responsibility to pay as requested to the preschool.	