



Date received.....
Start date.....



### Abbotsham & Alwington Pre School

### Registration and consent form

Please complete all sections of this form and return it to Pre-school BEFORE YOUR CHILD STARTS.

Child's first name: ..... Date of birth: .....

Child's surname: ..... Phone no: .....

Address: .....

.....

Postcode: ..... Language(s) spoken: .....

Email: .....

#### **PARENT/ CARER INFORMATION**

Mother's name: ..... Father's name: .....

Mother's National Insurance number: ..... Father's National Insurance Number: .....

.....

Mother's address (if different from above): ..... Father's address (if different from above): .....

.....

.....

Mother's home phone: ..... Father's home phone: .....

Mother's mobile phone: ..... Father's mobile phone: .....

Mother's work address: ..... Father's work address: .....

.....

.....

Mother's work phone: ..... Father's work phone: .....

Occupation: ..... Occupation: .....

**EMERGENCY CONTACTS**

Please provide the names and phone numbers of 4 people who may be contacted in the event of an emergency. These should NOT include the child’s parents.

Name	Phone number and relationship to child
1 .....	.....
2 .....	.....
3 .....	.....
4 .....	.....

**COLLECTING YOUR CHILD**

It may be that on occasion you are unable to collect your child from pre-school. Staff will only release children into the care of named people authorised in writing by the parent. If the person collecting the child is not known to the pre school leader they may be asked for identification.

If anyone other than the parents or emergency contacts named above is likely to collect your child please give details below:

Name: ..... Relationship: .....

Address: .....

Phone number: .....

**MEDICAL INFORMATION**

Child’s Doctor: ..... Phone number: .....

Address: .....

Child’s Health Visitor: ..... Phone number: .....

Child’s Dentist: ..... Phone number: .....

Allergies, health conditions or special needs: .....

Immunisations:	Diphtheria	<input type="checkbox"/>	Whooping cough	<input type="checkbox"/>	H.I.B.	<input type="checkbox"/>
	Tetanus	<input type="checkbox"/>	M.M.R.	<input type="checkbox"/>	Measles	<input type="checkbox"/>
	Mumps	<input type="checkbox"/>	Rubella	<input type="checkbox"/>		

Does your child have an allergy to plasters? .....

If no, do you give permission to use plasters on your child? .....

Has your child had any major illness/ operation? .....

Has your child been in hospital recently? .....

Has your child any on-going health problems? .....

Please note in an emergency an ambulance will be called and you will be required to meet it at hospital.

**CONSENT**

I consent to any emergency medical treatment necessary during the running of the pre-school. I authorise any member of staff to sign any consent form required by the hospital authorities if delay in getting a signature is considered by the doctor to endanger my child.

Signed: ..... Name: .....

**OTHER INFORMATION**

Names and dates of birth of any brothers or sisters: .....

.....

Other relevant information, for example, do both parents/carers have parental responsibility to the child?

.....  
.....

Does the child attend any other pre-school, nursery, toddler group or childminder? .....

Which school will your child be attending (if known)?.....

Any other information which may be helpful? .....

Please bring your child's 2 year progress check in once your child starts with us, this could be in the red health book and/or a report from another setting. We also need to see your child's original birth certificate and we will need to take a photocopy of it.

**PARENT/CARER PARTICIPATION**

I/we would be willing to join in with the Pre School for as long as our child attends. I/we would be particularly interested in:

- |                            |                          |                          |                          |
|----------------------------|--------------------------|--------------------------|--------------------------|
| helping during the session | <input type="checkbox"/> | working on the committee | <input type="checkbox"/> |
| cleaning/mending equipment | <input type="checkbox"/> | taking part in outings   | <input type="checkbox"/> |
| helping with fundraising   | <input type="checkbox"/> | other (please specify)   | <input type="checkbox"/> |

Early Years Funding starts from the term after the child's 3<sup>rd</sup> birthday. (You are entitled to 15 hours per week in term time) The current cost is £6 per hour. I/we will pay fees in full and on time, as specified by the Pre School. If eligible you can apply for the 30 hour funding for any hours over the 15 or if sharing funding with another setting.

Please indicate how many and which sessions you would prefer for your child. **(Sessions may be limited due to availability. There is a minimum of 2 sessions over 2 days. The reason for this is that it is very difficult for a child to settle when only attending one day per week. Please ring or email if you would like to discuss this)**

Please write in your preferred start time and finish time. One whole day = 2 sessions and half days = 1 session.

**AM sessions**

**8, 8.30 or 9am start  
Finish at 12**

Monday am.....

Tuesday am.....

Wednesday am .....

Thursday am.....

Friday am.....

**PM sessions**

**12.30 start -  
3.30 or 4pm finish**

Monday pm.....

Tuesday pm.....

Wednesday pm .....

Thursday pm .....

Friday pm.....

**All day sessions**

**8, 8.30 or 9am start -  
3.30 or 4pm finish**

Monday all day.....

Tuesday all day .....

Wednesday all day.....

Thursday all day.....

Fri all day.....

Please note that it is not always possible to allocate the requested days and you may be limited to 5 sessions depending on numbers. If your child turns 3 in the summer term, depending on numbers, you may have to wait until the September term to start.

How many sessions would you like your child to attend when they first start? .....

**When would you like your child to start? Please tick**    **From their 3<sup>rd</sup> Birthday**            .....

**The term after they are three**            .....

**POLICIES**

Our policies are available for all parents to read, they can be found on the display board in the main hall and in the operational plan located on the parents information table, or on our website [www.abbotshamandalwingtonpreschool.co.uk](http://www.abbotshamandalwingtonpreschool.co.uk)

I /we have read the pre school's policies and accept that the group will run in accordance with these.

Signed .....

Name .....

Date .....

For monitoring purposes only, please could you describe the religion and ethnic origin of your child, (for example you may wish to describe your child as Black British of Caribbean heritage or White British

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Please could you let us know why you have decided to choose Abbotsham and Alwington Pre-School

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**Please enclose £20 registration fee. This is to cover the cost of admin.**

**You can pay by cheque, cash or bank transfer.**

**Please make cheques payable to Abbotsham and Alwington preschool.**

**If paying by bank transfer, please use your child's surname as reference.**

**ACC NAME: Abbotsham and Alwington Preschool ACC NO: 63119475 SORT CODE:20-04-59**

**This fee is non-refundable if you decide not to send your child to our Pre-School.**

**£20 paid – staff member to sign when received .....**

If there is anything you would like to discuss or ask before handing this registration form back, please ring or email us and we will do our best to help you.

[abbotshampreschool@outlook.com](mailto:abbotshampreschool@outlook.com)

Opening hours - 01237 478175

Out of hours, ring Janine - 07581550714

Thank you for choosing Abbotsham and Alwington Pre school, we look forward to welcoming your family into our group and hope you will enjoy sharing in pre school life.