

**`STARTRIGHT PRE-SCHOOL**  
**St James Church House, Rectory Lane, High Street Bushey.**  
**WD23 1BD. 02089500750/07944402240/07903565246**

Email: [buzy\\_kidz@hotmail.com](mailto:buzy_kidz@hotmail.com)

**Registration Form**

Child's Last Name:	Child's First Name:	DOB	Boy/Girl
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Home Address:	Ethnic Origin
	Home Phone
	Religion

Mother's Name:	Email Address:	Mobile No
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Father's Name:	Email Address:	Mobile No
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Doctor's Name:
Address :
Phone No :

Name any other agencies involved with the child e.g Health worker, Speech and Language therapist, Physiotherapist etc. Please specify.	Tick Any of the following Vaccinations had										
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;">Diphtheria</td> <td style="width: 15%;">Measles</td> <td style="width: 15%;">Mumps</td> <td style="width: 15%;">Rubella</td> <td style="width: 15%;">MMR 3</td> </tr> <tr> <td>W/Cough</td> <td>HIB</td> <td>Polio</td> <td>Tetanu</td> <td>Tetanus</td> </tr> </table>	Diphtheria	Measles	Mumps	Rubella	MMR 3	W/Cough	HIB	Polio	Tetanu	Tetanus
Diphtheria	Measles	Mumps	Rubella	MMR 3							
W/Cough	HIB	Polio	Tetanu	Tetanus							

Allowed the following permissions without having to contact you first. Enter Yes or No	Calpol	Photographs
Plasters	Outings	Sun Cream
Nappy Cream	Hair Check	Antihistamine

Any known allergies, asthma, epilepsy, diabetes, other?
Any problems with hearing: YES/NO (If 'YES' Explain)
Any problems with speech: YES/NO (If 'YES' Explain)
Any special needs / disability – What support/ equipment will help:

Any hospital admissions / operations – YES/ NO

Continuous medication/treatment YES/NO (Please attach letter from GP stating medication and dosage) Ye

Any other Special Medical Condition we should know:

What are your child's favourite activities, toys etc?

Any other Information:

I will like my son or daughter to attend the following sessions (Please tick appropriately)

Mon Am	Mon Pm	Tue Am	Tue Pm	Wed Am	Wed Pm	Thu Am	Thu Pm	Fri Am	Fri Pm

Proposed Start Date .....

Settling in period .....

Signature ..... Date .....

**I Enclose £30 Non- refundable Registration Fee** Date .....

**FEES MAY BE PAID MONTHLY, HALF TERMLY OR TERMLY. YOU ARE REQUIRED TO PAY FOR YOUR CHILD'S PLACE EVEN IF HE/SHE IS ABSENT FOR ANY REASON.**

## Parental Responsibility Form

Is the Child living with the parents above? YES \_\_\_\_\_ NO \_\_\_\_\_

If you have answered NO, please write the name and address of the parent/carer the child lives with.

Parent/ Carer's Name: .....

Relationship to child: .....

Address .....

.....

Postcode: .....

Home Tel: ..... Mobile Tel: .....

Work Tel: ..... Email: .....

How many children are in the family.....

What number is this child in the family.....

What is your home Language.....

Other Languages Spoken .....

Has the child previously attended a setting?.....

If 'YES'

Name of previous setting.....

Address of Previous Setting.....

Post Code.....

Email Address.....

Tel No.....

Contact Person.....

(Please attach copies of any assessments /reports from the setting)

**Consent to Treatment**

In the event of an accident while your child is in the care of the pre-school every attempt will be made to contact a parent/guardian.

Should this not prove possible any immediate treatment which may be required will be given by a member of staff, corporate doctor or a local hospital, whichever is the most appropriate.

I.....hereby give consent for any immediate  
(please print name)

Medical treatment to be given to my child (name).....

Signed.....Parents/Guardian

Date.....

**Consent to administer Calpol**

Name of child.....

Reason for medication: High temperature, cold, etc

To be taken as necessary, the dose and frequency according to the direction on the bottle.

I authorize Startright Pre-School staff to administer Calpol to my child.

Parent/Guardian's Signature:.....

Date: .....

**CONSENT TO LEAVE NURSERY PREMESIS**

I hereby give permission for .....  
to leave the premises of Startright Pre- School. I grant permission for my child to  
Be taken on outings and walks in the surrounding area.

My consent is given to Startright Pre- School to take my child on outings which  
may be situated outside a one mile radius of the Pre-School.

Parents Signature..... Date.....

**CONSENT TO OTHER NAMED PERSON**

Name of child.....

I hereby give permission to.....

who is the other named person to pick up ..... From the Pre-  
School. I must inform the manager and give a positive identity of  
the person, such as photograph and/or a password.

Parents Signature..... Date.....

**CONSENT TO TAKE PICTURE**

I hereby give permission to the Pre- school to take pictures of  
.....on events birthdays, outings and daily activities,  
observations, assessments, learning journals and displays at the setting.

Parents Signature..... Date.....

**CONSENT TO TRANSFER INFORMATION**

I .....hereby give the Pre-School the permission to  
send my child's record to the next setting.

Parents Signature..... Date.....

**CONSENT TO LIASE WITH OTHER PROFESSIONALS**

I ..... hereby give the Pre- School permission to liase  
with other professionals involved with my child and share reports/information to best  
support him/her.

Parent's Signature..... Date.....

Startright Pre-School