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**Brookside Pre-School Child Registration Form**

**Pre-School Details**

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| **Name of Pre-School** | Brookside Pre-School |
| **Business Address of Pre-School** | Gusford School Grounds, Sheldrake Drive, Ipswich, IP2 9LQ |
| **Ofsted Registration**  | 251427 |
| **Contact Number** | 01473 604238 |
| **Email address** | Manager: Brooksidemanager@hotmail.comAdmin: Brooksidepsfinance@gmail.comFamily support: BrooksideFS@hotmail.com  |

**\*When applying for a place could you please bring with you either your child’s Birth Certificate or Passport as ID. Many Thanks**

**Child Details**

|  |  |
| --- | --- |
| Full Name of Child: |  |
| Preferred Name: |  |
| Gender: |  |
| Date of Birth: |  | Current age (years and months) |  |
| Home Address: |  |
| Home Telephone Number: |  |
| Ethnicity: |  |
| Home Language: |  |
| Second Language: |  |
| Religion: |  |

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| --- | --- | --- |
| Is your child moving to Brookside Pre-School from another setting? | **Yes** | **No** |
| Which setting is your child moving from? |  |
| Did they receive funding at the previous setting? | **Yes** | **No** |

**Additional Information**

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| --- | --- |
| Details of custody/court orders: |  |

**Health and Medical**

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| --- | --- |
| Doctors Name: |  |
| Surgery Address: |  |
| Surgery Telephone Number: |  |
| Health Visitors Name: |  |
| Child NHS number: |  |
| Child’s Dentist: |  |
| Dental Surgery Address: |  |
| Dental Surgery Telephone Number: |  |

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| **Has your child been immunised against the following? Please tick** |
| Diphtheria | Tetanus | Polio | MMR | Whooping Cough | Swine Flu |

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| **Has your child ever suffered from the following? Please tick** |
| Mumps | Scarlet Fever | German Measles | Measles | Chicken Pox | Convulsions | TB |
| Fits | Small Pox | Whooping Cough | Polio | Tetanus | Diphtheria | Swine Flu |

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| Does your child suffer from any allergy, phobias or any condition we should be made aware of? |  |

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| --- | --- |
| Does your child have any dietary requirements including food allergies? |  |

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| Is your child on regular medication? |  |

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| Does your child have any additional needs (please describe so we can best support your child):Are you concerned of any speech delay? (Please include if you have any professionals supporting you with speech)  |
| Has your child had, or is currently having, support from the following: |
| Professional | Please state their name: |
| Health Visitor |  |
| Speech Therapist |  |
| Physiotherapist |  |
| Paediatrician |  |
| Other (Please specify) |  |

**Parent/Carer Information**

Please give details of all persons who may collect your child placing them in the order in which you would like them to be contacted:

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| --- | --- |
| **Name of parent/legal guardian 1:** |  |
| **Relationship to child:** |  |
| **Parental responsibility:** | **Yes/No \*delete as appropriate** |
| **Home Address:** |  |
| **Home Telephone number:** |  |
| **Email address:** |  |
| **Mobile telephone number:** |  |
| **Name and address of employer:** |  |
| **Work telephone number:** |  |

|  |  |
| --- | --- |
| **Name of parent/legal guardian 2:** |  |
| **Relationship to child:** |  |
| **Parental responsibility:** | **Yes/No \*delete as appropriate** |
| **Home Address:** |  |
| **Home Telephone number:** |  |
| **Email address:** |  |
| **Mobile telephone number:** |  |
| **Name and address of employer:** |  |
| **Work telephone number:** |  |

|  |  |
| --- | --- |
| **Other Contact :** |  |
| **Relationship to child:** |  |
| **Parental responsibility:** | **Yes/No \*delete as appropriate** |
| **Home Address:** |  |
| **Home Telephone number:** |  |
| **Email address:** |  |
| **Mobile telephone number:** |  |
| **Name and address of employer:** |  |
| **Work telephone number:** |  |

**Permissions**

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| --- | --- | --- |
| Do you give permission for your child to be taken on short walks locally | Yes | No |
| Do you give Brookside Pre-School permission to observe and record your child’s progress and development? These records are open to you at all times. | Yes | No |
| In order to develop inclusive practice within our Pre-School, it may be necessary to seek advice from other professionals from time to time on how to adapt our practice to meet the individual needs of children, do you acknowledge you agreement with this | Yes | No |
| Do you give Brookside Pre-School permission to apply Sun Lotion to your child (Sun lotion is to be provided by parent/carer) | Yes | No |
| In the event of a medical emergency do you give permission for your child to receive medical treatment? | Yes | No |
| Do you give permission for the Pre-School staff to apply hypoallergenic plasters to your child, if required? | Yes | No |

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| **At Brookside Pre-School we take photos of your children to be used for printed publications relating to the Pre-School, the Brookside Pre-School Website and also for pictorial evidence for activities undertaken to assist with Ofsted inspections.**  |
| Are you happy for your child’s photo to be taken in nursery activities? These photos may be used in other children’s learning journeys | Yes | No |
| Are you happy for your child’s photo to be used in the Pre-Schools printed publications | Yes | No |
| Are you happy for your child’s photo to be used on the Pre-Schools website | Yes | No |
| If your child performs in a Pre-School play are you happy for your child to be photographed by other parent/carers | Yes | No |
| Do you give permission for photos taken of your child to be used on our (closed) Facebook page? | Yes | No |

**Password**

For Security and safety reasons, please provide us with a password for use when someone other than a known family member collects your child. If the person is not recognised by staff and they are unable to give us the correct password then the child will not be allowed to leave the Pre-School.

Please choose a password that is personal to you. A pet name, a sibling’s name, place name or something that only you know. This password should only be given to other people if they are collecting your child.

**PASSWORD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pre-School Attendance**

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| **Requested start date:** |  |

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| --- |
| **Requested sessions (Please Circle) LC = Lunch Club (11.30-12.00pm)** |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** | **LC** | **PM** | **AM** | **LC** | **PM** | **AM** | **LC** | **PM** | **AM** | **LC** | **PM** | **AM** | **LC** | **PM** |

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| --- | --- |
| **Grant Funding** | **Yes / No** |

**Fees/Payment terms - FEES ARE PAYABLE BEFORE THE SESSION IS TAKEN.**

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| **Sessions** | **2-, 3- & 4-year-olds** |
| **Sessional – Am or Pm** | £13 |
| **Extra Lunch Club (11.30-12.00) – Must provide packed lunch** | £2.50 |
| **Late Collection Charge** | £5 per 15 mins |

**I/we, the undersigned have completed the registration form and indicate by signature my acceptance of the terms and conditions of this agreement.**

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| --- | --- |
| **Parents Name:** |  |
| **Signature:** |  |
| **Date:** |  |

**My email address to be used on Tapestry the online learning journey**

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