

Registration form

Registration form for Seagry Pre-School

Basic details

Name of child _____ Date of birth _____

Name known as _____

Name of parent/s with whom the child lives

1 _____

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

2 _____

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

Address _____

Telephone _____ Mobile _____

Name of parent with whom the child does not live

1 _____

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

Address of this parent _____

Telephone _____ Mobile _____

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

Emergency contact details

Parent 1 - Work/daytime contact number _____

Parent 2 - Work/daytime contact number _____

Any other emergency contact number _____

Name _____

Telephone _____ Mobile _____
Name _____
Telephone _____ Mobile _____

Persons authorised to collect the child (must be over 16 yrs of age)

Name _____ Relationship to child _____
Telephone _____ Mobile _____
Name _____ Relationship to child _____
Telephone _____ Mobile _____

Personal details of child

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

Does your child have any allergies? Yes/No (delete)

Please list your child's immunisations to date.

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 (delete)

If so, discuss and agree with the key person how you will support the child when settling-in

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

Details _____

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

What other information is it 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 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 (delete)

Name _____ Based at _____
Telephone _____

Does your family have a social worker for any reason? Yes/No (delete)

Name _____ Based at _____
Telephone _____

What is the reason for the involvement of social services with your family?

NB If the child is on the child protection register, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child's file.

To be completed by the key person/manager

Date starting at _____ (name of setting)

Days and times of attendance _____

Are any fees payable? If so, note here _____

Name of key person _____

Name of back up key person _____

Has the settling-in process been agreed? Yes / No (Delete)

If so, detail _____

Signed by _____

Parent 1 _____ Parent 2 _____

Key person _____ Manager _____

Date _____ Date or first review _____

Permission to take your child off-premises for local walks

I give permission for my child to be taken out of the Pre-School premises for walks during Pre-School hours and without prior notice. (There will be one adult to every three children.)

Signature of Parent/Guardian: _____

Permission for Emergency Medical Treatment

I give permission for Seagry Pre-school staff to seek Emergency Medical Treatment (e.g A&E) for my child when necessary. Parents will be informed (where possible) before a child is taken to Hospital.

Signature of Parent/Guardian: _____

Permission To Make Observation Records

We are now required by OFSTED to make observation records to evidence your child’s learning and to help us keep track of their progress and plan for their individual needs. These records are sometimes handwritten on “observation sheets” and are sometimes in the form of photographs.

The written records will be kept in a confidential file and will only be seen by the staff and OFSTED inspectors. They will be available at any time for you as the parent/carer to see and will be handed to you when your child leaves.

The photographs taken will be put in an album in the book corner for the children to look at as they wish. As the children are often together in small groups when the photographs are taken it is not always possible to separate them for the individual file. This does, however, give the OFSTED inspector good visual evidence of the activities and the number of children participating. In order to make these records, we require parent’s permission. We would therefore appreciate your agreement.

I give my permission for my child to be observed Yes/No

I give my permission for my child to be photographed Yes/No

Signature of Parent/Guardian.....

Day Carers and Child Protection

As a provider of day care registered with Ofsted, I am required to follow the Child Protection procedures agreed through the Area Child Protection Committee in Wiltshire.

As a provider involved in the care of your child, I will try at all times to share with you any concerns I may have. However, I do have a duty to refer to Social Services if I suspect that child abuse may be an issue. My first concern will always be the welfare of your child. I have a copy of the Child Protection in Wiltshire Procedures and Guidance for you to see if you wish. You may also see the Seagry Pre-school Child Protection Policy and Procedures.

Our local Social services duty office address and telephone number is: -

Social Services Department
357 Hungerdown Lane
Chippenham
Wilts. SN14 0UY

Telephone; 01249 444321

Please sign to show that you understand and accept this statement.

Signature of Parent/Guardian _____

On completion of this form, please provide £15.00 charge to secure a place for your child.

Many thanks.

Gift Aid Declaration

Name of Charity Seagry Pre-School

Details of Donor

Title _____ Forename(s) _____ Surname _____

Address _____

Post Code _____

I want the charity to treat as Gift Aid donations

- the enclosed donation of £ _____
- the donation(s) of £ _____ which I made on ____/____/____
- all donations I make from the date of this declaration until I notify you otherwise
- all donations I have made since 6 April 2000, and all donations I make from the date of this declaration until I notify you otherwise

Notes

You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (currently 28p for each £1 you give)

- **You can cancel this instruction at any time by notifying the charity.**
- **If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims you can cancel your declaration.**
- **If you pay tax at the higher rate you can claim further tax relief in your Self-Assessment tax return.**
- **If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity.**

Date _____

Signature _____