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Little Acorns

**@ Our Lady & St Oswald’s Pre-School.**

Upper Brook Street, Oswestry, SY11 2TG. Email:admin@littleacornspsch.co.uk Tel: 01691 676464 / 07535744196 Registered Charity Number:1130949

Ofsted URN:EY232143

**BREAKFAST/AFTER SCHOOL CLUB REGISTRATION FORM**

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO PRE-SCHOOL

\*Delete as necessary

Full Name of Child: ……………………………………………………………………………………………

Date of Birth: ………………………………………………………………Sex: \*Male / Female

Child’s Home Address: ………………….……………………………………………………………………

…………………………………………………………………………………………………………………..

………………………………………………………………………………Postcode: ……...………………

Home Telephone Number……………………………………………………………………………………

Who has parental responsibility for this child? ……………………………………………………………

…………………………………………………………………………………………………………………..

Full Name of Parents/Guardians: …………………………………………………………………………

............................................................................................................................................................

Address:…………………………………………………………………………………………..………………………...…………………………………………………………Postcode………………………............

Telephone Number……………………………. Mobile Number:…………………………………………..

Email …………………………………………………………………………………………………………..

If your child has one parent living elsewhere, what is their address?.................................................

………………………………………………………………………………Postcode……………………….

Telephone Number……………………………. Mobile Number:…………………………………………..

Is there any further information about who has legal contact with your child, which you would like us to know? Is there a court order in place for this?.................................................................................

………………………………………………………………………………………………………………..……………..………………………………………………………………………………………………………

Is your child subject to any of the following? (Please indicate)

Team around the Child Plan……………………….. Child in Need Plan…………………….…………..

Child Protection Plan……………………………….. Looked after child Plan…………………….……...

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

…………………………………………………………………………………………………………………..

Details of their reaction……………………………………………………………………………………….

…………………………………………………………………………………………………………………..

Medication required…………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

Details of any training required……………………………………………………………………………..

…………………………………………………………………………………………………………………..

Does your child have any dietary requirements, food intolerances or food preferences? Or any special requirements relating to clothing, health, religion, or other matters……..……………………..

…………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………..

Is there any background information regarding your child which may help us to support them? E.g. brothers, sisters, pets, likes/dislikes …………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**Day time Emergency Contacts: (In order of contact)**

ALL CHILDREN MUST HAVE **TWO** EMERGENCY CONTACTS

PARENTS ARE ALWAYS CONTACTED FIRST; THESE WILL ONLY BE USED IN EMERGENCIES.

**PLEASE PROVIDE A PASSWORD TO BE USED IN AN EMERGENCY**……..……………………...

**1st Contact:**

Name: ….……………………………………Relationship to Child: ……………………………………….

Address:……………………………………………………………………………………………….….…………………………………………………………………………Postcode………………………………….

Telephone Number……………………………….Mobile Number:………………………………………..

**2nd Contact:**

Name:………………………………………Relationship to Child:…………………………………………

Address:……………………………………………………………………………………………….….…………………………………………………………………………Postcode………………………………….

Telephone Number…………………...……….….Mobile Number: ………………………….……………

Child’s first language:……………………………………..………………………………………………….

Other languages spoken at home:.…………….……………………………………………………………

Child’s Religion:………………………………Child’s Ethnicity: ……………………………………………

Names of persons authorised to collect child from Breakfast or afterschool Club:…………………..

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………

(Photographs are required of all collectors or the password provided will be used in an emergency)

Name and Address of child’s Doctor ….……………………………………………………………….

………………………………………………………………………………………………………………

Telephone number……………………………………………………………………………………….

Visual difficulties…………………………………...Hearing difficulties……………………………….

Speech difficulties…………………………………Physical difficulties……………………………….

Hay fever……………………………………………Asthma…………………………………………….

Epilepsy……………………………………………..Diabetes…………………………………………..

Major illnesses……….……………………………………………………………………………………

Does your child have any ongoing health or medical problems which require medication?

Yes /No

What is the medication and how is it prescribed? ……………………….…………………………...

……………………………………………………………………………………………………………..………………………………………………………………………………………………………………………..

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 special medical requirements? If so, please state what these requirements are …………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………

**For your information** We are aware that children in primary school are increasingly using mobile phones. In line with our Safeguarding and safe use of ICT policy; any child who brings a mobile phone with them into the Pre-School will be asked to leave the phone in their bag which will be placed in the office during their time with us.

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| --- | --- | --- | --- | --- | --- | --- |
|  | Breakfast Club8.00-9.00  |  |  |  | After Pre-School Club3.00-5.00 | Starting Date |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |

Parent’s signature: ……………………………………………………….. Date:…………………….

Received by: ………………………………………………………………. Date……………………..