



Faringdon Pre-School, Registration Form

Please return to: Faringdon Pre-School, Canada Lane, Faringdon,
Oxfordshire, SN7 8AH

Child Details

Childs Full Name			
Preferred Name		Date of Birth	
Ethnicity		Religion	
1 st Language		2 nd Language	
Address			
Telephone No.			
Toilet Trained	YES / NO <i>(delete)</i>	Nappies	YES / NO <i>(delete)</i>

Parent/Carer Details

Mother/Carer's Name		Father/Carer Name	
Address (If different from above)		Address (If different from above)	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Email		Email	
Does this parent have parental responsibility?	YES / NO <i>(delete)</i>	Does this parent have parental responsibility?	YES / NO <i>(delete)</i>

Doctors Details

Doctors Name			
Practice Address			
Phone No			

Allergies/Health Issues or Concerns – Please tick Yes or No and give details.

Does your child have any allergies or special dietary requirements? YES / NO <i>(delete)</i>
Details:
Does your child have any special needs or disabilities? YES / NO <i>(delete)</i>
Details:
Does your child have any medical conditions or health concerns? YES / NO <i>(delete)</i>
Details:
Are any other health professionals or agencies involved with your child? YES / NO <i>(delete)</i>



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Details of who:

Information Sharing

Preferred method	Email	Paper copy
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Snack time and drinks – water is available throughout the session.

Snacks provided by pre-school for a small charge - currently £1 per half term.

**Milk	YES	NO	**WATER	YES	NO	**EITHER	YES	NO
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Emergency Contacts - Authorised to collect the child (must be over 18 years of age) – other than Parents/Carers already named above.

Name		Relationship to child	
Home Phone		Mobile Phone	
Name		Relationship to child	
Home Phone		Mobile Phone	
CHOSEN PASSWORD			

Parental Consent – Please delete as applicable.

Do you give permission for your child to receive first aid and/or seek emergency treatment/be taken to hospital/doctors?	YES	NO	Signed:
Do you give permission for your child to receive a plaster?	YES	NO	Signed:
Do you give permission for staff to change nappies/clothes as required i.e. due to soiling?	YES	NO	Signed:
Do you give permission for staff to apply sunscreen of factor 30+ or above (parents to supply)?	YES	NO	Signed:
Do you give permission for your child to participate in local outings?	YES	NO	Signed:
Do you give permission for your child to participate in religious and cultural festivals from all around the world?	YES	NO	Signed:
Observations are one of the many ways we assess progress and development. Do you give permission for your child to be observed, by staff and outside agencies, i.e. OFSTED?	YES	NO	Signed:
Do you give permission for staff to take photos/videos of your child, for use in records and displays?	YES	NO	Signed:
Do you give permission for staff to use photos of your child on the pre-school website?	YES	NO	Signed:
Do you give permission for staff to use photos of your child on the pre-school Facebook page?	YES	NO	Signed:

Policies and Procedures

Please sign your agreement to the policies and procedures of Faringdon Pre-School and the rules of the Committee. Policies available in Pre-School and www.faringdonpreschool.co.uk.

Signed: (Mother/Carer)	Signed: (Father/Carer)
Dated:	Dated:



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About your child

Has your child received the following immunisations?

(Please confirm and provide date of immunisations given)

Two months old			Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Pneumococcal infection.	DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)
Yes/No <i>(delete)</i>	Date:			
Three months old			Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C).	DTaP/IPV/Hib and MenC
Yes/No <i>(delete)</i>	Date:			
Four months old			Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C). Pneumococcal infection.	DTaP/IPV/Hib and MenC and PCV
Yes/No <i>(delete)</i>	Date:			
12 months old			Haemophilus influenza type b (Hib) and meningitis C.	Hib/MenC
Yes/No <i>(delete)</i>	Date:			
13 months old			Measles, mumps and rubella (German measles). Pneumococcal infection.	MMR and PCV
Yes/No <i>(delete)</i>	Date:			
Three years and four months or soon after			Diphtheria, tetanus, pertussis (whooping cough) and polio. Measles, mumps and rubella.	DTaP/IPV (or dTaP/IPV) and MMR
Yes/No <i>(delete)</i>	Date:			
Has the child's health record book been seen to confirm immunisation dates? Yes/No <i>(delete)</i>				
Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No <i>(delete)</i> If so, please provide details:				
Has a risk assessment, if required, been completed? Yes/No <i>(delete)</i>				



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Has a health care plan and agreement to administer medicine, if required, been completed? Yes/No *(delete)*

Does your child have any special needs or disabilities? Yes/No *(delete)*

If so, please provide details:

Are any of the following in place for the child?

Statement of special educational needs Yes/No *(delete)*

Educational Health and Care Plan Yes/No *(delete)*

What special support will he/she require in our setting?

How would you describe your child's ethnicity or cultural background?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?



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Key persons - Information for parents

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's key person may change as your child progresses through the setting. You will be notified of these changes. Your child's key person is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be _____

Your child's 'back up' person will be _____

Has the settling-in process been agreed? Yes/No *(delete)*

If so, detail:

To be completed by the key person/manager:

Date starting at		<i>(name of provider)</i>
Days and times of attendance		
Are any fees payable? If so, note here		
Has Registration fee been paid? Yes / No <i>(delete)</i>		

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

Parent 1			
Signed		Date	
Parent 2			
Signed		Date	
Key person			
Signed		Date	
Manager			
Signed		Date	
Date of first review			



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Fees

I/We _____ (Name) of _____
(address) are responsible for paying the Faringdon Pre-School fees for
_____ (Child's Name). I/We understand that fees
are payable at the beginning of each half term period. If fees have not
been paid by the end of the 1st week of the term, a reminder will be
issued. If fees continue to remain unpaid 2 weeks into term, then I/We
may be asked to remove my/our child from Faringdon Pre-School until
the debt is cleared. I/We will give 4 weeks notice if I/We remove
my/our child from Faringdon Pre-School.

Signature of Fee Payer _____ Date _____

If you receive income support or means tested benefit, you might be
eligible for help with fees. Ask the Health Visitor for a form or phone
the Early Years Support Scheme on 01865 815187.

2 Year old Funding code/30 Hours code (if known).....

Parents/Carers National Insurance number

.....
(This is for office use only, to claim funding from OCC.)

Emergency Treatment

It may be necessary, in extreme circumstances, to seek emergency
treatment for you child. In order for the most appropriate treatment
to be taken, we need to obtain your permission. I/We give permission
for Faringdon Pre-School to obtain emergency treatment for

_____ (Child's Name). Signature of Parent(s) /

Guardian(s) _____

Are there any procedures you do not wish to be carried out?

Safeguarding

Faringdon Preschool hold the right to inform the local safeguarding
authority without parental or carers consent if significant concerns are
raised.

Signed..... Date.....