



# Frome Valley Preschool Registration Form



## Child's Details

First Name ..... Surname .....

Date of Birth ..... Male ..... Female .....

Address .....

..... Post Code .....

Home Phone No. ....

Nationality ..... Ethnic Group .....

Religion ..... Child's First Language .....

## Contact Details

Mother's First Name ..... Surname .....

Has parental responsibility YES / NO (please delete as appropriate)

Email Address .....

Home Address (if different from child) .....

Phone No: Mobile ..... Work .....

Place of work .....

Father's First Name ..... Surname .....

Has parental responsibility YES / NO (please delete as appropriate)

Email Address .....

Home Address (if different from child) .....

Phone No: Mobile ..... Work .....

Place of work .....

## Emergency Contacts

Name	Relationship to child	Tel. No (if not already provided)
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1 <sup>st</sup> .....	.....	.....
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2 <sup>nd</sup> .....	.....	.....
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3 <sup>rd</sup> .....	.....	.....
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**People Authorised to Collect Child other than Parents**

Name	Relationship to child	Tel. No (if not already provided)
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.....	.....	.....
.....	.....	.....

**Please note:** The preschool must be informed in advance if someone not listed is to collect your child. The designated person must bring suitable ID with them.

**Child’s Medical Details**

Doctor’s Name .....

Surgery .....

Address .....

Tel. Number .....

Health Visitor’s Name .....

Tel. Number (if different). .....

Any known allergies YES / NO

If Yes, please specify

Any other medical information that we should be aware of?

Any special dietary requirements? YES / NO

If Yes, please specify

Toilet Requirements (eg. wears nappies, uses a potty, being toilet trained)

Any special words or actions associated with using the toilet?

I understand that any member of staff who has concerns about my child's wellbeing will seek advice from Children's Services such as Health and Social Care

Signed (Parent/Carer) .....Date .....

### Parental Permission

We need to obtain your consent if you wish your child to participate in specific activities that relate to their care and well being. Please ensure that your wishes are clearly identified.

I give my consent for (child's name) ..... taking part in the following:

I give permission for preschool staff to apply sun cream to my child. YES / NO

I give permission for my child to be taken on supervised outings by  
Preschool staff around the village. YES / NO

I give permission for my child to touch visiting animals. YES / NO

I give permission for my child to be photographed and videoed, by  
Preschool staff, and the images to be used for:-

Child's own records

Wall displays

Promotional material ( eg. flyers & Brochures)

Preschool / School Website YES / NO  
(Please delete where necessary)

Signed (Parent/Carer) .....Date .....

### Medical Consent

(delete where appropriate)

I hereby give / do not give consent for preschool staff to administer medication to my child in my absence and obtain advice and emergency medical treatment if required.

**Please state reason if consent is not given.**

Signed (Parent/Carer) .....Date .....

*Please note: ALL MEDICATION ANY CHILD REQUIRES MUST BE GIVEN BY A PARENT TO A MEMBER OF STAFF AND A CONSENT FORM SIGNED TO ADMINISTER THE MEDICINE.*

### SESSIONS YOU WISH YOUR CHILD TO ATTEND IF AVAILABLE (please tick

	Monday	Tuesday	Wednesday	Thursday	Friday
9am – 12pm					
12pm – 3pm					

Proposed start date: \_\_\_\_\_