

All Saints C of E Pre-School

Child Registration Form

Name _____

Date of Birth _____

Session Attending _____

Password _____



Private and Confidential

Child Registration Form

Child's Name _____ Gender _____

Child's DOB _____ Known As _____

Home Address _____

Religion _____ Nationality _____ Language _____

Allergies _____

Medical Conditions _____

Dietary Needs _____

Disabilities / Special Needs _____

Name/location Children's Centre where child registered _____

Password for collection of child by authorised person _____

Name & Address of GP _____

Child NHS Number _____

Name of Health Visitor. _____

Name of Social Worker (if applicable) _____

Telephone _____

Any other professional/agency with regular contact with child _____

Parent/Carer 1 Full Name _____

Relationship to child _____

Daytime / Work Phone _____ Mobile _____

Home Phone _____ Email _____

National Insurance Number _____

Home Address _____

Employer Name and Address _____

Parental Responsibility Yes/No (delete) Collect Child Yes/No (delete)

Legal Access to the Child Yes/No (delete) Emergency Contact Yes/No (delete)

Payment of Fees Yes/No (delete)

Parent/Carer 2 Full Name _____

Relationship to child _____

Daytime /Work Phone _____ Mobile _____

Home Phone _____ Email _____

National Insurance Number _____

Home Address _____

Employer Name and Address _____

Parental Responsibility Yes/No (delete) Collect Child Yes/No (delete)

Legal Access to the Child Yes/No (delete) Emergency Contact Yes/No (delete)

Payment of Fees Yes/No (delete)

Other person/s with legal contact (to be completed where those persons with parental responsibility are separated and an S8 order is in place)

Full Name _____

Home Address _____

Contact Phone No _____ Mobile _____

Relationship to child _____

What are the contact arrangements that the setting needs to know about? _____

The above person is allowed to collect the child Yes/No (delete)

Emergency Contact Details

Contact 1 Full Name _____

Daytime /Work Phone _____ Mobil _____

Home Phone _____ Email _____

Home Address _____

Relationship to child _____

The above person is allowed to collect the child Yes/No (delete)

Contact 2 Full Name _____

Daytime /Work Phone _____ Mobile _____

Home Phone _____ Email _____

Home Address _____

Relationship to child _____

The above person is allowed to collect the child Yes/No (delete)

Additional Information

Financial Support

Are you in receipt of any of the following (please tick all that apply)?

Parents access Child Tax Credits []

Parents access Working Tax Credits []

Parents access Higher Education []

Childcare Access Fund Support []

Financial Support from Employer []

Receipt of 3 and 4 year old funding []

Receipt of 2 year old funding []

Childcare Vouchers [] Voucher Company: _____

Please let us know whether your child will be attending any other childcare provider setting. This is to ensure that we work in partnership with additional childcare providers regarding your child's development.

Name of Setting: _____

Address of setting: _____

Days and Hours your child attends additional setting: _____

I/we give permission to share relevant information about my child with the Local Authority, local Children's Centre or any other professionals where necessary.

Signed _____ Parent/Guardian

For Office Use Only

Birth Certificate seen [] Parents identification checked [] Age 2's L/A Funding in place []

Actual Start Date: _____ Session: _____

Signed: _____

Medical

I do/do not* give permission for first aid to be administered to my child by the relevant person.

I do/do not* give permission for medicine that has been prescribed by my child's doctor to be administered during the school day (I understand that the 'Parental Agreement for School & Pre-School to Administer Medicine' form (attainable from the school office) must be completed and signed by us before any medicine can be given to my child). (*Please delete as appropriate).

Child's Name _____ Parent/Carers Signature _____

School Trips

At School & Pre-School your child may be given the opportunity to take part in educational outings ie: library visits, environmental education, theatre etc. In order for your child to participate in any of the above mentioned activities we need your permission and would, therefore, be grateful if you would sign below to confirm that you agree to your child taking part in educational outings as described above. I do/do not* give permission (*Please delete as appropriate).

Child's Name _____ Parent/Carers Signature _____

Photographs

Photographs are taken at School & Pre-School to be either used for display, on our school website and to be kept as a record of the children's work and attainment. We need parental permission to be able to do this and would be grateful if you would sign below to confirm that you give permission for the School & Pre-School to take photographs of your child. I do/do not* give permission (*Please delete as appropriate).

Child's Name _____ Parent/Carers Signature _____

I understand that the above information will be retained by All Saints C of E Infant School & Pre School and will not be passed on to any other agency.

All information will be strictly confidential.

Child's Name _____ Date _____

Parent/Carers Name _____ Signed _____