

Registration form

Pirton Pre-School
High Street
Pirton
Hitchin
Herts SG5 3PS



Child's details

Child's first name(s) _____ Surname _____

Preferred name _____

Child's full address _____

Gender _____ Date of birth _____ (Evidence of age will be required)

NHS Number _____ Position of child in family: _____

Family details (Please note that it is your responsibility to notify us if any of the contact details change)

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

Contact details 1 (including emergency information):

Parent/carers full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Contact details 2 (including emergency information):

Parent/carers full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Names of people with parental responsibility: _____

Emergency contact details if parents are not available *(Emergency contacts should preferably be local. Please ensure that you notify us if any of the contact details change.)*

Contact 1 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Contact 2 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Persons other than parent(s) authorised to collect the child *Must be over 16 years of age. Please note that, if the authorised person is not the person indicated on the "changes to child collection" record, staff will check before releasing the child. Please ensure that you notify us if any of the contact details change.*

Person 1 – Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Person 2 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Person 3 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Password for the collection of child by authorised persons: _____

Other Childcare Experience

Does your child have previous experience of attending another childcare setting or are they currently attending another setting? If so, please give details:

Setting Name:

Setting Name:

Contact No:

Contact No:

Are you happy for us to make contact with the other setting(s) to obtain any assessment data? Yes/No

Health and development

Is your child up-to-date with all immunisations? Yes ☐ No ☐

If No, please provide details:

Date of last tetanus injection: _____

Does your child have any on-going medical conditions? If so, please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

Does your child have any dietary requirements e.g. intolerances, allergies, vegetarian? If so, please specify:

(You will be asked to complete a further form with a member of staff to provide a little more information)

Does your child have any special needs or disabilities? If so, please specify:

Are any of the following currently in place for your child or have they been in the past?

Social Care (a Looked After Child or previously a Looked After Child) Yes ☐ No ☐

Child in Need Plan Yes ☐ No ☐

Child Protection Plan Yes ☐ No ☐

SEN action Plan Yes ☐ No ☐

Education, Health and Care Plan Yes ☐ No ☐

Are any external agencies or other professionals involved with your child or the family now or have they been in the past (e.g. Families First, Family Centre)?

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 ☐

Please provide the name and contact details for your child's doctor:

Name: _____

Surgery: _____

Address: _____

Tel No: _____

General parental permissions

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 the manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed _____ Date _____

Printed name _____

Nappy cream

I give permission for nappy cream to be administered to _____ (name of child) when required, in accordance with manufacturer's instructions. This cream will be supplied by me.

Signed _____ Date _____

Printed name _____

Sun cream

In hot weather, we ask that your child attends pre-school with sun cream already applied. If your child attends all day, we need to have your consent before we can apply further sun cream to your child but believe it necessary because we encourage free flow between the outside and inside. We have a supply of factor 50 cream at pre-school which we will apply unless you would prefer to provide your own. Any you provide should be clearly labelled with your child's name and should remain at pre-school.

☐ I give permission for staff to administer pre-school sun cream to _____ (name of child)

☐ I will provide my own sun cream to be applied to _____ (name of child)

Signed _____ Date _____

Printed name _____

Short trip - general outings

From time to time, we would like to take the children off the pre-school premises to explore the local area e.g. the nature reserve within the village, the local church and the adjoining school grounds. We will ensure that any such outing is properly supervised and that a high adult:child ratio is maintained. Please would you indicate whether you consent to your child being included in such an outing. A specific consent form will be sent out to all parents before a major outing.

I give permission for _____ (name of child) to take part in short trips or general outings.

Signed _____ Date _____

Printed name _____

Photographs/Videos

From time to time, we like to photograph/video the children during a pre-school session to assist with our monitoring and to record the child's development and interests. We would also like to use some photographs/videos for marketing purposes, in a brochure or on our website and Facebook page. No child would be named.

Please indicate whether you are happy for us to take photographs and/or videos of your child for their records and also for marketing/Facebook purposes by completing the section below.

I give / do not give permission for _____ (name of child) to have their photograph / video taken for their records

I give / do not give permission for _____ (name of child) to have their photograph / video taken for marketing purposes and for use on Pirton Pre-School's website

I give / do not give permission for images / videos of my child _____
(insert name) to be used on Pirton Pre-School's Facebook page

Calpol

I confirm I have read Pirton Pre-School's "Poorly Children" policy (available to view on our website) and confirm that I do / do not **(please delete as appropriate)** give permission for Calpol to be administered to _____ (name of child) in the event of an emergency.

Signed: _____ Printed name: _____ Date: _____

Policies and Procedures/Privacy Notice

It is strongly recommended that you read our policies and procedures, copies of which are always available in reception or can be made available to you during a visit to pre-school. We would advise that you refer to these regularly to ensure that you are aware of updates or changes made. Should you have questions concerning any of our policies or procedures, please do not hesitate to contact our Manager.

A copy of our Privacy Notice is attached to this registration form and explains what personal data we collect, why we collect it, how we use it and how we protect it.

I acknowledge the above and confirm that I have been made aware of how I can obtain access to Pirton Pre-School's policies and procedures. I also confirm that I have read and agree to the Privacy Notice.

Signed: _____ Date: _____

Printed Name: _____

Internet Access

At pre-school, we encourage the children to use the computer in the main setting regularly. We have purchased the Early Years World package which contains a collection of interactive computer activities aimed at young children in nurseries and pre-schools. In addition to this package, we are also keen to make use of the internet access the computer provides e.g. by allowing the children to play age-appropriate games relating to our topic work on websites such as CBeebies.

In light of the above, we require your permission for your child to access the internet. Please be assured that parental blocks are in place to ensure nothing is inappropriately accessed or downloaded and children are supervised at all times. We have an online safety policy in place which is available to view upon request.

I, _____ (name of parent/carer) hereby agree to my child
_____ (print name) having internet access in accordance with the
information contained within the pre-school online safety policy.

Signed: _____ Dated: _____

Permission for Pirton Pre-School to contact you via e-mail with news / events Yes / No

Permission for Committee to contact you via e-mail with news / events Yes / No

Please indicate below the days on which you would like your child to attend the pre-school. Please note that, whilst we will make every effort to accommodate your request, we cannot guarantee that a place will be available on the days requested.

	Mon	Tues	Wed	Thurs	Fri
Morning (9am – 12 noon)					
Afternoon (12 noon – 3pm)					

Start date required: _____

If you have any questions concerning this form or need any further information, please contact the pre-school on 01462 711817 or via admin@pirtonpreschool.co.uk. Thank you for completing this form. Please ensure that you have read the Terms and Conditions on page 9 before signing and returning the form, **together with a copy of your child's passport or birth certificate**, to:-

Mrs T Kendell (Senior Administrator)

Pirton Pre-School, High Street, Pirton, Hitchin, Herts SG5 3PS

We will contact you to acknowledge receipt of this form and to let you know when a place will be available for your child.

Ethnic Background

Our ethnic background describes how we think of ourselves. This may be based on many things including, for example, our skin colour, language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.**

Please study the list below and tick one box only to indicate the ethnic background of your child.

(a) White		(b) Mixed	
British		White and Black Caribbean	
Irish		White and Black African	
Traveller from Irish heritage		White and Asian	
Gypsy / Roma		Any other mixed background	
Any other White background			
Italian			
Turkish			
(c) Asian or Asian British		(d) Black or Black British	
Indian		Caribbean	
Pakistani		African	
Bangladeshi		Any other Black background	
Any other Asian background			
(e) Chinese		(f) Any other Ethnic Group	
I do not wish an ethnic background to be recorded			

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 s/he is in our setting?

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PIRTON PRE-SCHOOL
TERMS AND CONDITIONS

1. All queries relating to registration, sessions, funding or invoices **MUST** be addressed to our Senior Administrator (Tracey Kendell) either in person, by telephone or e-mail.
2. All invoices should be settled in full within 14 days of date of issue. Payments received after this period may be subject to a late payment fee. Persistent failure to make payment for your child's sessions may result in the withdrawal of sessions until such time as invoices are settled. If you have a query regarding your invoice, please make this in writing or via e-mail to Tracey Kendell.
3. A reduction in the hourly rate charged for sessions takes effect the half term **after** your child turns 3 years of age. For this purpose, end of half term/term dates are considered to be 31st October, 31st December, 16th February, 31st March, 31st May and 31st August.
4. If your child is leaving us, we require 6 weeks' notice (excluding holiday periods) in writing or by e-mail. If less than 6 weeks' notice is received, you will be liable for the full amount of your child's fees for the notice period. This applies to both privately paying and funded children; as funded hours will move with your child, an invoice will be raised for unattended hours in the notice period if adequate notice is not given.
5. We require a minimum of 6 weeks' notice (excluding holiday periods) of any decrease to your child's regular sessions. If less than 6 weeks' notice is received, you will remain liable for fees for the higher number of sessions for the length of the notice period. This applies to both privately paying and funded children; as the funded hours can no longer be claimed, an invoice will be raised for unattended hours in the notice period if adequate notice is not given.
6. If your child is unable to attend a regular session by reason of holiday/sickness, you will remain liable for the fees for those sessions.
7. It may be possible to book "additional sessions" in addition to your child's regular hours. Please give 2 weeks' notice if you need to cancel the additional session.
8. Pirton Pre-School are not responsible for any personal property brought onto the premises nor for the children whilst they are waiting outside the setting for their session to start.

I/We accept the Terms and Conditions of Pirton Pre-School as detailed above
(please note that signatures from both parents/guardians are required)

Signed : (Parent/Guardian) Date:.....

Signed : (Parent/Guardian) Date:.....

Registered Charity No: 1139758
Registered Company No: 7407356