

# High Halstow Pre-school Limited



Child's First Name (s)		Child's Surname:	
Known As:		Date Of Birth:	
Nationality:		Preferred Start Date:	
Ethnicity or cultural background		Two-year Funding reference:	
Gender:		Does your child attend another setting or childminder?	YES / NO
Who lives in my house:			

## Parent 1 /Guardian Details

Name:		Lives with Child: Yes / No
Home Address:		
Post Code:		
Home Telephone Number:		
Mobile Number:		
Email Address:		

The following information will enable us to check if the setting can access additional funding for your child.

Parent 1 NI Number		Parent 1 Date of Birth	
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## Parent 2 /Guardian Details

Name:		Lives with Child: Yes / No
Home Address:		
Post Code:		
Home Telephone Number:		
Mobile Number:		
Email Address:		

Please tick the sessions you would like your child to attend. We will try to accommodate your preferences, subject to vacancies. You will be contacted a month before your child is due to start to confirm the sessions. In September there is generally more availability, however at other times of the year places cannot be guaranteed more than a month before start date. Places are allocated in accordance with our Admission Policy which is available on request. If you use any funded sessions at another setting or childminder, additional non funded places with us will be charged at a higher rate. I/we use .....funded hours elsewhere.

Session	Fees per session (subject to change)	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 8.45am-11.45am	£15.00 for 2yr olds £13.00 for 3 & 4 yr olds					
Lunch 11.45-12.30	£4.00 you provide pack lunch or £5.00					
Afternoon 12.30-3.30pm	£15.00 for 2yr olds £13.0000 for 3 & 4 yr olds					

Office Use Only

Birth Certificate seen and cross checked: <b>Yes / No</b>	Have you checked that ALL parts of the form have been completed?	Registration Fee Paid: <b>Yes/No</b>	Welcome Pack
Checked By	Checked By	Date:	Date given

**Emergency Contacts & Persons Authorised to collect my child** are persons authorised by you to collect your child when parent/ guardian are not contactable . Emergency contacts must be over 16 years of age. For security purposes please provide a password that should be known to any persons authorised to collect your child from the pre-school.

Any other person/s not listed here must have their details recorded in the Collection book at the start of the session that the child is to be collected from and the password known by the said person. No child will be released to any person not authorised to collect them. Please refer to our policy, Uncollected Child.

Is parent 1, as detailed on page 1 authorised to collect the child?	YES / NO
Is Parent 2 as detailed on page 1 authorised to collect the child?	YES / NO

If the answer is No to either question above, details must be given here.	
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Password:	
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**1. Emergency contact and person authorised to collect my child**

Name:	
Home Address:	
Post Code:	
Home Tel:	
Mobile Tel:	
Relationship:	

**2. Emergency contact and person authorised to collect my child**

Name	
Home Address:	
Post Code:	
Home Tel:	
Mobile Tel:	
Relationship:	

**3. Emergency contact and person authorised to collect my child**

Name	
Home Address:	
Post Code:	
Home Tel:	
Mobile Tel:	
Relationship:	

**Medical Details**

Doctors Name:	
Surgery/Practice:	
Address:	
Post Code:	
Telephone Number:	

**Immunisations and illnesses:**

Please tick the boxes below to indicate

Illnesses	Immunised (Date)	Contracted (Date)	Not immunised
Diphtheria			
Tetanus			
Whooping Cough			
Polio			
HiB			
Meningitis C			
MMR			
Measles			
Mumps			
Rubella			
Pneumococcal			
BCG			
Chicken Pox			
Scarlet Fever			
Any Other?			

**Medical conditions / treatment**

Please give details of any medical conditions / treatment. Continue on a separate piece of paper if you need to. It would be beneficial to attach copies of any hospital or agency correspondence involved with your child's health/ development.

**Professionals involved with your child**

Does your Family have a Social worker	Yes	No
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Name		Telephone	
Address			

**Any other professionals involved with your child (including health visitor if you have one)**

Name		Telephone	
Address		Agency & Role	
Name		Telephone	
Address		Agency & Role	

**Allergies & Food Intolerance**

Is your child allergic to anything or has a food Intolerance?	YES	NO	(Please Circle)
If Yes please give details			

Does your child have any special dietary requirements?

Has your child had a two year old health and development review (with Health Visitor)?	Yes	No	Date:
Does your child have any special needs or disabilities?	Yes	No	
Details (continue on a separate sheet of paper where necessary)?			
Is a graduated approach (SEN support) in place?	Yes	No	If Yes please attach details
Does your child have an Education, Health and Care (EHC) Plan?	Yes	No	If Yes please attach details

What support will she/he require in our setting? (continue on a separate sheet of paper where necessary)

What other information do we need know about your child? For example, what do they call their parents, grandparents, brother or sisters, what are they like, or what fears they may have, any special words they use, or what comforter they may need and when. pets, any special words e.g. for toilet, any recent events which may have affected the child i.e. birth of brother/sister, moving house, deaths, divorce or separation etc.

**Cultural Background**

Family's main religion?	
First language spoken at home?	
Second language spoke at home?	
If English is not the main language spoken at home will this be your child's first experience of being in an English speaking environment?	Yes      No      N/A
Are there any festivals or special occasions in your culture that your child will be taking part in and that you would like to be acknowledged and celebrated while he/she is in or setting?	

**General Parental Permissions**

Paracetamol based medicine (e.g. Calpol or Sudafed) I give permission for staff to administer paracetamol based products (e.g. Calpol) to (Child's Name) \_\_\_\_\_ in the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the setting's procedures on the administration of medicines.

I will inform the setting, on the day in writing, if **any** medicine has been administered in the last 24 hours

Signed		Date	
Print Name			

**Emergency treatment declaration**

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the manager or authorized deputy for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed		Date	
Print Name			

**Record Keeping and transition reports**

I/We will contribute to the records kept for our child, working with staff to identify and meet our child’s educational, personal & social needs. I/We understand that written observations and photographs of my child may be taken and I give my consent for this in the knowledge that they are confidential between parents, pre-school and other professionals and educational providers that my child may transfer to. I/we give permission for transition reports to be passed to the next early years setting or primary school.

Signed		Date	
Print Name			

**Photographs** As part of the on-going recording of our curriculum and for children’s individual development records, staff regularly take photographs of the children during their play. Photographs taken are used for display and for your child’s records within the setting. We may also record events and activities on video. Photos/videos are stored on the setting’s computer & iPad only. If we want to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent first for each image we intend to use.

Signed		Date	
Print Name			

I/we give permission for photos to appear on the closed FaceBook page of Parents of High Halstow Pre-school (access for current academic year families only) Signed.....Print name..... Date.....			
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**Suncream** I/we will apply sun cream during the spring, summer, and autumn term where necessary to (Childs name) ..... before every session that our child attends. If my /our child stays to an all day session, I/we give permission for pre-school staff to re-apply sun cream at lunchtime and other times that they deem necessary. Pre-school will provide factor 50 suncream. Please ensure your child has a hat and shoulders are covered.

Signed		Date	
Print Name			

**Outings**

I /We are willing for (child’s name) \_\_\_\_\_ to go on local outings from Pre-school. I/We understand that specific consent will be sought for major excursions that involve leaving the village.

Signed		Date	
Print Name			

**Fees and collection contract (where the word session is used it refers to morning, lunch and afternoon)**

I/We will not be late in collecting my/our child at the end of a session and will warn both the Pre-school and our child on any occasion when this might happen. Late collection may result in being charged additional fees.

I/We agree to pay any fees for which my child is booked promptly and in full. I understand that if my child does not attend pre-school fees are payable for all the sessions that are booked, this includes periods of sickness , hospital treatment , holidays taken in term time, and where the pre-school is open but you choose for your child not to attend e.g a health concern not of the pre-schools making. Long term sickness or long term hospitalisation may be exempt.

Late payment of fees may result in a late payment fee.

I understand I must give **four weeks term time paid notice** if I withdraw my child from pre-school or if I want to reduce the amount of sessions required.

Signed		Date	
Print Name			

### Partnership with pre-school contract

We recognise that parents are the first educators of their young children and the work of the pre-school cannot be fully effective unless pre-school and parents work together in the child's interest.

Our vision is to achieve the best outcomes for children and their families. We believe that children should be offered a safe, happy, challenging and stimulating environment where they are motivated and having fun. Our belief is that children who are led by inspirational leaders, who listen, reflect and continuously improve on their previous best then children will feel valued as an individual, enthusiastic and confident with high self-esteem and self-worth and the potential to succeed.

The pre-school is run in accordance with adopted policies and procedures. Our policies are comprehensive, including, How to make a complaint, Staffing, Safeguarding Children and Child protection, Health and Safety. You are strongly advised to read these and all other policies and make any comments or recommendations to the manager. Policies may be taken home to read or can be emailed to you on request, please ask a member of staff.

I have read and understood the statements above and have signed below as an expression of our shared commitment.

Signed		Date	
Print Name			

When returning this form please ensure:

All parts of this form are filled in:	
I have attached my child birth certificate (This will need to be seen and will be returned to you)	
If you are entitled to free 2year old funding please attach the entitlement letter you received from Medway Early Years for your child.	
For all funded children, please complete the parental declaration form (on our website) and	
Please enclose £30 (cash only) for the Registration & Administration Fee (non-returnable)	

**Please note that the information on this form is stored and maintained confidentially at all times**



### High Halstow Pre-school Limited

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