NEWTON SOLNEY PRE SCHOOL REGISTRATION FORM.

|  |
| --- |
| Name of child Date of Birth |
| Address Tel. No |
| Mobile No |
| Post Code Work No. |

|  |
| --- |
| Please also supply the following information |
| Parent(s) with parental responsibility  Name .............................................................Name......................................................  Any alternative address |
| Next of kin contact numbers ie fathers work which will be used only in emergencies |
| Name Tel No |
| Mobile No |

|  |
| --- |
| If any other person is to collect your child on a REGULAR basis i.e. childminder/grandparent please state their names and contact numbers |
| Name relationship to child  Tel No |
| relationship to child  Name Tel. No |
| Name relationship to child  Tel No |
| It is vital you inform Pre School if anyone else is to collect your child at any time. Children will not be allowed to leave the premises unless information is received in writing. The above may be contacted if we are unable to contact parents if child is unwell. |

|  |
| --- |
| Personal details of child |
| Does your child have any special needs- which may include health ,diet allergies, food intolerances and any current medical or developmental issues |
|  |
| Please state immunisations your child has received |
|  |
| Please state your Doctors name address and telephone number |
| To ensure continuity of care for your child toilet training should be discussed with the manager |
| Children are cared for in line with expressed parental wishes with regard to religion. Culture, languages social and family values and practices. |
| Parents comments |
| Please add any other relevant information or concerns here –please also inform us of any changes in your child’s life or circumstances which may affect them |
| Sessions you would like for your child – your requests will be discussed with the  Manager prior to starting date as will the fees and funding application |
| Mon Tues Wed Thu Fri ( 8.50am-12noon)    Mon Tues x Thur x (12 -3pm )  All day children Mon Tues and Thur require a packed lunch  Tuesday all day is reserved for Risers ( going to school next July) |
| If your child is to attend another pre school or nursery – please state their name  address and telephone number so that we may share information with them |
| **CONSENT FORMS**  **Confidential Information sharing**  We recognise that parents have a right to know the information they share will be  regarded as confidential as well as be informed about the circumstances, and reasons, when we are obliged to share information. We have updated our GDPR compliance policy  We are obliged to share confidential information without authorisation from the person who provided it or to whom it relates if it is in the public interest. This is when:   it is to prevent a crime from being committed or intervene where one may have been or to prevent harm to a child or adult; or   not sharing it could be worse than the outcome of having shared it.  The decision will never be made as an individual, but with the back-up of manager and committee officers. The three critical criteria are:   Where there is *evidence* that the child is suffering, or is at risk of suffering significant harm.   Where there *is reasonable cause to believe* that a child may be suffering or at risk of  suffering significant harm.   To *prevent* significant harm arising to children or serious harm to adults, including the prevention, detection and prosecution of serious crime.  I have read the above and understand that there may be circumstances when information will be shared without my consent. |
| I agree to Newton Solney Pre school taking ………………….  on local walking outings to local park, church, school, nature walks etc.  Other longer visits will require separate form and agreement signature |
|  |
| I agree to Pre School taking photographs during play sessions which MAY be used for Ofsted evidence, educational displays FACEBOOK AND WEBSITE and child observations. If you have any objections to photographs being taken including sports days, nativity plays etc  Please state this now |
|  |
| I agree to the Pre –School manager or key worker arranging for emergency medical treatment if necessary.  Other medication i.e inhalers must be discussed with manager and key worker |
|  |
| I will give a half terms notice if I have to remove my child from Pre-School for any reason and understand that if I do not fees may still be payable. FE forms have to be completed and signed to enable us to claim your EY funding(both 15 and 30 hour funding available )  Absences due to illness and holidays need to be notified to pre school in writing . |
| I have read and understood the pre school policies on child protection, behaviour management, health and safety, settling in and the complaints procedures.  ( please ask for copies or see website ) |
| SIGNED Date |
| *Please return registration form together with a voluntary donation of £10.We assume you wish to take up the place when your child is 2years 6 months and we will reimburse the £10 fee when you take up your place at pre-school* |
| OFFICE USE ONLY  TELEPHONE GILL WILLIAMSON 07788423171  Newton Solney Pre School Trent Lane Newton Solney DE15 OSF |

ID FY RECEIVED PAYMENT

Any other information which may be required to assist with safeguarding, health and wellbeing of the child