



Purley Pre-school Registration Form

Purley Pre-school, Purley Memorial Hall, Glebe Road, Purley on Thames RG8 8DP
Registered Charity Number 1028921.

PERSONAL DETAILS

Child's details

Child's first name(s)..... Surname.....

Name know as.....

Child's full address

.....

Gender..... Date of Birth..... Birth certificate received Yes/ No

Family details

Name of parent(s)/carer(s) with whom the child lives.....

.....

Contact details 1 (including emergency information):

Parent / carer full name.....

Relationship to child.....

Daytime/work telephone..... Mobile.....

Home telephone..... Email.....

Home address.....

Work address.....

Does this parent have parental responsibility for the child? Yes/No (delete)

Does this parent have legal access to the child? Yes/No (delete)

Contact details 2 (including emergency information):

Parent / carer full name.....

Relationship to child.....

Daytime/work telephone..... Mobile.....

Home telephone..... Email.....

Home address.....

Work address.....

Does this parent have parental responsibility for the child? Yes/No (delete)

Does this parent have legal access to the child? Yes/No (delete)

Contact details 3 (including emergency information):

Parent / carer full name.....

Relationship to child.....

Daytime/work telephone..... Mobile.....

Home telephone..... Email.....

Home address.....

Work address.....

Does this parent have parental responsibility for the child? Yes/No (delete)

Does this parent have legal access to the child? Yes/No (delete)

Other person(s) with legal contact - To be completed where those persons with parental responsibility are separated.

Name

Address.....

Contact telephone numbers.....

Relationship to the child.....

What are the contact arrangements that the setting needs to be about?

.....

Emergency contact details – for use if parents are not available. Emergency contacts must be local.

Contact 1 – Name.....
Daytime/work telephone.....
Home telephone..... Mobile
Address.....
Relationship to child.....

Contact 2 – Name.....
Daytime/work telephone.....
Home telephone..... Mobile
Address.....
Relationship to child.....

Persons other than parent(s) authorised to collect the child. Must be over 16 years of age.

Contact 1 – Name.....
Daytime/work telephone.....
Home telephone..... Mobile
Address.....
Relationship to child.....

Contact 2 – Name.....
Daytime/work telephone.....
Home telephone..... Mobile
Address.....
Relationship to child.....

Password for the collection of child by authorised person.....

MEDICAL INFORMATION

Are all your child's immunisations up to date? Yes/No (delete)

Does your child suffer from any known medical conditions or allergies or have any special dietary needs or preferences? Yes/No (delete)

If so, please provide details:

Allergens (What is the child allergic to? For example, nuts, bee stings etc.

.....
.....
.....

The symptoms of the Allergic reaction e.g. rash, swelling etc.

.....
.....
.....

What medication is required? - please give brief details here and complete our medication consent form.

.....
.....
.....

Suggestions to prevent the above allergy.

.....
.....
.....

Please keep us informed of any changes in these allergies.

Has your child any serious injuries or illness? Yes/No (delete)

If so, please provide details below:

.....
.....
.....

GP's Details

Name.....Telephone Number.....

Address.....

.....

Any other professional who has regular contact with the child (eg Health Visitor, Speech therapist, Social care)

Name 1..... Role.....

Agency.....Telephone.....

Address.....

Name 2..... Role.....

Agency.....Telephone.....

Address.....

I give permission to share information about (child's name).....with the above named professionals.

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

Does your child have any special needs or disabilities? Yes/No (delete)

If so, please provide details below:

.....

.....

.....

What special support will he/she require in our setting?

.....

.....

.....

ETHNICITY/CULTURAL BACKGROUND

How would you describe your child’s ethnicity or cultural background?

.....
.....

What is the main religion in your family? (if applicable)

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 (delete)

If so, discuss and agree with the key person how we can work together to support your child when settling-in:

.....
.....

GENERAL PARENTAL PERMISSIONS

Information Sharing

Does your child attend another setting eg Nursery/Childminder? Yes/No

I give permission for Purley Pre-School to share information about (child’s name)progress with other settings including transitional information between settings and between Purley Pre-School and the child’s allocated primary school.

Name of other setting.....Phone number.....

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

Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by a member of staff, for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

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

Photographs and videos

As part of the on-going recording of our curriculum and for the children’s individual development records, staff regularly take photographs of the children during their play. These images are used for our display and for your child’s records within the setting.

I give permission for my child to have his/her photo taken, or to be videoed as per the above conditions.

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

Information taken off Premises

Development records are prepared by staff at home which will include photographs taken at Pre-school. (We have prior agreement from Ofsted to do this).

I give permission for staff to prepare records at home which includes pictures of my child.

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

How / where did you hear about Pre-School?

.....

Please complete as much of this form as possible, before returning it to Purley Pre-School together with:

- a copy of your child’s birth certificate and
- the registration fee of £15.00.

If paying by cheque, please make it payable to “PURLEY PRE-SCHOOL”.

If you have any queries, please do not hesitate to contact Kerry Savage, Registration Secretary, on 0118 9012765.

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes if they arise.

Signature.....Date.....

Any information on your child is held in accordance with the Data Protection Act of 1st March 2000. This Act implements the EC Data Protection Directive (95/46/EC) in the UK and the Data Protection

FOR PRE-SCHOOL USE ONLY:

Registration Fee YES /NO

Invoice no:

Birth Certificate YES/NO