

Pippins Pre-School Registration Form

Methodist Church Hall, Union Road, Crediton, Devon, EX17 3AW Tel. 01363 772474
www.pippinspre-school.co.uk [email:- pippins-preschool@btconnect.com](mailto:pippins-preschool@btconnect.com)

Please complete all sections and ensure the registration form is signed and dated. All information is kept private and confidential.

Child's name:.....**Name known as**.....

Date of birth:

Address:

..... **Post code:**

Home tel. no:..... **Mobile(s)**.....

Email address(s).....

Name of parent/s with whom the child lives:

1.

Does this parent have parental responsibility? Yes / No (delete as appropriate)

Occupation.....

2.

Does this parent have parental responsibility? Yes / No (delete as appropriate)

Occupation.....

Name of parent with whom the child does not live (if applicable)

.....

Does this parent have parental responsibility? Yes / No (delete as appropriate)

Does this parent have legal access to the child? Yes/No (delete as appropriate)

Address of this parent.....

..... **Post code**

Home tel. no:..... **Mobile(s)**.....

Emergency contact details:

Parent 1 – work/daytime telephone no.....

Parent 2 – work/daytime telephone no.....

Alternative emergency contact and any other persons authorised to collect the child, (must be over 16 years of age):

Name: **Relationship to child:**.....

Telephone:..... **Mobile:**.....

Name: **Relationship to child:**.....

Telephone:..... **Mobile:**.....

Doctors name: **Surgery & tel. no:**.....

Do you have a health visitor? Yes / No (please delete as appropriate)

If yes, health visitor's name: **Telephone no:**

Names of any other professionals involved with child (e.g. social services. Early Years Advisory Teacher, speech therapist):

Name 1 **Role**

Agency **Telephone no:**

Name 2 **Role**

Agency **Telephone no:**

Name 3 **Role**

Agency **Telephone no:**

Has your child been immunised against: HIBS..... Whooping cough.....

Diphtheria..... Tetanus..... Measles..... Mumps..... Rubella.....

Has your child had Chickenpox Yes/No

Does your child have any allergies? Please state:

Does your child have any specific needs or requirements e.g Religion, cultural, diet, health?

*****.....

**Please feel free to discuss the above in confidence with any member of staff. For dietary requirements, you will be required to complete and sign a separate form with full details.*

How would you describe your child's ethnicity or cultural background?.....

.....

What is the main religion in your family?.....

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes / No (please delete as appropriate)

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need.

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.....
.....

When would you like your child to start at Pippins?.....

Would you like information about our parent support group/committee? Yes/No

Has your child been registered at a school? yes/no

Name of school.....

Consents:

If you have any queries relating to the following, please speak to any member of staff.

Policies: I have read & agree with the policies as set out by Pippins. (Copy of all policies situated on planning notice board & further copies available on request)

please sign

Record keeping/Sharing developmental records:

I consent to Pippins practitioners keeping developmental records on my child and sharing them with other settings.

please sign

Professionals

I consent to the aforementioned developmental records being regularly discussed/shared with other professional agencies e.g. health visitor, teacher.

please sign

Outings: I consent to Pippins practitioners taking my child on local outings.

please sign

Photographs: I consent to photographs being taken of my child for record keeping, display and promotional purposes – newspapers, local bulletins.

please sign

Website: I consent to photographs or my child's work being displayed on the Pippins website (Names and photographs will not be displayed together).

please sign

Toilet needs/Clothes change: I consent to my child's nappy/clothing being changed as necessary

please sign if applicable

Medical Consent: I give permission to seek medical advice or treatment in case of a medical emergency.

please sign

Minor First Aid Consent: I give permission for Pippins Qualified First aiders to treat minor accidents administering first aid such as a cold compress, sterile eye wash solution, antiseptic wipes and sterile dressings.

please sign

Plasters: I give permission for Pippins practitioners to apply a hypo-allergenic plaster to my child if necessary

Please sign.....

Sun cream: I give permission for Pippins practitioners to apply hypo-allergenic sun cream to my child as necessary

please sign

Animals: As part of our activities, we may, from time to time, have animals visiting Pippins. There should be no risk involved for the children.

I give permission for my child to have contact with/touch animals that may visit Pippins or live at Pippins :

Please sign

Registration fee £10.00 is payable which includes a free book bag.

Fees are payable monthly in advance unless other arrangements have been agreed. Invoices will be calculated and placed in your child's tray; *a £5 charge is levied for all arrears*. Non-payment of fees could result in your child losing their place at Pippins. Please make **cheques payable to Pippins Pre-school**. Please speak to the manager or a practitioner in confidence if you have any difficulty meeting your payment.

I confirm that I have given true and accurate information on this registration form.

Signed..... Print name.....

Date.....