

Stone Cross Independent Pre-School Registration Form 2017/18

CHILDS DETAILS

Child's Full Name _____ Legal Name _____
(if different)

Gender : Boy Girl Date of Birth: _____ Birth certificate seen and copy made: Yes No

	Parent / Carer (1)	Parent / Carer (2)
Title and Full Name		
Parental Responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal Access	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Address Including Postcode		
Contact Number Landline		
Mobile Number		

Email addresses (for invoices/communications) _____

Child's first language: _____ Child's Religion: _____

Two emergency contact names and telephone numbers (in addition to the above). Emergency contacts must be local.

<p>Contact 1</p> <p>Name: _____</p> <p>Contact No's: _____</p> <p>Relationship to child: _____</p>	<p>Contact 2</p> <p>Name: _____</p> <p>Contact No's: _____</p> <p>Relationship to child: _____</p>
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Other persons authorised to collect child from Pre-school _____

(Please notify us of any changes as no child will be released to an unauthorised person)

MEDICAL HISTORY

Name and address of Doctor: _____
 Telephone: _____

Name and address of Health Visitor: _____
 Telephone: _____

Are there External Agencies involved with your child? Yes No

Details _____

Has your child been immunised against: Diphtheria PCV Polio Whooping Cough Tetanus
 (Please circle) Rotavirus Flu MMR Hib Men C

Does your child have any of the following medical conditions which pre-school need to be aware of? (Please circle)

Asthma Excema Convulsions Allergies

Please list allergies if applicable _____

Does your child require any regular medication for this/these condition/s? _____
 Relevant form(s) must be completed as & when necessary

Has your child had any major illness/operations or been admitted to hospital? Yes No

If yes please give brief detail _____

Does your child have any individual needs e.g speech therapy, which you would like to discuss with staff? Yes No

Details _____

ATTENDANCE

A £50 per child Holding Deposit is payable. Please ensure that this is paid when returning your Registration Form to secure your place for your child/children. As from September 2017 fees are charged at £13.50 per session. (Please see our Prospectus for full details at www.stonecrosspreschool.org).

Every effort will be made to meet your preferred start date and sessions. All sessions will be confirmed by our Pre-school Administrator. If this is not possible you will be contacted to discuss alternative sessions or placed on the waiting list.

If you wish to increase your child's sessions at any time throughout the year please clearly indicate that below and you will be placed on the waiting list.

Preferred Start Date:

Preferred Sessions (please circle)

MEMORIAL HALL Morning Session 9.15am to 12:15pm MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY	or	NURSERY UNIT Morning Session 9.00a.m to 12:00pm MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY	NURSERY UNIT Afternoon Session 12.00pm to 3.00pm MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY	NURSERY UNIT All Day (2 sessions) 9:00am till 3:00pm MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
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PAYMENT (please indicate)

- My child will be eligible for the Early Years Education Entitlement :
 2 Year Old Funding or 3/4 Year Old Funding
- I will pay for my child's fees monthly in advance by Bank Transfer / Mobile Banking or Cheque

PERMISSIONS: BEFORE signing, please ensure you have read and understood the terms and conditions of the Pre-school as outlined in the Pre-school Prospectus. Please ensure your preference is clearly signed in the appropriate box.	I give permission	I do not give permission
Occasionally we take your child out of Pre-school to visit local places of interest such as the Recycling Centre or the Park.	signed	signed
A member of Stone Cross Independent Pre-School staff may authorise medical treatment for my child should it be required on their admission to hospital if I am unable to be contacted.	signed	signed
My child to be supervised / helped in the applying of sun screen by members of staff.	signed	signed
Plasters/wipes/antibacterial gel to be applied as required by members of staff.	signed	signed
Permission for any photographing / videoing of my child to be taken and used by the Pre-school staff for training / record folders / website / Facebook / advertising.	signed	signed
From time to time events at Pre-school are attended by parents, family and friends. Please sign to accept that you agree to ensure that all images you take will be kept securely and used appropriately, will only be for personal use and only be uploaded onto the web / social media sites including Facebook providing it contains your child / children only .	signed	signed
Stone Cross Independent Pre-School is conscious of its environment and as such intends to communicate with parents via email and text as appropriate. Please sign below to agree to communications in this way and to agree to regularly checking your email / phone messages.	signed	signed

I have read and understood the Terms and Conditions of the Pre-school as outlined in the Pre-school Prospectus and agree to comply with its Terms and Conditions.

Parent/Carer (1) signature _____ Date _____

Parent/Carer (2) signature _____ Date _____

Please let us know if, while your child attends our Pre-school, any of this information changes.

Stone Cross Pre-School is committed to Safeguarding and Promoting the Welfare of Children