

KYMBROOK PRE-SCHOOL REGISTRATION FORM

To cover our administrative costs we ask for a voluntary contribution of £10. Cheques should be made payable to *Kymbrook Pre-school*.

One month's written notice is required for the resignation of your child's place at Kymbrook Pre-school.

PLEASE ALWAYS KEEP US UP-DATED WITH ANY CHANGES TO THE INFORMATION GIVEN BELOW

BASIC DETAILS

Name of child _____ Date of birth _____

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 YEARS OF AGE)

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

PERSONAL DETAILS OF CHILD

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

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 e.g. sight, hearing, speech? **Yes/No (delete)**

Details _____

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

FAMILY DOCTOR'S INFORMATION

Name of Doctor _____

Telephone No. _____

Address _____

IMMUNISATION DETAILS (please tick the vaccinations that your child has received to date)

Diphtheria	_____	Polio	_____
Pertussis (whooping cough)	_____	MMR (measles, mumps, rubella)	_____
Tetanus	_____	HiB (meningitis)	_____

NAMES OF PROFESSIONALS INVOLVED WITH CHILD e.g. speech therapist

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?

SICKNESS, ACCIDENT, FIRST AID AND EMERGENCIES

If a child becomes ill during a session, every attempt will be made to contact one of the people listed on the registration form, to arrange collection of the sick child. The child will be cared for until collected. In the case of a minor accident, basic first aid will be administered. In the case of an accident requiring more than basic first aid, every attempt will be made to contact the parent/carer to advise or discuss the course of action to be taken. All accidents and emergencies are entered in the Accident/Incident Book. We request that you give the Pre-school Manager authorisation to act in "*loco parentis*". If the parent/carer cannot be contacted in time, the Pre-school Manager will invoke the authority to take action to gain appropriate medical treatment for the child.

EMERGENCY CONSENT

I, the parent/guardian of
consent to the administration of emergency treatment if all efforts to contact me have failed.

Signature Date

PRE-SCHOOL SESSIONS REQUIRED:

Sessions (please tick which sessions you would prefer your child to attend). **Prices are available from the Manager.**

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast club 0800 - 0900 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning session 0900 -1200 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon session 1200 -1500 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-school Club sessions 1515 -1630 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1630 -1730 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1730 - 1800 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commencing on: (day/month/year)

Breakfast and after-school clubs will be invoiced at the same time as Pre-school. All invoices must be paid monthly in advance.

A 10% discount is available to staff and to families with more than one child attending.

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PHOTOGRAPHY:

At times we like to photograph the children at play. These photographs are displayed at Pre-school and also sometimes used within a child’s developmental records.

Do you give permission for your child to be photographed? **Yes/No (delete)**

We have no objection to parents taking photographs of their children during a special occasion such as an outing, a Christmas party or Sports Day.

We also publish a Members’ contact list to our members from time to time.
Are you happy for your details to be included on this list? **Yes/No (delete)**

As a Registered Charity we have an exemption under the Data Protection Act but may store your details on computer.

Signature:

Dated:

Please print name:
