



Aldershot Garrison Preschool Registration Form.

Childs full name: _____ Date of birth: _____

Name to be used in the setting: _____ Gender: _____

Home address: _____

_____ Postcode: _____

Parent/guardian name: _____

Telephone: _____ Work number: _____

Email: _____

Do you have parent responsibility: YES / NO.

If parent is HM Forces please supply Service number, rank, name and unit: _____

Parent/guardian name: _____

Telephone: _____ Work number: _____

Email: _____

Do you have parent responsibility: YES / NO.

If parent is HM Forces please supply Service number, rank, name and unit: _____

Other adult (s) with legal contact. Name: _____

Telephone: _____ Work number: _____

Email: _____

Do you have parent responsibility: YES / NO.

Please give details of any legal contact arrangements that we need to be aware of: _____

Emergency contact name: _____ Relationship to child: _____

Telephone: _____ Work number: _____

Emergency contact name: _____ Relationship to child: _____

Telephone: _____ Work number: _____

Emergency contacts must be over the age of 16, be local to the setting and their consent has been given.

People authorised to collect (other than parents) Only those over the age of 16 can be named as an authorised person.

Name: _____ Relationship to child: _____

Telephone: _____ Work number: _____

Name: _____ Relationship to child: _____

Telephone: _____ Work number: _____

Password for collection: _____

No assess details. The following are NOT permitted to collect the child.

Name: _____ Relationship to child: _____

Address: _____

Reason: _____

Evidenced seen: YES / NO

Copy provided: YES / NO

Are you entitled to two-year funding or 30 our funding? YES / NO

Two-year code OR 30 hour code; _____

National insurance number: _____

Pease select the sessions you wish your child to attend:

	Morning 8.30am-11.30am	Afternoon 12.00pm-3.00pm	Full day 8.30am-3.00pm*
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

* Please note, there is a charge of £5 per day to cover the additional lunchtime half hour (lunch not provided)

Required start date: _____

We also provide breakfast and after school care for the children of clocktower (3 years plus), Marlborough infant School and Saint Marks. Would you like more information on this? YES / NO

Language/s spoken at home: _____

Religion: _____ Ethnicity: _____

Ethnicity data gathered for monitoring purposes only. Parents are not obliged to give this information

Are there any cultural or religious observances that you would like us to be aware of when looking after your child? (For example: dress, diet, religious holidays or festivals) _____

Has your child attended a nursery/preschool before? YES / NO

Please give details: _____

Do you give permission for Clocktower to contact the above to help with transitions? YES /NO

(Please note, safeguarding information will be passed on without consent needed)

Name of child's doctor: _____

Address of surgery: _____

_____ Telephone: _____

Name of health visitor: _____

Has your child had a two-year check? YES / NO Completed by: _____

Please detail the outcome of the two-year check: _____

Do you have any concerns with your child's health or development? YES / NO

Please give details; _____

Does your child have any additional needs, disabilities or learning difficulties? YES / NO

Please add any notes you think may be helpful to us. _____

Does your child have or use any specialist equipment or resources? (Glasses, hearing aids, Makaton) YES / NO

Please give details; _____

To best support all the children in our setting we have a designated SENCo (Special Education needs and disabilities co-ordinator) who will routinely liaise with any professionals involved with your child. We also have access to support and advice from our Area Special Needs Co-ordinator with whom we may discuss your child. You will always be informed beforehand of any contact or discussions held about your child

Does your child have any allergies? YES / NO

Please give details including any treatment require (Inhaler, EpiPen) _____

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

Please give details below along with any treatment required: _____

Does your child have any medical conditions, major illness, operations or hospital stay? YES / NO

Please give details below including any regular treatment or medications (NB: if there is a health care plan from a medical professional, we will require a copy to remain on site): _____

Please indicate if your child has had the following immunisations.

Diphtheria date: _____ Meningitis C date: _____ Whooping Cough date: _____

Hib date: _____ Polio date: _____ MMR date: _____ Tetanus date: _____

Please give details of any childhood illnesses.

Chicken Pox Whooping Cough Measles Scarlet Fever Polio German Measles

Diphtheria Other please state: _____

Does your child have any of the following:

Child in Need Plan Child Protection Plan Looked After Child Early Help Hub Involvement

Please pass on any relevant paperwork to the preschool manager.

Social worker name (if applicable): _____ Telephone: _____

Details: _____

Medical consent. I authorise Clocktower to administer any prescribed medicines to my child at the agreed time as stated by the doctor. I understand that no medicine may be administered without the Medication Administration Form being completed in each individual instant.

Signed: _____ Date: _____

Medical consent. I authorise use of ad-hoc paracetamol products (Calpol) to control any pain or fever my child may have. I understand that if any medicines are administered, I will be contacted in advance to advise.

Signed: _____ Date: _____

Nappy cream consent. I give permission for non-medicated nappy cream (supplied by me) to be administered to my child when required in accordance with manufacturer's instructions. If medicated nappy cream is supplied by me, I give permission for it to be applied as above and to record its use and inform me of when it was administered.

Signed: _____ Date: _____

Emergency treatment consent. I agree for the staff at Clocktower to administer any emergency treatment necessary for my child. This could also include contacting the emergency services, should the situation prevail, or transport to emergency care if we feel this would be the best option for your child. I have advised of any cultural or religious beliefs on this registration form, should you need to contact the emergency services. I give permission for qualified first aiders, doctors, paramedics or another medical professionals to treat my child. I understand I will be contacted immediately in case of emergency.

Signed: _____ Date: _____

Sun cream consent. I understand that I will need to apply sun cream to my child **before** they attend the setting. I understand that I need to provide a named bottle of sun cream and give permission for staff to reapply throughout the day. I understand that Clocktower does not provide sun cream due to allergies and it is my responsibility to provide this.

Signed: _____ Date: _____

Photographic consent. I give permission for Clocktower to take photos of my child and display them within the setting (peg labels, displays) and for my child's memory book. I understand that photos will only be taken using the settings equipment and will be deleted after use. Photos are never stored.

Signed: _____ Date: _____

Group photo consent. I give permission for my child's to be photographed in a group situation and potentially appear in another child's memory book.

Signed: _____ Date: _____

Advertising consent. I give permission for Clocktower to use my child's photo and or first name along with a quote for advertising purposes in The Garrison Magazine, Facebook page or website.

Signed: _____ Date: _____

Outing's consent. I give permission for my child to attend outings to the local area. I understand a risk assessment will be created for each outing.

Signed: _____ Date: _____

Face paint and glitter tattoo consent. I give permission for my child to be face painted or to receive a glitter tattoo during special events at Clocktower.

Signed: _____ Date: _____

Transfer of records consent; I give consent for my child's records to be transferred to a receiving school when they leave this setting. I understand that it would enable the school to continue to effectively manage any special education, health or medical needs and to continue my child's development. I agree from my child's records to be transferred to the receiving school.

Signed: _____ Date: _____

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. Please note that completion of this form does not guarantee your place for your child.

Once your child is offered a place and you accept it, further personal details and family details are needed for our records. Your child's birth certificate or passport is required for identification purposes.

If you find that you no longer need this 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.

Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you, by signing this document you acknowledge that you have read understood and agreed to the terms and conditions.

- Fees will be paid in advanced upon receipt of my invoice.
- Failure to pay will result in my child attending funded hours only until my balance is clear.
- A late fee will be administered at £10 per 15 minutes.
- I understand and agree to the Uncollected child policy and accept the consequences if I fail to collect my child or arrange for an appropriate adult to collect my child. I am aware that Social Services will be called for failure to collect my child.
- Refunds are not given for sickness, occasional days off or holidays, or any other unexpected days off taken.
- One months' notice is required if your child is leaving the setting or payment in lieu of notice. Outstanding fees are paid before leaving.
- I will be charged at £1 per week for my child's snack.
- If your child has any sickness or diarrhoea, they must stay away from the club for 48hr from last episode.
- If your child becomes unwell within our care, we ask that your child be collected within 1 hour of the phone call.
- It is my responsibility to keep my child's details, emergency contact details and medical details up to date.
- I understand that you will contact the relevant authorities should you suspect any kind of child abuse without prior consultation or consent.
- I have received a copy of and read the settings prospectus.
- I abide to the Aldershot Garrison Preschool Settings policies and procedures and acknowledge their content.
- I have read and abide to Aldershot Garrisons terms and conditions that has been emailed to me.

Signed: _____ Print name: _____

Relationship to child: _____ Date: _____

Signed: _____ Print name: _____

Relationship to child: _____ Date: _____

Office use only.

Welcome visit booked: _____ Start date: _____

Birth certificate / passport number: _____

Seen by: _____ Signed: _____

30-hour code or two year code verified by who and when: _____