

Child Registration Forms

Personal Details

Name of child			
Date of birth			
Home address			
Postcode			
Position in family			
Hair colour		Eye colour	
Religion			
Ethnic origin			
Nationality			
Language(s) spoken at home			
Intended medium of education, e.g. English, Welsh			
Details of any special educational needs/disabilities			
How did you hear about The Outdoor Pre-school?			
Preferred start date			

About your family

Mother/carer					
Title					
First name					
Surname					
Password					
Home address					
Postcode					
Home tel number					
Mobile					
Home email					
Work address					
Postcode					
Work tel number					
Work email					
Hours worked					
Responsibilities (Tick all that apply)	<table><tr><td>Parental responsibility</td><td>Payment of fees</td></tr><tr><td>Collect child from pre-school</td><td>Contact in emergency</td></tr></table>	Parental responsibility	Payment of fees	Collect child from pre-school	Contact in emergency
Parental responsibility	Payment of fees				
Collect child from pre-school	Contact in emergency				

Father/carer	
Title	
First name	
Surname	
Password	
Home address	
Postcode	
Home tel number	
Mobile	
Home email	
Work address	
Postcode	
Work tel number	

Work email		
Hours worked		
Responsibilities (Tick all that apply)	Parental responsibility Collect child from pre-school	Payment of fees Contact in emergency

Other contacts

Contact one			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)		Collect child from pre-school Contact in emergency	
Contact two			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)		Collect child from pre-school Contact in emergency	

Does your child have any allergies?	Yes / No (please circle)	
If yes, please give details of the cause and reaction		
Does your child have any special dietary requirements?	Yes / No (please circle)	
If yes, please give details		
Has your child had any of the following immunisations? Please tick and date	Immunisation	Date of immunisation
	BCG	
	Diphtheria	
	HIB	
	MMR	
	Meningitis C	
	Poliomyelitis	
	Tetanus	
	Whooping cough	
Any other immunisations		
Name of GP		
Name of surgery		
Address		
Postcode		
Telephone number		
Health visitor details		
Name		
Address		
Postcode		
Telephone number		
Other agency details		

Name	
Address	
Postcode	
Telephone number	
Any other details that we should know about?	

Sessions

Please indicate your preferred sessions.

Session	Mon	Tues	Wed	Thurs	Fri
Full day (9am to 3pm)					
Morning only (9 a m t o 12pm)					
Afternoon only (12pm to 3pm)					

Funded sessions	Mon	Tues	Wed	Thurs	Fri
0 sessions					
1 session					
2 sessions					

Temporary session amendment form

Please complete this form if you require a temporary amendment to your child's sessions at **The Outdoor Pre-school**.

Name of parent

Name of child

Room

Date(s) if amended sessions

Additional session(s) required

	Mon	Tues	Wed	Thurs	Fri
Full day					
Morning					
Afternoon					
Lunch					
Other (give details)					

Cost of additional sessions

Signed Date

Office use only

Room head authorisation

Additional staff required (to meet ratios)? Yes/No

Staff name

Input into pre-school administration system (tick when complete) ☐ on (date)

Input by Position

Payment method

Permanent session amendment form

Please complete this form if you require a permanent amendment to your child's sessions at **The Outdoor Pre-school**.

As per our terms and conditions, one month's notice must be given if the number of sessions is to be reduced.

Name of parent

Name of child

Room

Start date for amended sessions
.....

Please complete the sessions' form with the new sessions required and attach it to this amendment form.

Signed Date

Office use only

Manager/room head authorisation

Additional staff required (to meet ratios)? Yes/No

Staff name

Input into pre-school administration system (tick when complete) ☐ on (date)

Input by Position

Agreement

I agree to abide by the terms and conditions and policies and procedures of **The Outdoor Pre-school** which I have read and fully understand.

Signed..... Date

Print name.....

Relationship to child

Signed..... Date.....

Print name.....

Relationship to child

Office use only

Input into pre-school administration system (tick when complete) on (date)

Input by

Position

Actual start date

Room

Key person

Permission slips received

Pre-school trips ☐ agree/disagree

Emergency medication ☐ agree/disagree

Photographs ☐ agree/disagree

Communication Plan

Please tick method of communications regarding sharing information about your child both from pre-school to home and home to pre-school. Please tick all that apply with your preferred method at the bottom:

Face to face ☐

Via paper documentation, e.g. daily diary, observation sheets ☐

Email ☐

Telephone ☐

The preferred method is _____