



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 telephone		
Mobile 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	Address Telephone 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. This will 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)

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 child's 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 _____

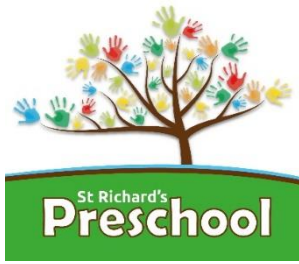
Photographs

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: