

St Richard’s CE Preschool,

35 Forge Lane, Hanworth, TW13 6UN

07986 784836

manager@strichardspreschool.org.uk

**REGISTRATION FORM**

Childs details

|  |  |
| --- | --- |
| Forename | Male/Female |
| Surname |  |
| Date of Birth |  |
| Home Address |  Post code |
| Home telephoneMobile phone |  |

|  |  |
| --- | --- |
| Ethnic origin | First Spoken Language |
| What is the main family religion? | Other Languages used |

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTENDANCE**

Which day(s) and sessions would your child attend? (Please circle)

**If your child stays for a full day your child will be required to bring a healthy packed lunch**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| **9am – 12pm****12pm – 3pm****9am – 3pm** | **9am – 12pm****12pm – 3pm****9am – 3pm** | **9am – 12pm****12pm – 3pm****9am – 3pm** | **9am – 12pm****12pm – 3pm****9am – 3pm** | **9am – 12pm****12pm – 3pm****9am – 3pm** |

**For office use only:**

Proof of address seen (benefit letter, tax credit letter, utility bill, council tax letter, driving licence):

Birth certificate seen and number recorded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN/CARER INFORMATION**

|  |  |
| --- | --- |
| Parents/guardian Name (1)(Relationship to child) |  |
| Home telephone |  |
| Mobile phone number |  |
| Work phone number |  |
| Email address |  |
| Occupation |  |
| Parents/guardian Name (2)(Relationship to child) |  |
| Home telephone |  |
| Mobile phone number |  |
| Work phone number |  |
| Email address |  |
| Occupation |  |
| Who has parental responsibility? |  |
| **We will add your email address to our parent email database unless you tell us otherwise in writing. Your phone number will be used to phone, text and/or WhatsApp you. Please save our number.** |

**Names and contact details of two other adults to contact in an emergency**

(this must be completed)

Please tick box to confirm your emergency contacts know their details are included on this application form 

Name Contact details Relationship to child

|  |  |  |
| --- | --- | --- |
| **1)** |  |  |
| **2)** |  |  |

**MEDICAL INFORMATION/SPECIAL NEEDS**

**DOCTORS DETAILS**

|  |  |
| --- | --- |
| Doctors Name | AddressTelephone no. |
| Health Visitor | Telephone no. |

# **Does your child have any special health requirements, religious or dietary requirements, or any known medical condition Yes No**

# E.g. Asthma, Eczema. Allergies, Halal, Vegetarian (please give details below)

**Please give details of any developmental concerns such as speech delay, hearing or sight etc.**

N.B. Thiswill not affect whether or not your child will receive a place but will help us to meet their needs effectively. We are more than happy to discuss any needs.

**Does your child have any external agencies involved**

Does your child been referred or have regular appointments with Child Development team, Physiotherapist, Occupational Therapy, Speech Therapist, Family Support Worker, Social Care etc.

Is your child in receipt of Disability Living Allowance (DLA?)

**Two year old progress check – children aged 24 – 36 months**

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? **Yes □ No □**

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child. We will ask you to be involved in completing the check and will discuss it with you.

Does your child have difficulty with any of the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Additional comment** |
| Speaking and communication |  |  |  |
| Listening and attending  |  |  |  |
| Understanding simple instructions |  |  |  |
| Eating and drinking |  |  |  |
| Sitting and sharing a book |  |  |  |
| Walking and climbing |  |  |  |
| Rolling a ball |  |  |  |
| Holding a crayon |  |  |  |
| Socialising with adults and other children |  |  |  |
| Overall wellbeing and happiness |  |  |  |
| Using the toilet |  |  |  |
| Putting on their shoes and socks |  |  |  |

**Is this your child’s first experience of being left? Do they attend another setting or childminder? Please provide details.** (We will work with the other setting to ensure smooth transition and share information)

**ADDITIONAL INFORMATION**

**Please provide any information that you may find relevant in helping us to provide a tailored service to your child’s individual needs** (Does your child have a dummy/comforter? Is your child in nappies? Toilet trained? What sort of things does your child enjoy doing at home? Do you have any concerns regarding your child’s development?)

**Emergency Consent Declaration**

I hereby consent to any medical treatment deemed necessary for my child during his/her attendance at Preschool or on an authorised outing. I understand that every effort will be made to inform me should there be an emergency or accident. I authorise the registered person in charge (or deputy in charge) of the Preschool to sign any written form of consent on my behalf, required by hospital authorities, in my absence, if the delay in obtaining my signature is thought likely to endanger the health and safety of my child (according to the authorities concerned.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preschool outings**

As part of their learning experiences we make use of the local open spaces and parks in the immediate area. Please sign below to ensure your child may take part.

I do/do not give permission for my child to visit local open spaces and parks with the Preschool.

Signed: \_\_\_\_ \_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Learning and development**

As part of your childs learning and development, we offer individual or small group intervention and strategies to extend their learning and development.

I do/do not give permission for my child to take part in individual or small group intervention and strategies.

Signed: \_\_\_\_ \_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coat pegs/birthday board**

We would like to display your child’s photo and first name on their coat peg and birthday board. If you agree to this please give your permission below. If you do not want their photo on their coat peg or birthday board, we will only display their name.

I do/do not give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(childs name) to have his/her photo taken and displayed for their coat peg.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photographs**

Occasionally, we may take photographs of the children at our Preschool and use these on our **website**. If we use photographs of children, we will not use their full name (which means first name and surname) of that child.

I do/do not give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(childs name) to have his/her photo taken for the Preschool website.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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I give permission for the following list of adults (aged over 16) to collect my child from St Richards C E Preschool (please remember to include yourself):

Childs name: ………………………………………………………………………

|  |  |
| --- | --- |
| Name of adult | Relationship to child |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Parents Signature: ………………………………………… Date: …………………

Please print name: ……………………………………………………..………