

# **MORTIMER HALL PRE-SCHOOL**

## **REGISRATION FORM**

Your Child	
Child's First Name:	Child's Last Name:
Name known as:	Date of Birth:
Name of parent/s with whom the child lives:	
1.	
Does this parent have parental responsibility?	Yes/No
2.	
Does this parent have parental responsibility?	Yes/No
Address:	
Work/Daytime telephone**:	Mobile**:
Email:	
** These are the first numbers we will contact yo unless you inform us otherwise	ou on first if we need to speak to you regarding your child
Name of the parent with whom the child does no	ot live (if applicable):
Does this parent have parental responsibility?	Yes/No
Address of this parent:	
Telephone:	Mobile:
Email:	
Does this parent have legal access to the child?	Yes/No
Emergency Contact Details	
Please list in order the names, telephone number emergency, after we have tried those given above	rs and email addresses of those we should contact in case of e:
Name:	Relationship to child:
Daytime telephone:	Mobile:
Is this person authorized to collect the child (mus	et be over 16 years of age):  Yes/No

Name:

Relationship to child:

Daytime telephone:	Mobile:	
Is this person authorized to	o collect the child (must be over 16 years of age):	Yes/No
Name of child's doctor		
Name:		
Address of surgery:		
Telephone:		
Personal details of chil	ld	
Does your child have any s	pecial dietary needs or preferences? e.g. vegetarian	Yes/No. p
If yes, please give details.		
Does your child have any m	nedical conditions or allergies (including food allergies)?	Yes/No
If yes, please give details.		
How would you describe yo	our child's ethnicity or cultural background?	
What is the main religion in	n your family?	
·	pecial occasions celebrated in your culture that your child wacknowledged and celebrated while he/she is in our setting	
If yes, please give details.		
What language(s) is/are sp	oken at home?	
If English is not the main la English-speaking environm	inguage spoken at home, will this be your child's first experi ent? Yes/No (delete)	ence of being in an
If yes, give details below ar settling in.	nd discuss and agree with the key person how you will supp	ort the child when
Does your child have any sp	pecial needs or disability? Yes/No	
If yes, please give details.		
What special support will h	ne/she require in our setting?	

		know about your child? For example, what they like or wha e or what comforter they may need and when. Please give
Names of profession	nals (if any) involved	with the child
Name 1:	Role:	
Agency:	Telephone:	
Name 2:	Role:	
Agency:	Telephone:	
Name 3:	Role:	
Agency:	Telephone:	
Do you have a health	visitor?	Yes/No
If yes, name:		Based at:
Telephone:		_

NB If the child is on the child protection register, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child's file.

To be completed by	key person/m	nanager			
Date started at pre-so	chool:				
Agreed hours:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Agreed times of	ivionacy	racsaay	vvcanesady	Tharsaay	Triday
attendance					
Total daily hours					
Offered over 38 week Are any fees payable? Name of key person: Name of back-up key Has the settling in pe If so, detail:	? If so, which se person:	<u></u>			
Signed by:			Donout 2.		
Parent 1: Key person:			Parent 2:  Manager:		
Mortimer Hall Pre-So sign each one. If you of staff.					
1. Pre-School Fe	es				
I/we agree to pay my claim funding until fu my child is ill or abser	rther notice an	d I/we understa	•	•	• •
To cancel a child's pla be charged for.	ace, four weeks	' notice must b	e given. If notice	is not given, t	he four weeks will
Signature parent/s/ca	arer/s/: 1		2		

## 2. Emergency Treatment

I/we give my consent to Mortimer Hall Pre-school staff to	o seek emergency medical advice or
treatment for my child	(child's name) and/or take my child
to the nearest Accident and Emergency Unit to be exami the understanding that every attempt has been made to on my way to the hospital. A member of staff from Morti and stay with them until my arrival.	contact me or I have been informed and am
Signature parent/s/carer/s/: 1.	2
3. Consent for local trips from Pre-School	
Occasionally small groups of children are taken out for w Children's Centre, to the shops etc Your consent is aske do this.	• • •
I/we agree to my child being taken out of pre-school on s	short, local trips.
Signature parent/s/carer/s/: 1.	2

## 4. Consent for photographs, videos and observations

## **Photographs**

Photographs may be taken by:

- 1. Staff/committee members/volunteers
- as evidence of work for courses they are attending
- pre-school records
- to show parents the activities that children have participated in
- at events such as Sports Day, Christmas Sing Along, Christmas Party
- for use on our website.

All photos are stored by the pre-school on disc or memory card. These may be retained after your child has left and may be used for displays, history of the pre-school and in publications such as this.

- 2. Parents
- at events such as Sports Day, Christmas Sing Along, Christmas Party.
- The Press
- when invited to do so by the pre-school committee.
- 4. Staff at Marston and Northway Children's Centre
- For their publicity and publishing in newsletters.

## **Observations and Videos**

As part of courses that staff are attending they may wish to do observations and/or make videos of your child to assist with their course work.

If you do not agree to the above or have any concerns, please Caroline.	do speak to your key person, Janet or
I/we give permission for photographs, videos and observation above.	s to be taken of our child as described
Signature parent/s/carer/s/: 1	2
5. Sunscreen	
I give permission for staff at the setting to apply sunscreen suppressed (named overleaf)	pplied by me/the setting to my child
Signature parent/s/carer/s/: 1	2
6. Ofsted Registration and Complaints Procedure	
I have seen the Ofsted Registration Certificate at Mortimer Ha	all Pre-school.
I have been given a copy of the childcare provider's complaint and telephone number for Ofsted.	es procedure, which includes an address
Signature parent/s/carer/s/: 1	2
Parent/Carer of:	(child's name)
Date of signing the above	

August 2015