



PLEASE ENSURE YOU COMPLETE BOTH PAGES CLEARLY IN CAPITAL LETTERS

**GREAT GRANDSDEN PRE-SCHOOL PLAYGROUP
REGISTRATION FORM**



CHILDS NAME:		KNOWN AS:
DOB: dd-mm-yy	ADDRESS:	

HOME TELEPHONE No:	MAIN CARER: JOINT/ MUM / DAD [PLS DELETE]
MOTHER'S NAME:	
ADDRESS IF DIFFERENT FROM CHILD	
	PROFESSION:
TEL No:	MOBILE:
E-MAIL:	WORK No:

FATHER'S NAME:	
ADDRESS IF DIFFERENT FROM CHILD	
	PROFESSION:
TEL No:	MOBILE:
E-MAIL:	WORK No:

NAMES/D.O.B. OF SIBLINGS:

LANGUAGE SPOKEN AT HOME:

RELIGION

DIETARY REQ/ALLERGIES/MEDICAL CONDITIONS (I.E. ASTHMA):

PLEASE DESCRIBE ANY EXISTING BIRTH MARKS OR SCARS AND POSITION: [PLEASE ASK FOR A BODY MAP]

G.P:	TEL No:
DOES YOUR CHILD CURRENTLY ATTEND ANOTHER SETTING?	YES / NO
WILL YOUR CHILD CONTINUE TO ATTEND ANOTHER SETTING?	YES / NO
IF SO: NAME OF SETTING:	PERMISSION TO CONTACT: YES / NO
NAME OF KEYPERSON AT OTHER SETTING:	
No OF DAYS/SESSIONS/HOURS ATTENDING PER WEEK:	
ARE THE DISTRICT TEAM OR SOCIAL CARE INVOLVED WITH YOUR CHILD/FAMILY? YES/NO	

IN THE EVENT OF ILLNESS/ACCIDENT PLEASE GIVE CONTACT NAMES/ PHONE NUMBERS FOR US TO RING **IN ORDER OF PREFERENCE** SO YOUR CHILD CAN BE SENT HOME [IN EVENT OF AN EMERGENCY- WE WILL ALWAYS RING PARENTS/CARERS FIRST]

1]	No:	RELATIONSHIP:
2]	No:	RELATIONSHIP:
3]	No.	RELATIONSHIP:
4]	No.	RELATIONSHIP:

IN THE EVENT OF SOMEONE OTHER THAN YOURSELF/REGULAR PERSON COLLECTING YOUR CHILD PLEASE RING/EMAIL US WITH THEIR NAME AND GIVE THEM THE PASSWORD

PASSWORD: **MUST BE PROVIDED BEFORE START DATE**

PLEASE NOTE ONLY PEOPLE AUTHORISED BY YOU WILL BE ABLE TO COLLECT YOUR CHILD.

DECLARATIONS BY PARENT/GUARDIAN:

- 1) I HAVE READ THE INFORMATION BOOKLET AND POLICIES
- 2) I ACCEPT THE CONDITIONS ON PAYMENT OF FEES
- 3) I GIVE PERMISSION FOR STAFF TO SEEK EMERGENCY MEDICAL ADVICE OR TREATMENT
- 4) I GIVE PERMISSION FOR STAFF TO APPLY HYPOALLERGENIC PLASTERS/SUNCREAM AS NECESSARY
- 5) I GIVE PERMISSION FOR STAFF TO APPLY SUNCREAM AS NECESSARY-IT IS PARENTS RESPONSIBILITY TO APPLY SUNCREAM BEFORE CHILDREN COME IN – Playgroup will apply again in the afternoon for those staying after lunch.
- 6) I UNDERSTAND THERE IS A PERIOD OF 48 HOURS EXCLUSION FOR CHILDREN ATTENDING PLAYGROUP AFTER AN EPISODE OF SICKNESS/DIARRHOEA
- 7) I GIVE PERMISSION FOR STAFF TO TAKE PHOTOS OF MY CHILD AT PLAY FOR THEIR RECORD FOLDER [Data Protection Act 1998] AND FOR PHOTOS/NAME [first name only] TO APPEAR IN JOINT OBSERVATIONS WITH OTHER CHILDREN ON THEIR JOURNALS.
- 8) I GIVE PERMISSION FOR STAFF TO LIASE WITH ANY OTHER SETTING MY CHILD ALSO ATTENDS
- 9) I AGREE TO HAVING PERSONAL DATA COLLECTED – SEE THE FOLLOWING POLICIES-
- PROVIDER RECORDS, CHILDRENS RECORDS & INFORMATION SHARING
- 10) **GREAT GRANDSEN PRE-SCHOOL PLAYGROUP:** AS A GROUP WE HAVE A DUTY IN ACCORDANCE WITH THE CHILDREN ACT 1989 PART 10 TO REPORT ANY SUSPICIOUS INCIDENTS AS WELL AS SUSPICIOUS ACCIDENTS TO THE RELEVANT AUTHORITIES AS THE WELFARE OF THE CHILD IS OF PARAMOUNT IMPORTANCE

SIGN IN AGREEMENT TO 1-10 ABOVE: _____ PARENT/CARER

DATE: _____

IS THERE An EHA IN PLACE FOR THIS CHILD? YES/NO [PLEASE DELETE]

NEW ADMISSIONS ONLY:

ADMISSION FEE CONTRIBUTION:
£15.00 / CHILD [£20.00 FOR TWINS]

PLEASE SEND THIS FORM TO PLAYGROUP WITH A PHOTOCOPY OF YOUR CHILD'S BIRTH CERTIFICATE/PASSPORT [NEEDED FOR FUTURE GRANT APPLICATION-PHOTOCOPIES CAN BE TAKEN IN SETTING]

PLAYGROUP ONLY:

START DATE: _____ INTAKE YEAR: _____

INITIAL SESSIONS REQUESTED:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM SESSION 9.00-11.30					
LUNCH CLUB 11.30-12.30					
PM 12.30-3.00					

Please note in boxes above if you will be using flexi time – this means 9.15-11.45/12.45 if including lunch or 9.30-12/1pm if including lunch club or if you will collect your child earlier than 3pm. [e.g. 2.30/2.45]