** Child’s**

**Registration Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Surname | |  | | | | | | | | | | | | | | | | | | | | |
| Child’s First Name(s) | |  | | | | | | | | | | | | | | | | | | | | |
| Known As | |  | | | | | | | | | | | | | | | | | | | | |
| Date Of Birth | |  | | | | | | | | | | | | | | | | | | | | |
| Sex | | Boy |  | | | | | | Girl | | | |  | | | | | | | | | |
| Religion | |  | | | | Ethnicity | | | | | | |  | | | | | | | | | |
| First Language | |  | | | | | | | | | | | | | | | | | | | | |
| Any Other Language spoken | |  | | | | | | | | | | | | | | | | | | | | |
| **Parent/Carer 1** | | Relationship to the child | | | | | | | | | | | |  | | | | | | | | |
| Parental Responsibility | | | | | | | | | | | | Yes | | | | | | | No | |
| Name | |  | | | | | | | | | | | | | | | | | | | | |
| National Insurance Number | |  | | | | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Post Code | | | | |  | | | |
| Email Address | |  | | | | | | | | | | | | | | | | | | | | |
| Telephone Number | | Home | |  | | | | | | | Mobile | | | | | |  | | | | | |
| Place of Work | |  | | | | | | | | | | | | | | | | | | | | |
| Job Title | |  | | | | | | Dept | | | |  | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | Post Code | | | |  | | |
| Telephone Number | |  | | | | | | | | Ext. | | | | | |  | | | | | | |
| Able To Collect Child | | Yes |  | | | | | | | No | | | | | |  | | | | | | |
| **Parent/Carer 2** | | Relationship to the child | | | | | | | | | | | | | |  | | | | | | |
| Parental Responsibility | | | | | | | | | | | | | | Yes | | | | | | No |
| Name | |  | | | | | | | | | | | | | | | | | | | | |
| National Insurance Number | |  | | | | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Post Code | | | | | |  | |
| Email Address | |  | | | | | | | | | | | | | | | | | | | | |
| Telephone Numbers | | Home | | |  | | | | | | | | Mobile | | | | |  | | | | |
| Place of Work | |  | | | | | | | | | | | | | | | | | | | | |
| Job Title | |  | | | | | | Dept | | | |  | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | Post Code | | | |  | | |
| Telephone Number | |  | | | | | | | | Ext. | | | | | |  | | | | | | |
| Able To Collect Child | | Yes |  | | | | | | | No | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Do any other individuals have Legal contact arrangements with the child | | | | | | | | | | | | | | | | Yes | | | | | No | |
| If Yes please provide details below and a copy of relevant documentation | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contacts Other Than Parents/Carers | | | | | | | | | | | | | | | | | | | | | | |
|  | Contact No. 1 | | | | | | Contact No. 2 | | | | | | | | | | | | | | | |
| Name |  | | | | | |  | | | | | | | | | | | | | | | |
| Relationship To  Child |  | | | | | |  | | | | | | | | | | | | | | | |
| Address |  | | | | | |  | | | | | | | | | | | | | | | |
| Tel. No |  | | | | | |  | | | | | | | | | | | | | | | |
| Mobile No. |  | | | | | |  | | | | | | | | | | | | | | | |
| Password for  Collecting child |  | | | | | |  | | | | | | | | | | | | | | | |
| As security is of the utmost importance we request that you inform the Preschool of any delay or changes to collection arrangements. The person collecting your child should be known to the Preschool and be aware of your chosen password.  Sessions Required | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Am Session |  |  |  |  |  |
| Pm Session |  |  |  |  |  |
| Full Day |  |  |  |  |  |
| Additional Requirements |  |  |  |  |  |
| Start Date | S | | | | |

**Medical Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Doctors Name: |  | | | | | | |
| Address |  | | | | | | |
| Tel. No. |  | | | | | | |
| Health Visitor Name |  | | | | | | |
| Address |  | | | | | | |
| Tel No. |  | | | | | | |
| Does your child have a Personal Child Health Record book (Red Book)? | | | | | Yes | | No |
|  | | | | | | | |
| Are there any other services involved with the child or family ? | | | | | | | |
| Family Nurse | Yes | No | Date Involvement commenced | | |  | |
| Name |  | | | | | | |
| Contact Information and Telephone Number |  | | | | | | |
| Social Worker | Yes | No | Date Involvement commenced | | |  | |
| Name |  | | | | | | |
| Contact Information and Telephone Number |  | | | | | | |
| Speech and Language | Yes | No | Date Involvement commenced | | |  | |
| Name |  | | | | | | |
| Contact Information and Telephone Number |  | | | | | | |
| CAHMS | Yes | No | Date Involvement commenced | | |  | |
| Name |  | | | | | | |
| Contact Information and Telephone Number |  | | | | | | |
| Path Finders Team | Yes | No | Date Involvement Commenced | | |  | |
| Name |  | | | | | | |
| Contact Information and Telephone Number |  | | | | | | |
| Any Other Service | Date Involvement Commenced | | |  | | | |
| Main Service Provided |  | | | | | | |
| Main Contact Name |  | | | | | | |
| Contact Information and Telephone Number |  | | | | | | |

**Immunisations – Please Tick If Your Child Has Been Vaccinated Against The Following:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes | No | |  | | | Yes | | | No |
| Diphtheria |  |  | | Tetanus | | |  | | |  |
| Hib |  |  | | Mumps | | |  | | |  |
| Measles |  |  | | Rubella | | |  | | |  |
| Polio |  |  | | Whooping Cough | | |  | | |  |
| Details Of Other Vaccinations | |  | | | | | | | | |
| Has Your Child Had Any Infectious Diseases? | | | | | Yes |  | | No |  | |
| If Yes Please Give Details | | |  | | | | | | | |

**Individual Requirements and Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Has Your Child Any Food Allergies or Special Dietary Requirements? | | | | | Yes |  | | No | | |  | | |
| Please Give Details |  | | | | | | | | | | | | |
| Are There Any Foods You Do Not Want Your Child To Have? | | | Yes | | |  | | | No | | |  | |
| Please Give Details | |  | | | | | | | | | | | |
| Has Your Child Any Cultural Or Religious Requirements? | | | | Yes | | |  | | | No | | |  |
| Please Give Details | |  | | | | | | | | | | | |
| Any Other Details That May Be Useful | |  | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consents** | | | | | |
| **Medical Treatment** | | | | | |
| **I hereby give consent for the staff of Village Preschool Bosham to** … | | | | | |
| Administer Emergency First Aid | Yes | | | No | |
| Seek Emergency medical and dental attention including hospital treatment if it is deemed necessary | Yes | | | No | |
| Administer medication | Yes | | | No | |
| To apply a plaster when necessary | Yes | | No | | |
| To apply sun cream factor 30+. I understand that is my responsibility to provide sun cream hat and appropriate clothing during the summer months | Yes | | No | | |
| Signature…………………………………………………. Date ………………………………………… | | | | | |
|  | | | | | |
| **Outings** | | | | | |
| **I hereby give consent for the staff of Village Preschool Bosham to** … | | | | | |
| To take my child on local visits and outings | | Yes | | | No |
| To travel on public transport | | Yes | | | No |
| Signature…………………………………………………. Date ……………………………………… | | | | | |
|  | | | | | |
| **Photographs** | | | | | |
| **I hereby give consent for the staff of Village Preschool Bosham to** … | | | | | |
| Photograph my child and for those photographs to be used in my child’s file and displays around the nursery | | Yes | | | No |
| Use photographs of my child taken at Village Preschool Bosham in another child’s file (as a group) | | Yes | | | No |
| Use photographs of my child in newsletters | | Yes | | | No |
| Use photographs of my child on the Preschool website | | Yes | | | No |
| Use photographs of my child on the Preschool’s facebook page | | Yes | | | No |
| Use photographs of my child for advertising purposes | | Yes | | | No |
| Signature…………………………………………………. Date ………………………………………… | | | | | |
|  | | | | | |

|  |  |  |
| --- | --- | --- |
| **Sharing information** | | |
| **I hereby give consent for the staff of Village Preschool Bosham to** … | | |
| Share information about my child with other agencies such as :  Speech and Language, Health Visitors, Special educational need support | Yes | No |
| Signature................................................................ Date...................................................................  **Please note staff will share information without consent if they are concerned about the welfare of the child** | | |

Registration Fee

A Registration Fee of £25 Is Due With This Registration Form, this will include a T Shirt

Name Of Person Signing:……………………………………………………………………………….

Signature:…………………………………………………… Date:…………………………………….

Office use only

Details of Placement…………………………………………………………………………………....

Date Received………………………………Date Acknowledged……………………………………

Registration Fee…………………………….Cheque ……………Cash……………………………...

Staff Name…………………………………………………………..Date……………..………….……

**Village Preschool Bosham**

**Terms and Conditions**

**Sessions:**

Full Day Session = 9.00am – 3.30pm

Morning Session = 9.00am - 12.00pm or 9.00am – 1pm

Afternoon Session = 1.00pm – 3.30pm

Funding hours can be used for the times stated above. The hourly rate over the funded hours is £4.00

A minimum of 2 weeks notice for all session changes must be given.

Children must be registered for a minimum of 2 sessions per week.

**Shift Patterns**

The Preschool can accommodate some shift patterns subject to availability of places but in order for us to manage this irregular booking pattern, sessions must be confirmed one month in advance.

**Fee Payment**:

Fees must be paid every half term on time.

A £10 administration fee will be charged on a weekly basis for all late payments.

Payment is required by Standing Order, Internet/Telephone banking or cash.

Details of Village Preschool Bosham Bank account are available on request for internet and telephone banking payments.

**Holidays:**

Village Preschool Bosham is open 38 weeks a year and closed for West Sussex school holidays and 5 inset days.

**Sickness/ Absence:**

Children who have, or develop, an infectious illness must be excluded from Preschool for a minimum of 48hours.

This is in the best interest of the child and the other children and complies with regulations set out by the Environmental Health Department. The Preschool must be notified of all absences.

**Sickness or absence from Preschool does not qualify for a reduction in fees**.

**Notice:**

5 weeks written notice, by either party is required to terminate a child’s place at Preschool. Fees are still payable for the notice period even if the child does not attend the Preschool.

**Clothing and Personal Items:**

The Preschool cannot accept responsibility for loss or damage to personal items or clothing.

A Preschool uniform is available to purchase.

Parents should supply sufficient clothing for their child‘s daily needs and a spare set of clothing in a named bag in case of accidents.

Sun cream and sunhats should be supplied in the warmer months. Suitable footwear and clothing for outdoors must also be provided.

**Car Parking:**

There are designated parking bays for dropping off and collecting children. If these bays are full please ensure that you park your car carefully. Under no circumstances should any car be left parked in an unsuitable manner that could cause danger to children or to the general public.

|  |
| --- |
| **AGREEMENT**  I agree to comply with the terms and conditions set out by Village Preschool Bosham  Signed…………………………………………………………Date………………….......  Name……………………………………………………………………………………...... |

**PRESCHOOL COPY**

**Village Preschool Bosham**

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| --- |
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**CUSTOMER COPY**