

Stone Cross Independent Pre-School Registration Form 2024/25

CHILDS DETAILS

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

Gender : Boy Girl Date of Birth: _____ Birth certificate or Passport Provided: 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"/> |
| Current Address Including Postcode | | |
| Contact Number Landline | | |
| Mobile Number | | |

Email addresses _____ Child's Ethnicity: _____

Child's 1st/2nd language: _____ Child's Religion: _____

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

Contact 1 _____ Contact 2 _____

Name: _____ Name: _____

Contact No's: _____ Contact No's: _____

Relationship to child: _____ Relationship to child: _____

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. (Not applicable if moving over from Hall to Unit, only paid once and transferred with child). Session fees are charged unless within funding allowance. (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 sessions at any time throughout the year please indicate below and you will be placed on the waiting list.

Preferred Start Date:

Please tick the sessions you would like your child to attend:

| | | | |
|--|----------------------------------|------------------------------------|---------------------------------|
| Memorial Hall 9.15am to 12.15pm | <input type="checkbox"/> Monday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday |
| Memorial Hall 8.45am to 11.45am | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday | |
| Memorial Hall 11.45am to 2.45pm | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday | |
| Memorial Hall 8.45am to 2.45pm | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday | |

| | | | | | |
|---------------------------------------|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| Nursery Unit 9.00am to 12.00pm | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| Nursery Unit 12.00pm to 3.00pm | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| Nursery Unit 9.00am to 3.00pm | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |

PAYMENT (please indicate)

- **My child is eligible for the Early Years Education Entitlement: 2 Year Old Funding** **3/4 Year Old Funding**

Please provide code _____ NI No _____

- **I will pay for my child's fees monthly in advance by Bank Transfer / Mobile Banking**

| PERMISSIONS: BEFORE signing, please ensure you have read and understood the terms and conditions of the Pre-school as outlined in the Pre-school Policies & Procedures and our 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. We will inform you before the event. | 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 Policies & Procedures 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