



Registration Form

Child's Information

Child's full name											
Known as											
Date of birth <i>Please show a member of staff the child's FULL birth certificate</i>						Birth certificate number (to be filled in by staff)					
Child's main residence											
Gender M/F				Next of Kin				Child's NHS number (Located in the child's 'red book')			
Child's nationality								Child's ethnic background			

Parent/Carer Information

Mothers name								Parental responsibility*		Y/N	
Address if different from above											
National insurance number						Home telephone number					
Mobile number						Email address					

Fathers name								Parental Responsibility*		Y/N	
Address if different from above											
National insurance number						Home telephone number					
Mobile number						Email address					

Carers name								Parental Responsibility*		Y/N	
Address if different from above											
National insurance number						Home telephone number					
Mobile number						Email address					

* Parental responsibility – The child's mother automatically has parental responsibility from the child's birth. The father has parental responsibility if he's married to the mother or is listed on the birth certificate. Adopted parents both have parental responsibility. Please inform pre-school of any changes to parental responsibility.

Medical Information

Name and address of child's Doctor	
Surgery telephone number	
Name, address and contact number of Health Visitor	
Has the child any ongoing health problems? Please give as much detail as possible	
Has the child been in hospital recently? Please give as much detail as possible	
Does the child have any allergies? (e.g. food, animals, plasters, medication, milk etc.) Please give as much detail as possible	
Does the child have any special educational needs? Please give as much detail as possible	

Has the child ever had involvement with:	Y/N	Contact Name & Number	Date of Last Visit	Are they still being seen
Portage Service?				
Speech & Language Therapist?				
Pediatrician?				
Occupational Therapist?				
Physiotherapist?				
Audiology?				
Social Services?				
Any other Services?				

Immunisations

Has the child been vaccinated for	✓	Date	Has the child had any of the following childhood diseases	✓	Date
Diphtheria			Chicken Pox		
Hepatitis B			Measles		
MMR			Mumps		
Partial MMR – give details below			Other Infectious Illness - give details below		
Poliomyelitis					
Tetanus					
Whooping Cough					

Additional Information

Is the child toilet trained	
Does the child prefer water or milk to drink?	
Does the child have any important family beliefs or traditions?	
Language most commonly spoken at the child's home	
Has the child attended a mother/toddler group?	
Has/does the child attend another pre-school? (If so which one?)	
Does the child qualify for 2 year old funding? For guidance please visit www.lancashire.gov.uk/childcare	
Does the child access 2 year old funding at another setting? If so how many hours? Which setting?	
Does the child access 3-4 year old funding at another setting? If so how many hours? Which setting?	
Do the parents/carers claim Universal Credit, Working Tax Credit or Child Tax Credit? Which one? (You may be able to claim up to 85% of the child care costs back if you are in receipt of one of the above credits)	
When will the child start primary school?	
Which primary school will they attend?	
Do the parents/carers of the child have an interesting job or hobby that they can come into pre-school to talk to the children about?	
Can the parents/carers of the child help with fund raising for the pre-school?	
Please give any background information on the child which may help us to understand the child better, e.g. any special fears, any brothers/sisters, any special words e.g. for the toilet. Are there any recent family events which may have affected the child? (This information will be kept confidential)	

Pre-school Sessions

Please indicate which pre-school sessions the child will be attending

Monday ✓		Tuesday ✓		Wednesday ✓		Thursday ✓	
		Breakfast Club 8am-9am		Breakfast Club 8am-9am			
9am-12noon		9am-12noon		9am-12noon		9am-12noon	
9am-1.30pm		9am-1.30pm		9am-1.30pm		9am-1.30pm	
12noon-3.30pm		12noon-3.30pm		12noon-3.30pm		12noon-3.30pm	
9am-3.30pm		9am-3.30pm		9am-3.30pm		9am-3.30pm	
		Afterschool Club 3.30pm-5.30pm		Afterschool Club 3.30pm-5.30pm			

Start date at pre-school _____

Permission to Collect Child

Name of person authorised to collect the child from pre-school (please supply photo) The authorised person must be over 16 years of age.	
Address	
Telephone number	
Mobile number	
Signature	
Password	

Should you require more than one Authorised Person to collect your child from pre-school please attach all their details on a separate piece of paper and attach it to this application form.

Please notify us of any changes. No child will be released to an unauthorised person.

Safeguarding

I understand that Whitechapel Pre-school have a duty to protect all children and will pass on any concerns to the appropriate agency if required, as the safety and welfare of all the children will be their paramount consideration at all times.

Parent/Carer Signature _____

Consent Form

Please delete as applicable and sign below.

I am/am not willing for _____ (child's name) to go on brief, local outings from pre-school. I understand that specific consent will be sought for major excursions.

I am/am not willing for _____ (child's name) to have sunscreen applied when necessary.

I am/am not willing for _____ (child's name) to be given paracetamol if their temperature is above 38 degrees Celsius and has shown signs of being unwell.

I am/am not willing for _____ (child's name) to be photographed for school website

I am/am not willing for _____ (child's name) to be photographed for observations (this is used to implement planning and for the child's learning journey)

I am/am not willing for _____ (child's name) to be photographed for pre-school advertising.

I am/am not willing for _____ (child's name) to be photographed on outings.

I am/am not willing for _____ (child's name) to be photographed for newspaper articles.

I am/am not willing for _____ (child's name) to be videoed e.g. Nativity/sports day.

I am/am not willing for _____ (child's name) image to appear on the pre-school Facebook page

I am/am not willing for _____ (child's name) learning journey to be taken home by their key-person to complete observations etc. I acknowledge that it will be stored in a safe place and will not be shared with third parties.

I am/am not willing for _____ (child's name) to receive emergency medical treatment by trained staff and to be accompanied in an ambulance if the need arises.

I am/am not willing for _____ (child's name) to receive a blood transfusion.

I am/am not willing for _____ (child's name) to have information passed on to relevant agencies about him/her should you have any concerns.

I am/am not willing to be contacted via email with information about my child and the pre-school.

I have received and read my information booklet (please sign) _____

Signature _____ Date _____