

REGISTRATION FORM



2-4 YEAR OLD'S

106 East Park Road
Leicester
LE5 4QB

Tel: 0116 2102570

(Please complete a separate form for each child. BLOCK capital letters please)

CHILD'S DETAILS:

First Name: Surname:

Preferred Name:

Gender: Female Male

Date of Birth: Age:

Religion: First Language:

Ethnicity:

Address:

.....

City: Postcode:

Tel No:

GP DETAILS:

GP Name:

Address:

..... Post Code:

Tele No:

Do you have a health visitor? Yes/No (delete)

Name..... Based at.....

Telephone.....

Any medical disorders/allergies/medication to be taken or may be taking at present (please give full details):

.....

Childhood Illnesses:

.....

Immunisations to date:

.....

Any special requirements, dietary, special needs/disability or otherwise that we should know about your child

.....
.....
.....

PARENT'S DETAILS:

MOTHER:

First Name: Surname:

Address:

..... Post Code:

Home Tel No: Work Tel No:

Mobile No:

Email:

Occupation:

Work Address:

..... Tel No:

Does this parent have parental responsibility? Yes/No (delete)

Can Collect Child: Yes/No (delete)

FATHER:

First Name: Surname:

Address:

..... Postcode:

Home Tel No: Work Tele No:

Mobile No:

Email:

Occupation:

Work Address:

.....

Does this parent have parental responsibility? Yes/No (delete)

Can Collect Child: Yes/No (delete)

EMERGENCY CONTACT DETAILS:

1. Contact Name: Tele No:

Relationship to Child: Mobile No:

2. Contact Name: Tele No:

Relationship to Child: Mobile No:

SECURITY COLLECTION DETAILS

We will only allow authorised adults to collect your child with prior notice from you on the day in question. By giving the details below Roseberry Pre School will assume that you have given consent for your child to be collected from the named substitutes below. Persons authorised to collect the child must be over 16 years of age.

COLLECTORS NAME	RELATIONSHIP TO THE CHILD	CONTACT TELE NO	PASSWORD

Names of professionals involved with child

Name 1..... Role.....

Agency..... Telephone.....

Name 2..... Role.....

Agency..... Telephone.....

Does your family have a social worker for any reason? Yes/No (delete)

Name..... Based at.....

Telephone.....

What is the reason for the involvement of social services with your family?.....

.....

.....

(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).

COMMUNICATION PLAN

Please tick method of communication regarding sharing information about your child both from pre-school to home and home to pre-school. Please tick all that apply with your preferred method of communication at the bottom of this:

Face to face	
Via paper documentation, e.g. daily diary, observation sheets, newsletters etc	
Email	
Telephone	
The preferred method is:	

TERMS AND CONDITIONS

PERMISSION	YES	NO
<p style="text-align: center;"><u>Consent for taking your child's photo/video</u></p> <p>We hereby give permission for Roseberry Pre School to take photos/videos of our child to use within the pre-school for Tapestry online learning journey, displays, artwork etc</p>		
<p style="text-align: center;"><u>Consent for your child's photo/video to be used in advertising</u></p> <p>We hereby give permission for our child's photo/video to be used in advertising such as Roseberry Pre-School website, leaflets, posters, local newspapers and television etc.</p>		
<p style="text-align: center;"><u>Consent for your child to be included in leaver's group photo</u></p> <p>We hereby give permission for our child to be included in Leaver's group photo (please note leaver's photo is available for all parents to buy).</p>		
<p style="text-align: center;"><u>Consent for applying sun cream</u></p> <p>We hereby give permission for Roseberry Pre-School to apply sun cream on our child</p>		

<p style="text-align: center;"><u>Consent for applying nappy cream</u></p> <p>We hereby give Roseberry Pre-School permission to apply nappy cream to our child if necessary</p>		
<p style="text-align: center;"><u>Consent to administer medication</u></p> <p>We hereby give permission for staff to administer prescribed medication or calpol provided by the parent/carer with written consent</p>		
<p style="text-align: center;"><u>Consent for taking your child out from the Pre-School</u></p> <p>We hereby give permission for Roseberry Pre-School to take our child off the premises to go for a walk in the woods, shops, park and library etc</p>		
<p style="text-align: center;"><u>Consent for contacting your child's playgroup or school</u></p> <p>We hereby give permission for Roseberry Pre-School to contact my child's playgroup or school to discuss their development progress. This will be undertaken to assist my child in reaching their full potential</p>		
<p style="text-align: center;"><u>Consent for your child using the computer (supervised)</u></p> <p>We hereby give permission for Roseberry Pre-School to allow our child access to use the pre-school's computer and internet facilities with supervision from nursery practitioners</p>		
<p style="text-align: center;"><u>Consent for your child in the event of an emergency/accident</u></p> <p>We hereby give permission to the Nursery Manager or Staff to take the necessary steps to ensure that our child receives the appropriate care, attention and treatment in the event of emergency or an accident occurring</p>		
<p style="text-align: center;"><u>Consent for your child in the event of an accident</u></p> <p>We hereby give permission to the nursery staff to accompany my child to the hospital in the case of a serious accident in my absence and also to authorize hospital staff to administer essential treatment in my absence until our arrival</p>		
<p style="text-align: center;"><u>Consent for your child in the event of a blood transfusion</u></p> <p>We hereby give our permission to the nursery staff on the emergency steps to ensure that my child receives blood transfusion if required.</p>		

ATTENDANCE DETAILS (Admin to fill in, with parent)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM SESSION					
PM SESSION					
FULL DAY					
NEF (please put times under the days)					
START DATE					

HEALTH AND MEDICAL

If the Child becomes ill during the pre-school session the pre-school manager will contact you or the emergency contact indicated on the registration form. You must inform us immediately of any changes to these contact details. If your child requires urgent medical attention while under our care, we will if practicable attempt to contact you and obtain your prior consent. However, should we be unable to contact you we shall be authorised to make the decision on your behalf should consent be required for urgent treatment recommended by a doctor (including anaesthetic or operation, or blood transfusion) unless you have previously notified us you object to blood transfusions)).

If the Child is suffering from a communicable illness, he/she should not be brought to the pre-school until such time as the infection has cleared. A full copy of our infection control policy is available from the pre-school manager. Please refer to the illness/communicable disease list supplied in your information on minimum periods of exclusion from the nursery.

You must notify the pre-school manager if the Child is absent from the pre-school through sickness.

If the Child has been sent home from the pre-school because of ill health, he/she will not be re-admitted for at least 24 hours. If the Child is prescribed antibiotics, he/she will not be allowed to return to the pre-school for 48 hours. If the illness is a communicable illness then the Child will be unable to attend the pre-school until such time as the infection has cleared.

REPORTING OF NEGLECT OR ABUSE

We have an obligation to report to the relevant authorities any suspicions we have that your Child has suffered neglect or abuse, and where necessary we may do so without your consent and/or without informing you.

COMPLAINTS AND CONCERNS

Please address any complaint or concern to the supervisor in charge, in the first instance, and if the matter is not resolved within a reasonable period, please refer it to the nursery manager. Please also refer to our complaints and compliments policy which shall apply to any complaints received by us.

EVENTS THAT ARE BEYOND OUR CONTROL

If any event beyond our reasonable control (e.g. a fire, flood, epidemic or pandemic outbreak, strike, civil action, act of terrorism, war etc.) occurs, for which we have business interruption insurance, we may close the PRE-SCHOOL without liability to you and we will not charge you for the fees for the time the pre-school is closed. We will keep you informed, in such an event.

If the pre-school is forced to close for reasons beyond the pre-school's control or if it is, in our reasonable opinion, necessary or in the interests of the Child to do so, we may close the pre-school even though our business interruption insurance will not cover us for the closure. For example, we may close because of severe weather conditions, outbreak of flu, swine flu, COVID-19, any epidemic or pandemic or other illnesses etc. Also, if the owner of the premises closes the premises and denies us access.

PARENT SIGNATURE: DATE:

PRINT NAME:

STAFF SIGNATURE: DATE:

PRINT NAME:

Agreement between Parent/Guardian and Pre-school

I wish to apply for admission for my child at Roseberry pre-school. I have read and agree to the terms and conditions and I agree to comply with them. I also undertake to inform the nursery of any changes in the information given, together with the child's personal record.

I also agree to pay any fees 1 month in advance. If my child is absent for any reason, for example due to sickness, fees are still payable in full. (This payment of fees needs to be maintained as the cost of staff and overheads still continuously needs to be maintained).

I undertake to provide in writing one clear month's notice of my child's leaving date or make payment of one month's fee in lieu of such notice.

I undertake to inform the pre-school if my child also attends any other educational establishment during their time at this nursery, since this may affect the allocation of Nursery Education Funding to which I may become entitled. I also accept responsibility for payment of the loss of any portion of the above funding that may arise due to the simultaneous enrolment of my child in any other institute.

I understand that my child will be taken out for local walks and visits off the school premises to the library, local community centres, mosques and local nature walks, and I give

permission to the management and staff of the pre-school for my child to take part in such outings.

Only the person or persons legally responsible for the child must complete and sign this form:

I legal Parent/Guardian of [Child's name] _____ have given full details of my child to the best of my knowledge.

Signed _____ Date _____

Print name: Mr/Mrs/Ms _____ Legal Parent/Guardian

Please answer all questions. Failing to do so will delay the processing of this form. All applicants are treated on a first come first serve basis, thus if there is no contact regarding this application, a place cannot be guaranteed for your child.

For office use only	
Date started:	Date left:
Manager's Signature:	Date: