STARTRIGHT PRE-SCHOOL

The Scout Hut, The Moatfield, Bournehall Lane, WD23 3JU
Tel: 02089500750/ 07903565246 Email: buzy_kidz@hotmail.com

Registration Form

Child's Last Name:	Childs First name:	DOB:	Boy/ Girl

Home Address:	Ethnic Origin:
	Religion:
	Home Phone:
Mother's Name:	Mobile Number:
	Email Address:
Father's Name:	Mobile Number:
	Email Address:
Doctor's Name: Doctor's Address:	Doctor's Phone Number:
Name any other agencies involved with the child e.g. Health Worker, Speech and Language Therapist, Physiotherapist. Please specify:	
What are your child's favourite activities, toys etc?	

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Medical Information

Please tick all the vaccinations your child has had:

Diphtheria	Measles	Mumps
Rubella	MMR 3	Whooping Cough
HIB	Polio	Tetanus

Any known allergies: Yes/ No (if yes, please give details)

Asthma: Yes/ No

Epilepsy: Yes/ No

Diabetes: Yes/ No

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:

Has your child been admitted to hospital / undergone an operation? YES/ NO
(If yes, please give details)

Is your child undergoing continuous medication/ treatment? YES/ NO
(If yes, please give details and attach letter from GP stating medication and dosage)

Any other special medical condition we should be aware off? YES/ NO

Registration and Fees

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.

Child's Name……(PLEASE PRINT)

I would like my son/ 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:……..

I enclose £50 non-refundable registration fee

Parent/ Carer Signature:…….
Date……

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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 Name:	Relationship to child:
	Mobile Number:
	Home Number:
Address:	Work Number:
	Email Address:
	Postcode:

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.....

Postcode.....

Setting email address.....

Setting telephone number.....

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Contact person……

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

Consent Form

Treatment consent

In the event of an accident while your child is in the care of Startright Pre-School every attempt will be made to contact a parent/ carer. 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……(PRINT NAME) hereby give consent for any immediate medical treatment to be given to my child (PRINT NAME)……

Parent/ Carer Signature:……
Date……..

Consent to administer Calpol

Name of child (PRINT NAME) ……

I authorise Startright Pre-School staff to administer Calpol to my child when necessary (high temperature, cold etc), the dose and frequency according to the direction on the bottle.

Parent/ Carer Signature:……
Date: ……..

Other medical consent

Name of child (PRINT NAME) ……

I authorise Startright Pre-School staff to:

Give antihistamine	Apply sunscreen	Check hair	Change nappy	Apply nappy cream	Apply plasters
Yes/ No	**Yes/ No**	**Yes/ No**	**Yes/ No**	**Yes/ No**	**Yes/ No**

Parent/ Carer Signature:……
Date: ……..

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Consent to leave Startright Pre-School premises

I hereby give permission for ……(PRINT CHILD"S NAME) 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.

Parent/ Carer Signature:……
Date: ……

Consent for named person to collect

I hereby give permission for (PRINT NAME OF NAMED PERSON)…….
to collect my child (PRINT NAME OF CHILD)……from Startright Pre-School. I agree to inform Startright Pre-School Manager and give a positive identity of the person by either photograph and/ or a password.

Parent/ Carer Signature:……
Date: ……

Consent to transfer information

I hereby give Startright Pre-School permission to send all records relating to (PRINT NAME OF CHILD)…… to the next setting.

Parent/ Carer Signature:……
Date: ……

<u>Consent to liaise with other professionals</u>

I hereby give Startright Pre- School permission to liaise with other professionals involved with (PRINT NAME OF CHILD)…… and share reports/information to best support him/ her.

Parent/ Carer Signature:……
Date: ……

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Consent for photograph usage

I hereby give permission for Startright Pre-School to take pictures of (PRINT NAME OF CHILD) ……for the following purposes:

- Display purposes within the setting **Yes/ No**
- Child personal record/ learning journals **Yes/ No**
- Observations and assessments **Yes/ No**
- Marketing (including social media, website and press) **Yes/ No**

Parent/ Carer Signature:……
Date: ……

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