Registration Form

A copy of the full prospectus is available on request

Please remember that it is your responsibility to notify the Pre-school in writing if there are any changes to the details contained below.
Throughout this form, the term 'parent' may refer to a legal guardian.

Child's Name: …….

Start Date:……

I would, in the first instance, like my child to attend Pre-school on (please tick boxes)

	Early Drop Off 8.30 am – 9.00 am	**Morning** 9.00 am - 12.00 noon	**Lunch** 12.00pm-1.00pm	**Afternoon** 1.00 pm - 3.00 pm	**Late Pick Up** 3.00 pm – 3.30 pm	**Hot Lunch**
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Family Details

Please give details of your child in the spaces provided, in BLOCK CAPITALS.

Surname .....

Forename .....

Other Names .....

Chosen Name.....

Date of Birth ..... /..... /..... Boy / Girl

Ethnicity..... Religion.....

Full address

.....

.....

.....

Post Code .....

Home Telephone Number

.....

Mobile Telephone Number

.....

Telephone Number during Pre-school hours (e.g. work no.), if different

.....

E-mail address .....

Full names of both Parents

.....

(Mother)

.....

(Father)

Address of Parents (if different from above)

.....

.....

.....

Post Code .....

Home Telephone Number (if different from above)

.....

The child's parents are:

☐ married and living together
☐ unmarried and living together
☐ married but separated
☐ unmarried and living apart
☐ divorced
☐ widowed

If the parents are unmarried, does the father have parental responsibility, whether by a legal parental responsibility agreement or by a court order? ☐ Yes / ☐ No

If "No", then we regret that, for legal reasons, we will need specific authority from the mother to accept instructions from the child's father or to allow him to collect the child.

I …… (name of mother) authorise you to accept instructions from and to allow my

child's father …… (name of father) to collect my child from the Pre-school.

Signed .....
(mother)

Is the child the subject of a Care Order? ☐ Yes / ☐ No

Names & ages of other children in your family

Name (Age)

.....

Emergency Contacts – other than those already given

Please give the names & addresses of two people who may be contacted in the event of an emergency.

Contact One:

Name.....

Relationship to child .....

Contact Telephone Number .....

Full address

.....

.....

Post Code .....

Contact Two:

Name.....

Relationship to child .....

Contact Telephone Number .....

Full address

.....

.....

Post Code .....

Contact Three:

Name.....

Relationship to child .....

Contact Telephone Number .....

Full address

.....

.....

Post Code .....

Special Needs

Our group has a special needs policy.
Does your child have any special needs that you would like to discuss with the staff? ☐ Yes / ☐ No
If "Yes", please give details

.....

.....

Other Pre-schools

Has your child previously attended another pre-school? ☐ Yes / ☐ No

Will your child attend another pre-school in addition to the Woodcote Pre-school?
☐ Yes / ☐ No

If "Yes", please give details of any granted sessions that will be or have been claimed elsewhere

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.....

Medical Details

Family Doctor's Name .....

Health Visitor's Name .....

Surgery Address
.....

.....

.....

Post Code .....

Doctor's Telephone No .....

Is your child allergic to anything? ☐ Yes / ☐ No
Please give details

.....

Has your child had any major illness/operation? ☐ Yes / ☐ No
Please give details

.....

Has your child been in hospital recently? ☐ Yes / ☐ No
Please give details

.....

Has your child any ongoing health problems? ☐ Yes / ☐ No
Please give details

.....

Does your child take any regular medication? ☐ Yes / ☐ No
Please give details

.....

Has your child been immunised against:

☐ diphtheria	☐ rubella
☐ polio	☐ whooping cough
☐ tetanus	☐ meningitis C
☐ measles	☐ HIB
☐ mumps	☐ other _____

Dentist Details

Dentist Name……

Date of last Dentist Visit ……

Dietary Requirements/Special Requests

Do you have any special requests about food, clothing, health, religious observance or other matters that we should observe at our Pre-School? ☐ Yes / ☐ No

Please give details

……

……

Language

Please advise us if your child's first language (spoken mostly at home) is not English.

Please give details

……

Background Information

Please give, in confidence, any background information about your child that may help us to understand him or her—e.g., any special words (e.g.) for the toilet, any brothers or sisters, pets, any special fears, any recent family events that have affected the child.

Please give details

……

……

……

Declaration

I/we agree to inform the Pre-school in writing of any changes to the information on this form.

Signed …… (Mother) Signed…… (Father)

Signed…… (Carer)

Relationship to child……

I/we agree to my/our child being given any emergency medical treatment deemed necessary whilst in the Pre-School's care.

Signed ..... (Mother) Signed..... (Father)

I/we agree to my/our child being taken on visits and outings within Woodcote by the Pre-school Group

Signed ..... (Mother) Signed..... (Father)

I/we agree to my/our child having Sudocrem/Nappy cream applied if needed

Signed ..... (Mother) Signed..... (Father)

I/we/agree DO NOT agree (delete as appropriate) that sun cream may be applied as and when needed.

Signed ..... (Mother) Signed..... (Father)

I/we consent to my/our child being collected from Pre-school by

Name
.....

Signed ..... (Mother) Signed..... (Father)

Name
.....

Signed ..... (Mother) Signed..... (Father)

Name
.....

Signed ..... (Mother) Signed..... (Father)

If you would like to join the parents WhatsApp group, please write your phone number here

……

I/we have read Woodcote Pre-School Group's policies and procedures, and I/we agree with them*

Signed …… (Mother) Signed…… (Father)

Date …… /…… /……

*Available on request from the Pre-school or by visiting www.woodcotepreschool.co.uk

How did you hear about Woodcote Pre-school?

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Why have you decided on Woodcote Pre-school?

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