

LITTLE DUCKS PRE-SCHOOL Ltd

REGISTRATION FORM

CHILD'S FULL NAME:

DATE OF BIRTH:

Details of Parent with whom the child lives and has parental responsibility and is signing this form:

NAME

ADDRESS.....

.....POSTCODE.....

TEL.NO.....MOBILE TEL NO.....

Details of anyone else with parental responsibility

NAME

ADDRESS.....

.....POSTCODE.....

TEL.NO.....MOBILE TEL NO.....

Details of Family Doctor:

NAME.....TEL NO.....

Surgery Address.....

Please provide another 2 names and contact tel. numbers in case of emergency:

Name.....Tel no.....

Name.....Tel no.....

N.B. If in an emergency we are unable to contact you do you give permission for us to seek emergency medical advice or treatment? YES / NO

Is your child up to date with all their vaccinations? YES / NO

Does your child have any allergies or medical conditions? *YES / NO

Does your child have any dietary requirements? *YES / NO

Does your child have special educational needs? *YES / NO

Are any other agencies involved with your child? (e.g social care) *YES / NO

* If you have answered yes to any of the above please give details below and if necessary we will ask you to complete a separate health form

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Names and signatures of persons for whom you give permission to collect your child:

1.....signature.....

2.....signature.....

3.....signature.....

Written permission is required for collection of children, persons must be aged 16+. If a person is not known to staff ID and signature must be checked. If in emergency it is necessary for a person not on this registration form to collect your child you must telephone the group and a password must be provided.

PHOTOGRAPHS

At pre-school we like to take photos of the children enjoying activities often in groups. They may be placed in your child's learning journals on Tapestry, used for displays and also provide valuable evidence for ofsted to show how children learn at pre-school. Photos of your child interacting with other children may also be included in other children's learning journals. Please confirm your agreement below.

I agree to my child being photographed and the photos being used and displayed within the pre-school setting. YES/NO

I agree for photos of my child to be placed in their learning journal and in other children's learning journals. YES/NO

EMAIL ADDRESS FOR NEWSLETTERS ETC

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POLICIES AND PROCEDURES

A complete copy of the pre-school's polices and procedures are available in the setting. By signing this form I confirm I agree to abide by the Policies and Procedures at all times.

SIGNATUREDATE.....

PRINT NAME.....Relationship to child.....

Please return form to: Scout HQ, Wash Road, Hutton, Brentwood, Essex CM13 1DJ

Contact telephone numbers: Scout HQ 01277-234346 mobile 07389-725844

GROUP USE ONLY: Date form received.....Date of visit.....

PROPRIETOR: Mrs Caroline Fenwick