**CHURCH GRESLEY PRE-SCHOOL REGISTRATION FORM**

**Tel 01283 212739/07989207252**

**Session Times – Am 8.30-11.30 & Pm 12.00-3.00 All Day 8.30am – 3.00pm**

If you have any difficulty completing this form, a member of staff will help you.

**Child’Surname ……………………………………… Child’s First Name ……………………………………………….**

**Child’s**  **D.O.B. …………………………………………………………………………………**

**Sessions Required; Mon am/pm Tues am/pm Weds am/pm Thurs am/pm Fri am/pm**

**Name and Address of parent/carer with whom the child lives**

**…………………………………………………………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………………………………………………….**

**Postcode ……………… Tel. No ………………………………….. Mobile …………………………………………….**

**Email Address ………………………………………………………………………………………………………………**

**Does this person have parental responsibility for the above child? Yes/No – please circle**

**Does this person have legal access to the above child? Yes/No – please circle**

**Name and address of parent/carer with whom the child does not live – IF APPLICABLE**

**……………………………………………………………………………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………………………………………………………….**

**Postcode……………………………… Tel. No ……………………………………………. Mobile ……………………………….**

**Does this person have parental responsibility of the above child? Yes/No – please circle**

**Does this person have legal access to the above child? Yes/No- please circle**

**Please Provide Other Contact Name and Numbers:**

**Name & Relationship……………………………………………………….. Telephone Number ………………………………………….**

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**If Someone Else Will Be Collecting Your Child, Please Inform The Supervisors and Sign The Form. Thank you.**

**Doctors Name & Address ……………………………………………………………………………………………………….**

**……………………………………………………………………….. Tel No ……………………………………………………………..**

**Health Visitor Name and Number …………………………………………………………………………………….**

**Are there any other Professionals involved with your child, e.g. Social Worker, Speech & Language, Children’s Centre Worker. YES/NO Please Provide any Details.**

**……………………………………………………………………………………………………………………………………………………………….**

**Has Your Child Been Fully Immunised? YES/NO**

**Has Your Child Got Any Allergies, Dietary Restrictions, Health Problems. YES/NO**

**Please Provide Details.**

**…………………………………………………………………………………………………………………………………………………………..**

**Please State, If Known, Which School Your Child Will Be Attending …………………….**

**Your child will be given the choice of - Milk / Sugar Free Squash / Water**

**I give/do not give permission for my child to receive medical treatment should it be required if the Parent/Carer cannot be contacted i.e. Doctors/Dentist etc.**

**Parent/Carer Signature ……………………………………… Date ………………………………………………………………………**

**I give/do not give permission for my child to have sunscreen applied by the pre-school staff.**

**Parent/Carer Signature ……………………………………. Date ……………………………………………………………………**

**I give/do not give permission for plasters/anti-bacterial gel as required.Parent/Carer Signature ………………………………….. Date …………………………………………………………………..**

**I give/do not give permission for any photographing/videoing (concerts) of my child to be taken by the pre-school.**

**Parent/Carer Signature ……………………………………….. Date ………………………………………………………..**

**I give/do not give permission for photographs of my child/children to be put on our**

**FACE BOOK PAGE.**

**Parent/Carer Signature …………………………………. Date ……………………………………………………………………**

**I give/do not give permission for my child to have sweets/cakes on special occasions.**

**Parent/Carer Signature ……………………………….. Date ………………………………………………………………….**

**Children do best when parents/carers and other professionals work together. I do/do not give permission for the setting to share information with other professionals (e.g. Health visitors/Children’s Centre Workers) as they see fit.**

**Parent/Carer Signature …………………………………… Date ………………………………………………………….**

**I understand that in some circumstances in which information may be shared without my consent. This will only be when it is a matter of safeguarding a child or vulnerable adult.**

**Parent/Carer Signature …………………………………… Date ………………………………………………………….**

**I give/do not give permission for my child to go on Babys Days. This will be our form of giving your child’s termly reports, recording accidents/incidents and photographs of what your child is doing during the sessions. It also gives opportunities for you to share with us what your child does outside of school. It will only be you as parents who will get access to your child’s reports and photographs.**

**Parent/Carer Signature…………………………………… Date……………………………………………………….**

**IS THERE ANY OTHER INFORMATION THAT YOU FEEL WE NEED TO KNOW ABOUT YOUR CHILD WHICH MAY IMPACT ON THEIR CARE IN THE SETTING – YES/NO**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………I AGREE TO GIVE FOUR WEEKS NOTICE OF MY CHILD LEAVING THE PRE-SCHOOL. I UNDERSTAND THAT IF I DO NOT I WILL BE LEGIBLE FOR PAYMENT.**

**Parent/Carer Signature …………………………………………. Date ……………………………………………………………**