



Aldershot Garrison Pre-school Settings

Quetta Park Pre-school Registration / Child's Personal Record Form

Child's name:		Date of birth:	
Name to be used at nursery/pre-school:		Gender:	
Language spoken at home:			
Child's First Language	Understands	Speaks	
Home Address:			
Postcode:			
I would prefer (please tick)	AM (9.00-12.00)	PM (12.00-3.00)	All day (9.00-3.00)
Mon	Tues	Wed	Fri
If you are entitled to the extended 30 hours entitlement, please provide your eligibility code and NI number for eligibility check			
30 hours code:		NI number:	
If parent is HM Forces please supply Service number, rank, name and unit:			
How would you like to receive newsletters?	Email	Letter	Via Facebook page
Religion:		Ethnicity:	
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)			
Name/s of parent/s or carer/s with whom the child lives:			
Parent/ guardian 1:			
Tel No	Mobile:	Home:	Work:
Email:			

Does this parent have Parental responsibility?		Yes	No
Parent/ guardian 2:			
Tel No		Mobile:	Home: Work:
Email:			
Does this parent have parental responsibility?		Yes	No
Name/s of parent/s or Carer/s with whom the child does not live all the time:			
Address:			
Postcode:			
Does this parent have parental responsibility?		Yes	No
Tel no	Mobile:	Home:	Work:
Emergency contact details (if different from above)			
Name:		Relationship to the child:	
Tel:		Mobile:	
Name:		Relationship to the child:	
Tel:		Mobile:	
Do your emergency contacts consent to us holding their details		Yes/No	
Password for access on pick up:			
People authorised to collect the child (Must be over the age of 16)			
1.		Relationship:	
2.		Relationship:	
3.		Relationship:	
Password for access on pick up:			

We welcome all children irrespective of ethnicity, culture or religion, home language, family background, learning difficulties or disabilities, gender or ability.

**The following information will help ensure that your child has a smooth transition into our setting
It will also help us to plan for and support your child during their time with us. Health Information**

Name of Child's doctor:	
Surgery name and address:	
Tel no:	
Name of Health Visitor	
Does your child have any allergies? Yes/ No If yes please give details including any treatment require I.e. Inhaler, Epipen:	
Does your child have any medical conditions? Yes/ no If yes, 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 note we will also ask you to fill in a Aldershot Garrison Pre-school Settings health care plan if yes for further details)	
Has your child had any major illness, operation or hospital stay?	
Are you concerned about any aspect of your child's health?	
Does your child have any special dietary requirements? Yes/ No If yes, please give details below along with any treatment required (Please note we will also ask you to fill in a Aldershot Garrison Pre-school Settings health care plan if yes for further details)	
Immunisations/Vaccinations	

Has your child had the following immunisations (Please date when received)			
Whooping cough	Diphtheria	Tetanus	Polio
Hib Meningitis	Measles	Mumps	Rubella

Additional needs/information (to be shared with SENCO)

Does your child have any additional needs, disabilities or learning difficulties? Yes/ No If yes, in which area does your child have additional needs?
Please add any notes you think may be helpful to us.

	Speech (articulation)	
	Language (using or understanding language)	
	Emotional and/or behavioural	
	Hearing	
	Vision	
	Physical/movement (Climbing running etc.)	
	Other (Please specify)	

When were these needs first identified and by who?

Does your child have or use any specialist equipment or resources? (glasses, hearing aids, Makaton)

Does your child have any of the following (please tick)

Individual plan/individual education plan	Education, health & care plan (EHCP)
Current/ ongoing application for an Education, health & care plan (EHCP) with Hampshire CC.	Early Help Hub assessment/ involvement, family support service or social worker involvement
Child Protection Plan	Child In Need Plan
Looked After Child	

In order 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.

The SENCO is: Margaret Moane

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

Please sign below to indicate that you understand/agree to the above.

Signed

Parent 1

Parent 2

Date:

Parental agreements to Nursery/Pre-school terms and conditions

I agree:

- I have had a copy of the nursery/pre-school prospectus
- I have had the opportunity to read the nursery/pre-school policies
- I give consent for staff to conduct development observations and keep records of my child. This may be in the form of electronic or paper-based records.
- I give consent for photographs and/or videos to be taken of my child for the purpose of development records, activity and group portraits
- I give consent for photographs of my child to be used in setting including on their coat pegs and display boards
- I give permission for my child to take part in outings and trips under staff supervision
- Staff may seek emergency aid if I am not contactable
- To pay a £50 deposit which is refundable when my child leaves the pre-school
- To pay fees monthly in advance
- I will give 4 weeks notice if my child is leaving the setting or payment in lieu of notice
- I will pay any fees owing before I leave
- I will abide by the nursery/pre-school rules and understand in the light of experience these rules may change

Parent 1 signature

Parent 2 signature

Name

Name

Date

Date

Please note Aldershot Garrison Pre-school Settings carries Public and Employers Liability Insurance Cover

Clocktower House Pre-school / Toye Box Early Years Centre / Quetta Park Pre-school / Queen Marys Nursery * (please circle as required) *For Office Use only:

Birth Certificate/ passport number:	
Managers Signature	
Name	
Date:	
Parental Responsibility Verified	Yes/ No
Date 30 hours check verified	Yes/No

Office use only	
Visit date with parent	_____
Start date	_____

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Information sharing consent form

This form gives permission for

Clocktower House Pre-school / Toye Box Early Years Centre / Quetta Park Pre-school / Queen Marys Nursery (please circle as required)

To share relevant discussions, assessments, records, reports (which may include photos) and information with other appropriate professionals working with your child, in order to provide support and aid transitions.

This will always be carried out in discussion with you.

I/We (parent/carer names)
Give consent for (name of setting)
To share relevant information about my child.
Name of child
Date of Birth
Parent/carer signature
Relationship to child
Date
This consent is valid until your child enters into infant school.

You have the right to withdraw your consent at any time.

Consent Withdrawn

Signed

Date

Name

Relationship to child