

# Out of Term Sessions Registration Form

# Session/s booked:

Child's Surname:			First Name(s):				Gender: M / F		
Date of Birth:		Languages spoken:			Religion:	Religion:			
Child's Home Address:									
Post Code:									
Home Phone Number: Mobile Phone Number(s):									
Ethnic Origin (please circle)									
White	Mix	ed	Asian	or Asian British	Black or Black	Black or Black British		Other Ethnic	
British Irish Any other	White and Blad White and Bl White & Any c	ack African Asian		Indian Pakistani Bangladeshi Any other	Caribbean African Any other		Chinese Any other ethnic group		
Other Ethnic Origin (please state):									
Mother/Parent/Carer Title and Full Name:					Parental Responsibility Y / N				
Father/Parent/Carer Title and Full Name:					Parental Responsibility Y / N				
Name of Child's Doctor: Address of Surgery: Tel No:									
Are there any specific current medical conditions affecting your child that it would be helpful for us to know e.g. asthma, eczema?									
Are they currently on any form of medication? Y / N (If yes please complete the correct medication form in the Centre)									
Does your child have any allergies – including foods, creams, wipes etc? Y / N (if yes – please complete allergy and intolerance form in the Centre)									
Does your child have any specific dietary requirements, e.g. Vegetarian?									

Emergency Contact Details					
Please order in preference of who should be contacted first in case of emergency.					
Title:					
Name:					
Address:					
Home Tel No:					
Mobile phone No:					
Work Place Name:					
Work Tel No:					
Relationship to Child:					
Title:					
Name:					
Address:					
Home Tel No:					
Mobile phone No:					
Work Place Name:					
Work Tel No:					
Relationship to Child:					
Title: Name:					
Address:					
Home Tel No:					
Mobile phone No:					
Work Place Name:					
Work Tel No:					
Relationship to Child:					
Is there anyone who should not collect your child?					

# Parents' Agreement

The following points will help us provide a safe learning environment for your child. Please read thoroughly and sign the declaration of consent.

# **Safeguarding**

- 1. Please telephone if your child is unable to attend for any reason, also if you will be delayed collecting him/her so no anxiety is caused.
- 2. It is essential that you sign your child in and out of the pre-school on the register. This is an Ofsted requirement. The register is an important part of our fire evacuation procedures.
- 3. Please tell us if any of your details change to ensure that our information is kept up to date (ie a change in your telephone number, a different person collecting your child from the pre-school etc.)
- 4. Parents and children are expected to leave the building by 2.55pm.
- 5. We need you to supply us with contact details of yourself and anyone permitted to collect your child from the preschool. If you are not able to collect your child from the pre-school the person who is doing so should only be one of the contacts, and details are on our records and is over 18.

#### **Illness**

- 6. Sick children **must** be kept at home. Should your child become ill whilst at the pre-school, you will be contacted and expected to collect them as soon as possible. Pre-school staff reserve the right to refuse admission to any child they consider to be unwell.
- 7. We do not exclude any child from daily activities i.e.: water play, outside play etc. If a child is not well enough to join in everything we offer he/she may not be well enough to attend
- 8. Children receiving newly prescribed medication should have taken it for a minimum of 48 hours before returning to the pre-school, to ensure that they will not have an adverse reaction to it. Written permission will be required before pre-school staff may administer creams, ointments or drugs. (*Please ask for the form for you to complete*).
- 9. In cases of a <u>contagious illness</u> (as on the Health Protection Agency list ask Manager for details), children will be asked not to attend until the end of the infectious period as stated by the guidelines.
- 10. Sickness and diarrhoea must be totally cleared for 48 hours before your child's return to the pre-school.
- 11. We ask that children with conjunctivitis (runny eyes) do not attend the pre-school until the infection has gone.
- 12. If your child has been prescribed an inhaler, please supply one that can be kept in the pre-school this applies to any other medication that has been prescribed for use in a medical emergency your child will not be able to attend unless their inhaler/medication is provided.
- 13. Children receiving immunisation injections can attend the pre-school, but if you feel your child is unwell and not able to take part in all activities please keep your child at home.

#### **Allergies**

- 14. The pre-school must be notified if a child has a known allergy or intolerance to any substances.
- 15. Cakes will be accepted into the pre-school for children's birthdays or other celebrations. These must not contain nut ingredients, but may have been made in an environment where nuts are present. Please notify the pre-school if you do not wish your child to be given these.

# **Daily Essentials**

- 16. Outside play is a feature of our daily programme, so where possible please provide suitable protection for your child e.g. warm accessories in winter, Wellington boots, sunhats etc.
- 17. All children's clothing and footwear should be clearly labelled with your child's name.
- 18. All children must attend with a full change of clothes.
- 19. You are asked to provide a bottle of sun cream for your child, please give it, clearly labelled with your child's name.

# **Students**

20. Students may be on training placement within the pre-school. All students are bound by the pre-school's policies and procedures (copy available in the foyer).

#### **Finance**

21. For non-term time bookings payment is required in advance to secure your child's place.

# **Permissions**

# General

Please confirm the below permissions with regard to the following without further notification:

May we take your child on accompanied local walks? Yes / No

May we apply plasters to your child's skin? Yes / No

May we apply sun-cream to your child's skin? Yes / No

# **Photograph Permission**

Please confirm if you give permission for photos/videos of your Child to be taken and used by pre-school staff:

For displays in the setting

Yes / No

For the preschool newsletter

Yes / No

For the pre-school's facebook group

Yes / No

#### **Email Permission**

I am / we are happy to be contacted by Clanfield Pre-school with details of events that may be of interest to my/our family.

Yes / No

#### Parent/Carer's name:

#### E-mail:

#### **Declaration of Consent:**

- I have read and fully accept the terms of the parents' agreement.
- I understand the cost of my child's place and agree to pay in full before they attend.
- I give permission for my/our child to receive emergency medical treatment as required.
- I give permission for information to be shared with other professionals including health and social care where the setting manager feel necessary.

Minimum of one parent / carer to sign below

Parent's / Carer's Full Name:					
Parent's / Carer's signature:	Date:				
Parent's / Carer's Full Name:					
Parent's / Carer's signature:	Date:				
Staff signature:	Date:				