



## Registration Form

**PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO PRE-SCHOOL**

Child's Full Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

Child's home address

\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Parent /Carer Name (1)

\_\_\_\_\_

Contact numbers – Home \_\_\_\_\_ Mobile \_\_\_\_\_

Work \*with details of where we are calling \_\_\_\_\_

Address if different to child \_\_\_\_\_

Parent/Carer Name (2)

\_\_\_\_\_

Contact numbers – Home \_\_\_\_\_ Mobile \_\_\_\_\_

Work \*with details of where we are calling \_\_\_\_\_

Address if different to child \_\_\_\_\_

Child's home language \_\_\_\_\_

Does your child speak another language \_\_\_\_\_

Child's religion \_\_\_\_\_ Child's ethnicity \_\_\_\_\_

**Who lives at home with the child**

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**EMERGENCY CONTACTS**

**PLEASE ENSURE THE EMERGENCY CONTACTS ARE DIFFERENT TO THOSE NAMED AS PARENTS/CARERS**

**Parents/Carers will always be contacted first. These details will only be used in emergencies where we have been unable to contact Parents/Carers.**

**Name \_\_\_\_\_ Relationship to child \_\_\_\_\_**

**Address \_\_\_\_\_ Postcode \_\_\_\_\_**

**Telephone Number(s) \_\_\_\_\_**

**Name \_\_\_\_\_ Relationship to child \_\_\_\_\_**

**Address \_\_\_\_\_ Postcode \_\_\_\_\_**

**Telephone Number(s) \_\_\_\_\_**

**Please provide a password to be used in an emergency, and to allow authorised persons to collect your child \_\_\_\_\_**

**Name(s) of persons authorised to collect child from Pre-School**

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**Is there any information about who does/does not have legal contact with your child that you would like us to know? Is there a court order in place?**

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**Has your child attended any previous early years settings?**

**Will they be attending another setting at the same time as Little Acorns?**

**Please give details below**

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**MEDICAL DETAILS**

**Name, address and telephone number of your child's doctor**

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**Name address and telephone number of your child's health visitor**

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**Is your child up to date with their immunisations? Yes / No**

**Has your child completed their Ages and Stages questionnaire with their health visitor? Yes / No**

**Does your child have any health or medical concerns?**

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**Do they require ongoing medication? Please give details**

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**Are there any special medical requirements that the Pre-School staff should be aware of?**

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**Please note – Pre-School staff will only administer medication which has been prescribed by a doctor or other health professional.**

**Does your child have any of the following? Please give details where necessary.**

**Visual difficulties Yes / No**

**Hearing difficulties Yes / No**

**Speech difficulties Yes / No**

**Physical difficulties Yes / No**

**Hayfever Yes / No**

**Asthma Yes / No**

**Epilepsy Yes / No**

**Diabetes Yes / No**

**Details** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any concerns about your child's overall development at this stage?**

\_\_\_\_\_  
\_\_\_\_\_

**Does your child suffer from any allergies?**

\_\_\_\_\_

**Details of their reaction**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication required**

\_\_\_\_\_  
\_\_\_\_\_

**Would our staff team require training to administer / manage your child's allergy?** \_\_\_\_\_

**Does your child have any dietary requirements, intolerances or food preferences?**

\_\_\_\_\_  
\_\_\_\_\_

**Are there any special requirements relating to clothing, health, religion or other matters that you would like us to know?**

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**Does your child have any special needs you would like to discuss with staff?**

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**Is your child subject to any of the following? (Please give details if necessary)**

**Early Help** \_\_\_\_\_ **Child in need** \_\_\_\_\_

**Child Protection plan** \_\_\_\_\_ **Looked after child** \_\_\_\_\_

**Previously looked after** \_\_\_\_\_

**Which primary school do you hope your child will attend?**

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**Please note – Our Lady and St Oswald’s Primary School have a separate admissions policy. Please speak directly to the school if you would like to discuss this.**

## Attendance

Please indicate which hours you would like your child to attend Little Acorns Pre-School.

Session times are:

**Breakfast club**                    **8.00 – 9.00**

**Morning session**                **9.00 – 12.00**

**Lunchtime**                        **12.00 – 13.00**

**Afternoon session**            **13.00 – 15.00**

**After-school club**               **15.00 – 17.00**

	Breakfast Club 8.00-9.00	Morning session 9.00-12.00	Lunch time 12.00-13.00	Afternoon session 13.00-15.00	After school club 15.00-17.00	Start date
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Please indicate below if you would like your child to attend different sessions in the future. Please include start dates for all sessions.

	Breakfast Club 8.00-9.00	Morning session 9.00-12.00	Lunch time 12.00-13.00	Afternoon session 13.00-15.00	After school club 15.00-17.00	Start date
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Fees are charged at £3.90 per hour. This also applies to the lunch hour. A hot lunch can be purchased at an additional £2.30 or children can bring a packed lunch.

From the term after their third birthday all children are entitled to 15 hours of funded childcare each week. Depending on eligibility some children may be entitled to the extended 30 hours funding. Please speak to a member of staff if you would like more information on this.

Some two year old children are entitled to 15 hours 24U funding. Please speak to a member of staff if you feel your child may be eligible for this.

Funded hours can only be used during term time.

**Please read and sign the following consent form:**

- Observations will be recorded on the children for assessment and planning. Occasionally observations will be made by people other than Pre-School staff e.g. college students. Children's names will not be included in any observations made by students. Occasionally observations made by Pre-School staff may be shared with outside agencies, for example Area Special Educational Needs Coordinator or Speech and Language therapist.
- When children leave Pre-School, to attend another setting, we pass on any relevant information with regard to individual children. Also, occasionally, information regarding individual children may be passed on to other Early Years Professionals.
- We regularly take photographs of children at Pre-School; for displays, learning journeys, the Pre-School website and Facebook page etc. On occasions the local newspaper or other media take photographs of events taking place at Pre-School which may be published.
- We occasionally take children on walks within the local area; library, shops, park. We ensure there is a good adult : child ratio; usually one adult to two children, unless a different ratio is felt sufficient by the staff member in charge.
- In the event of an emergency, if at any time parental consent cannot be obtained, medical or surgical treatment will be administered by a medical practitioner, hospital staff, or a qualified first aider if deemed necessary.
- Pre-School will supply factor 50 Nivea sun cream to all children. The sun cream will be applied by a member of staff. If your child has an allergy to this sun cream you are required to supply an alternative sun cream for your child.

Staff at Little Acorns will treat all children and their families with professionalism and respect at all times. We ask families to respect staff members in return and consider their behaviour and communication at all times.

Little Acorns Pre-School will take steps to protect staff, and your child's place is at risk if staff become aware of any inappropriate and/or threatening behaviour.

I \_\_\_\_\_ parent / carer of \_\_\_\_\_

Give my consent to all of the above statements.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If you do not consent to all of the statements, please indicate which you do/do not and initial all those you give your consent to.

\*This form will be stored in a locked filing cabinet in Pre-School. The form will be destroyed, by shredding, two years after your child has left Pre-School.

Details of collectors, permission to administer medicine and emergency treatment will be kept for 21 years as required by General Data Protection Regulation (GDPR) 2018

### **Tapestry – An online Learning Journal Permission Slip.**

**Child's name** \_\_\_\_\_

- **I do/do not give permission for an online Tapestry Learning Journey to be created and maintained for my child**
- **I do/do not give permission for my child's photo to appear in any group photos used in Learning Journeys**
- **I agree not to electronically share, by social media or other platforms, any part of my child's Learning Journey**

**The email account I wish to use for my Tapestry account is**

\_\_\_\_\_

**Please print your first name and surname** \_\_\_\_\_

**This will become your username.**

**Parent /carer signature** \_\_\_\_\_ **Date** \_\_\_\_\_