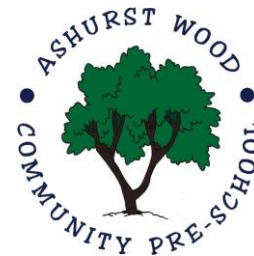


Ashurst Wood Community Pre-School Registration Form

Sanderson Centre, School Lane, Ashurst Wood, RH19 3QW

Telephone: 01342 825515 Email: ashurstwoodpreschool@gmail.com

Charity Number: 1033649



Child's details

Child's first name(s) _____ Surname _____

Name known as _____

Child's full address _____

Gender _____ Date of birth _____

Family details

Parent/ Carer 1 Contact details (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes ☐ No ☐

Contact details 2 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes ☐ No ☐

Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and an S8 Order is in place.*

Name _____

Address _____

Contact telephone numbers _____

Relationship to child _____

What are the contact arrangements that we need to be aware of?

Emergency contact details if parents are not contactable and authorised person/s to collect your child from preschool. *Emergency contacts must be local. Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, [staff/I] will check before releasing the child. **Please Note we require at least one Emergency contact other than the parent/ carers with parental consent.***

Contact 1 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Contact 2 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Password for the collection of your child by authorised persons

Preferred start date: _____

Please note, returning the application form does not guarantee your child a place, we will inform you whether you have secured a place for your child or if you have been placed on the waiting list.

If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place, we will not retain the details on this application form (see our Privacy Notice). Our charge for non-funded sessions is currently set at £6.50 per hour for 3 and 4 year old's and £7.50 for 2 year old's. **Late Collections are charged at £10 per 15 minutes.**

Tick below what session/s you require for your child: *(Please note we do not offer just 5 morning sessions).*

	Early Start £2.50 per session 8.45-9am	Morning Session 9am-12pm	Afternoon Session 12pm-3pm	Delayed Collection £3 per session 3pm-3.15pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Funding Eligibility Visit childcarechoices.gov.uk and use their eligibility calculator to find the right childcare funding offer for you.

Is your child eligible for **2 year funding**: ☐ Yes - Code: _____
☐ No

All 3 year olds are entitled to 15 hours of funding from the term after their 3rd birthday.

Is your child eligible for funding for working families (30 hours): ☐ Yes - Code: _____
☐ No

Parents information required to compete the funding form:

Parent name: _____

National Insurance Number: _____ Date of Birth: _____

Voluntary Contribution - We have a voluntary contribution of £10 per family per term. As a Charity run Pre-school this enables us to maintain our higher staff to children ratio and recognition as an outstanding provision. It also means that we are able to have walks to explore our local environment and visit places like the butchers, the shop and the church within the village. These contributions will also ensure we are able to continue offering experiences from external agencies such as reptile visits. Please indicate below if you are happy to opt in.

Opt In / Opt Out

I am happy for the voluntary contribution to be added to my invoice

£10.00 Termly (Sept, Jan & April) ☐ or £30.00 Annually (September) ☐

Name _____ **Signature** _____

Health and development

Has your child received the following immunisations? *Please confirm and provide date of immunisations given.*

Two months old	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningococcal group B (MenB).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus gastroenteritis.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Three months old	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis B vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Four months old	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). MenB	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Between 12 and 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), forth dose and meningitis C, second dose. MenB – Those born before 1st July 2024	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	MMR vaccine – mumps, measles and rubella. & MenB	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Eighteen months those born after 1st July 2024	DTap/IPV/Hib/HepB	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Measles, mumps, rubella	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Two to three years	Diphtheria, Tetanus, Pertussis and Polio	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Three years and four months or soon after	MMR vaccine, – mumps, measles and rubella. – Those born before 1st July 2024	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Those born after 1st July 2024			
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

Is your child is receipt of Disability Living Allowance (DLA)? YES ☐ NO ☐

Please provide the original letter to Pre-school to copy.

Details of professionals involved with your child

GP

Name _____ Telephone _____

Address _____

Any other professional who has regular contact with the child ie. Social worker, Paediatrician, Speech & Language, Portage, etc

Name 1 _____ Role _____

Agency _____ Telephone _____

What is the reason for the involvement with the professional listed above? NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.

Does your child have any on-going medical conditions, food intolerances or allergies? If so, please specify:

Does your child have any Special Education Needs or disabilities? If so, please specify:

Does you child have any of the following in process or in place?

SEN action plan Yes ☐ No ☐

Education, Health and Care Plan Yes ☐ No ☐

Has your child attended another setting? Yes ☐ No ☐

Do you consent to us contacting them for an update on your child's progress? Yes ☐ No ☐

If yes, please provide Key Person and Setting details:

Two year old progress check – children aged 24 – 36 months

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child with the Health visiting Team? Yes ☐ No ☐

As per the requirements of the Early Years Foundation Stage the setting will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you.

Is your child registered with a dentist? Yes ☐ No ☐ Dental Surgery: _____

Equality and Cultural Background

Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>
Other please state			

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

What language(s) is/are spoken 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 ☐

Does your child need Bilingual Support? Yes ☐ No ☐

Policies and Procedures.

I have been provided with details of Ashurst Wood Pre-School's prospectus for parents, containing relevant policies and procedures. All of our policies are available in the setting on request and additional information on our website. I have also received a copy of the privacy notice and understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

Parent/Carer Name _____ Date _____

Signed _____

Acceptance

I wish to apply for a place at Ashurst Wood Pre-School on the days and sessions as indicated above. I have read and agreed to abide by Ashurst Wood Pre-School's Terms and Conditions.

A £30 non-refundable administration fee is payable to Ashurst Wood Community Pre-School. Not applicable for children in receipt of funding.

Lloyds Bank Account No 00048899

Sort Code 30-92-92

I will provide Ashurst Wood Pre-School with my child's birth certificate; to copy and keep on file and Red Book.

By signing this document you are acknowledging that you have been provided with a copy of the settings privacy notice, have read, understood and agree to terms and conditions and agree to your information being held in line with General Data Protection Regulation (GDPR) 2018 and current Record Retention Periods.

First Parent/Carer Name _____ Date _____

Signed _____

Second Parent/Carer Name _____ Date _____

Signed _____

For Office Use Only:

Settling In session agreed? Yes ☐ No ☐

1st session _____ 2nd Session _____

Child's health record book seen to confirm immunisation dates? Yes ☐ No ☐

Child's health record book been seen to confirm 2 Year progress check (Copy Taken)? Yes ☐ No ☐

Registration Fee Paid: Yes ☐ No ☐

Agreed Start Date: _____

Added to Emergency Contact list and card box Yes ☐ No ☐

Tapestry account set up? Yes ☐ No ☐

Permissions updated? Yes ☐ No ☐

General Parental Permissions

In order to comply with General Data Protection Regulations (GDPR) please indicate below what statements you do or not permit.

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 authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.	YES / NO SIGN
For inhalers/auto-injectors (e.g. Epipens) only I give permission for a named member of staff who has been appropriately trained to administer Epipen or Anapen to my children when the child displays symptoms.	YES / NO SIGN
Paracetamol based medicine (e.g. Calpol) I give permission for staff to administer paracetamol-based products (e.g. Calpol) to my child in case of a raised temperature and in accordance with the setting's procedures on administration of medicines	YES / NO SIGN
Accident Reporting I give permission for the setting to obtain a signature from the person collecting my child to confirm that the accident was reported to them. Parents will then get a copy of the accident report on Tapestry and will be able to read all the details.	YES / NO SIGN
Suncream I give permission for staff to administer SPF30 5 Star UVA sun cream supplied by the setting.	YES / NO SIGN
Short trip - general outings I give permission for my child to be taken out of our setting as part of the daily activities. The venues visited are detailed here: <i>Ashurst Wood Primary School, Dirty Lane, local walks around the village such as to the Shop/Post office, Butchers, and Church. Risk assessments are available.</i>	YES / NO SIGN
I give permission for my child's full name and date of birth to be recorded on the daily register.	YES / NO SIGN
I give permission for Ashurst Wood Community Pre-School to share relevant information with health visitors, other childcare settings, doctors and emergency services and other agencies such as Speech and Language Therapists and Specialist Teachers.	YES / NO SIGN
I give permission for you to hold information regarding my family's race, ethnic origin and religious or philosophical beliefs.	YES / NO

	SIGN
I give permission for you give my child a plaster if needed. (Please notify us if your child has an allergy to plasters)	YES / NO SIGN
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. Only equipment supplied by the setting is used for this purpose, 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 and uploaded to a secure online learning journal (Tapestry). Images of your child will appear in other children's observations and vice versa but are subject to the terms and conditions of our Tapestry Policy. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use.	
I give Permission for my child's photos to be taken as per the above conditions.	YES / NO SIGN
I give permission for my child's name and photograph to be displayed around the setting (Pegs, drawers, self-registration boards, etc)	YES / NO SIGN
I agree for photos of my child to be used in another child's learning journal. <i>(this is standard practice within preschool settings, if permission is not authorised your child's learning journal will contain minimal photos as it is difficult to photograph children alone they are in play with their peers).</i>	YES / NO SIGN
I agree for my child's first name to appear in another child's learning journal as part of the description for observations. (E.G, Arthur has been making mud cakes with Sally in the mud kitchen).	YES / NO SIGN
I agree for my child's photo to appear on our open Website, Facebook page and Instagram <i>All effort will be made for children's faces not to be shared. These pictures will generally be of the backs/ tops of their heads or from the neck down.</i> Chosen photos will be sent to you to authorise and formally consent to before publishing.	YES / NO SIGN
I agree for my child's photo to appear on printed advertisement such as leaflets. Chosen photos will be sent to you to authorise and formally consent to before publishing.	YES / NO SIGN
I agree for my child's photo to appear in newspaper articles and social media articles. Chosen photos will be sent to you to authorise and formally consent to before publishing.	YES / NO SIGN
I agree for my child's photo to appear on the parent/carer private Facebook page (Only Staff and Families of Ashurst Wood Preschool are accepted into this group). <i>All effort will be made for children's faces not to be shared. These pictures will generally be of the backs/ tops of their heads or from the neck down.</i>	YES / NO SIGN

Parents Signature _____ Name _____

Date _____
