Church Road, Blewbury, Oxfordshire, OX11 9PY Tel: 01235 851 786 Email: <u>preschool@blewburypreschool.co.uk</u>



Registration and Enrolment Form

[Please ask the Playleader if you need any assistance in answering the following questions]

Date form completed:	
First name[s] of child:	
Surname of child:	
Child's date of birth:	
Child's home address:	
Postcode:	
Contact email address:	
Contact tel no:	
First parent's name:	
First parent's place of work:	
Work tel no:	
First parent's mobile no:	
Second parent's name:	
Second parent's place of work:	
Work tel no:	
First parent's mobile no:	

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Do both parents have parental responsibility for and legal access to the child? Yes/No				
If 'no' please give details:				
In the event of us being unable to contact parents, please provide details of one or two other people who you would wish us to contact in an emergency. [Emergency contacts must be local.] Persons other than parents, authorised to collect your child, must be over 16 years of age. Please note that if staff are unsure about who is collecting your child they may ask for ID.				
First alternative emergency contact:				
Name: Relationship to child:				
Address:				
Postcode:				
Contact tel no:				
Second alternative emergency contact:				
Name:Relationship to child:				
Address:				
Postcode:				
Contact tel no:				



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Name:	Relationship to child:
Address:	
Postcode:	Contact tel no:
Name:	Relationship to child:
Address:	
Postcode:	Contact tel no:
Details of professio	nals involved with your child:
Child's GP	
Tel no:	
Child's Health	
Address:	
Tel no:	
Dentist:	
Address:	
Tel no:	

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Immunisations : Please indicate with a J if your child has had the following immunisations.				
	-			
8 weeks old	12 weeks old			
Diphtheria	Diptheria			
Tetanus	Tetanus			
Pertussis[whooping cough]	Pertussis[whooping cough]			
Polio	Polio			
Haemophilus influenza type b [Hib]	Haemophilus influenza type b [Hib]			
Hepatitis B	Hepatitis B			
Meningococcal group B	Pneumococcal			
Rotavirus gastroenteritis	Rotavirus			
Sixteen weeks old	One year old			
	Hib			
Diptheria	Hid MenC			
Tetanus				
Pertussis[whooping cough]	Pneumococcal			
Polio	Measles, Mumps & Rubella [German Measles]			
Haemophilus influenza type b [Hib]	MenB			
Hepatitis B				
Men B				
Three years, four months or soon after	Two years onwards			
Diphtheria	Influenza [each year from September]			
Tetanus				
Pertussis				
Polio				
Measles, Mumps & Rubella				
Infectious diseases your child has had:				
Infectious diseases your child has had.				
Does your child have any medical condition	s? If so please specify			
bees your ennia have any mearcar condition				
Does your child have any allergies/food int	tolerances/dietary requirements? If so please specify,			

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If your child is aged 24 - 36 months, has a two year old progress check been completed by your Health Visitor? Yes/No.

Please outline any concerns [if any] resulting from the check:

In case of emergency, I consent for a member of the Pre-School, First Aid trained, staff to give medical treatment to my child if necessary. I also authorise a member of staff to seek medical advice and assistance at the nearest surgery or Hospital or to contact NHS Direct: 111. If a child needs emergency transportation, our staff will call 999 for an ambulance.

Signature of parent:_____

I consent to the use of sterile hypoallergenic plasters for minor cuts and grazes if deemed necessary by Pre-School staff.

Signature of parent:_____

I consent to a member of the Pre-School staff, to change my child's nappy and/or clothing when necessary.

Signature of parent:_____

We sometimes take the children out within the village, e.g. Footsteps road safety/walks, but we need your authorisation to do so.

Signature of parent:_____

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In order to monitor children's learning and development, we undertake written and photographic observations of all children in our setting. In order for us to do this, we need your authorisation, as well as your consent to pass these records on to Primary School or on to your child's next setting.

Signature of parent:_____

<u>Cultural background:</u> Child's main language:____

Child's nationality:_____

Child's main religion:___

Details of any cultural or religious observances/special occasions in your culture that you would like to see acknowledged and celebrated whilst staff are caring for your child in the setting?[e.g. diet, dress, religious holidays.]

Child's Ethnicity - Please tick [gathered for monitoring purposes only, parents are not obliged to complete this data.] White British Black Caribbean White Eastern European Bangladeshi Traveller/Irish Heritage Black African Indian Any other black background Roma/Roma Gypsy Pakistani White/Black African Information not obtained White/black Caribbean Chinese Any other white background Any other Asian Background White Asian Not given Any other ethnic group Any other mixed background

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A £20 fee is payable on registration at Blewbur child takes up a place with us.	y Pre-School. This will be refunded once your
Deposit paid:	
Date:	-
Signature of Playleader:	
Date:	-
Deposit returned:	-
Date:	
Signature of Parent:	
Date:	-