



Frome Valley Preschool Registration Form



Child's Details

First name/s. Surname.

Known by another name. Date of Birth. Gender.

Home address

..... Postcode.

Nationality Ethnic group. Religion.

Birth Certificate checked by(office use only)

Contact details (please ensure that all sections of this form are filled out fully)

Mother's first name. Surname.

Email address

Home phone number. Mobile number.

Home address (if different from child).

Place of work. Work number.

Father's first name. Surname.

Email address

Home phone number. Mobile number.

Home address (if different from child).

Place of work. Work number.

Emergency contacts

Name	Relationship to child	Telephone number
.....
.....
.....

People authorised to collect your child other than parents.

Name	Relationship to child	Telephone number
.....
.....
.....

Please note: by stating and signing this document you are giving the preschool permission to allow these people to collect your child without prior notice from you as the parents.

Child's medical details

Doctor's name.....

Surgery.....Address.....

.....Telephone number.....

Health visitor.....Telephone number.....

Known allergies

Any other medical information that we should be aware of?

Any dietary requirements we need to be aware of?

Toilet trained

Yes..... No.....Training..... Any other words or actions associated with using the toilet?

Celebrations

Which festivals or celebrations do you celebrate at home.....

Would you like the setting to celebrate your festivals? Yes..... No..... (please tick one)

Would you be willing to support the setting in celebrating your festival? Yes.....No..... (please tick one)

Language (where English is not your first language)

Would you like the setting to support your first language in the setting? Yes..... No..... (please tick one)

Would you be willing to support the setting in this? Yes..... No..... (please tick one)

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 you read the following statements carefully and clearly identify your wishes.

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

The preschool staff to apply sun cream Yes / No

The preschool to take my child on the play equipment of the school (age related) Yes / No

To touch visiting animals in the preschool (prior notice to be given by preschool) Yes / No

The preschool to give medication perscribed by a doctor or for ongoing medical conditions. Yes / No

I hereby give/do not give permission for the preschool staff to administer emergency medicine and medical first aid when required in my absence or where by a emergency contact cannot be contacted.

Please state the reason if consent is not given:

Signed (parent/carer)..... Date.....

Sessions you wish your child to attend if available (please tick)

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

Proposed start date.(please be aware that due to current children in the setting your selected date may not be available but we will write to confirm the nearest available date)

Please state below how you will access sessions below. Please state the relevant reference numbers as required. Please be aware that if this information is not available when submitting registration form, it will need to be updated and checked before a final place can be offered.

Funding	2 year old funding	3/4 year old funding	3/4 year old funding	30 hours funding
Please tick as appropriate				
Reference Code		No reference code required		

Signed. Print.Date

(Mother)

Signed. Print Date

(Father)