

# KING STREET PRE-SCHOOL REGISTRATION FORM

## **Basic details**

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_

Name known as \_\_\_\_\_ Gender (male or female) \_\_\_\_\_

Name of parent(s) with whom the child lives

Parent  
1 \_\_\_\_\_

Does this parent have parental responsibility?<sup>1</sup> Yes/No (delete)

Parent  
2 \_\_\_\_\_

Does this parent have parental responsibility? Yes/No (delete)

Address \_\_\_\_\_

\_\_\_\_\_  
Email \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Name of parent with whom the child does not live  
\_\_\_\_\_

Does this parent have parental responsibility? Yes/No (delete)

Address \_\_\_\_\_

\_\_\_\_\_  
Email \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Does this parent have legal access to the child? Yes/No (delete)

<sup>1</sup> Parental responsibility is defined by the Children Act 1989. People that have parental responsibility are: birth mothers (except where the child has been adopted), birth fathers if they were married to the mother at the time of the child's birth, and all birth fathers if they and the birth mother register the birth of their child together from 1<sup>st</sup> December 2003.

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**Emergency contact details**

Parent 1 – Work/daytime contact number \_\_\_\_\_

Parent 2 – Work/daytime contact number \_\_\_\_\_

**Other emergency contacts**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

**Persons authorised to collect the child (must be over 16 years of age)**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

**Personal details of child**

Does your child have any special dietary needs or preferences? Yes/No (delete)

Is your child allergic to anything?

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

What is the main religion in your family? \_\_\_\_\_

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

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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 (delete)

If so, discuss and agree with the key person how you will support your child when settling-in:

Does your child have any special needs or disabilities? Yes/No (delete)

Details \_\_\_\_\_

Are any of the following in place for the child:

Early Years Action? Yes/No (delete)

Early Years Action Plus? Yes/No (delete)

Statement of special educational need? Yes/No (delete)

What special support will he/she require in our setting?

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***Names of professionals involved with child***

Name 1 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Do you have a health visitor? Yes/No (delete)

Name \_\_\_\_\_ Based at \_\_\_\_\_

Telephone \_\_\_\_\_

Does your family have a social care worker for any reason? Yes/No (delete)

Name: \_\_\_\_\_ Based at: \_\_\_\_\_

Tel: \_\_\_\_\_

What is the reason for the involvement of the social care department with your family?

*NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.*

**What other information is it important for us to know about your child?**

For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

<b>Sessions required (9.15-12.15pm): (Please circle as applicable)</b>	
Monday	Thursday
Tuesday	Friday
Wednesday	

Bills are usually sent home half termly in advance.

Would you like to pay your fees half termly in advance? Yes/No

Other, please specify

**Please note - all three years olds are eligible for a funded place the term following their third birthday.**

**King Street Pre-school is a charity and is run by a volunteer committee. We very much appreciate any help you can offer. Please circle any of the following that you would be able to help with:**

Be on our committee	Run a fundraising event
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<i>Help with upkeep of equipment</i>	<i>Make cakes and otherwise contribute to events</i>
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King Street Pre-school is my FIRST/SECOND choice (please circle).
I am also applying to:
My child also attends (playgroup, nursery etc):

**Please enclose a registration fee of £25 with this completed form (cheques made payable to 'King Street Pre-School'). This fee is non-refundable.**

Signed by			
Parent 1		Parent 2	
Date:		Date:	

## Consent Forms

<b>Medical emergency consent</b>
In the event of _____ (child's name) needing emergency medical treatment, I give/ do not give permission for a suitably qualified First Aider to administer First Aid to my child, or take to A+E, or call for medical assistance, or an ambulance if necessary, and to sign on my behalf any consent forms required by medical authorities, if they know that it would not be advisable to wait for my own signature.
<i>Please note:</i> <ol style="list-style-type: none"><li><i>1. The authorizing signatory for the above consent must have legal "parental responsibility". Thus, if the parents are unmarried, only the mother of the child has legal "parental responsibility" in these circumstances.</i></li><li><i>2. Every attempt will be made to contact the parents/guardians or the given emergency contact.</i></li></ol>
SIGNED:
DATE:
RELATIONSHIP TO CHILD:

<b>Administering medication consent</b>
I give/do not give (please delete) consent to King Street Pre-School to administer medication to my child, _____ if provided and requested to do so by myself.
<b>King Street Pre-School will not provide medication under any circumstances.</b>
SIGNED:
DATE:
RELATIONSHIP TO CHILD:

<b>Short trips consent</b>
I give/ do not give permission for _____ (child's name) to go on small, supervised outings, such as to playground at Christ's Pieces. (please note that an additional permission form will have to be signed for longer trips out, and those involving a coach)

SIGNED:
DATE:
RELATIONSHIP TO CHILD:

<b>Photography consent</b>
I give permission for King Street Pre-school to photograph my child _____ for the following purposes (please tick):
<input type="radio"/> Child records <input type="radio"/> Displaying on walls of pre-school <input type="radio"/> Pre-school website <input type="radio"/> Newspaper articles <input type="radio"/> Prospectus <input type="radio"/> Staff coursework
King Street Pre-school will not take or use photographs in an inappropriate manner. Consent can be withdrawn at any time.
SIGNED:
DATE:
RELATIONSHIP TO CHILD:

<b>Sun cream application consent</b>
I give/do not give (please delete) consent to King Street Pre-school staff to apply sun protection cream to my child _____ if provided and requested to do so by myself.
<p>ALL Children should attend Pre-School with sun cream already applied so the need for re-application is minimal.</p> <p>King Street Pre-School will not provide sun creams, due to the possibility of allergies, under any circumstances.</p>
SIGNED:

DATE:

RELATIONSHIP TO CHILD:

## Information sharing policy

We recognise that parents have a right to know that information they share will be regarded as confidential as well as be informed about the circumstances, and reasons, when we are obliged to share information.

We are obliged to share confidential information without authorisation from the person who provided it or to whom it relates if it is in the public interest. That is when:

- it is to prevent a crime from being committed or intervene where one may have been or to prevent harm to a child or adult; or
- not sharing it could be worse than the outcome of having shared it.

The decision should never be made as an individual, but with the back-up of management committee officers. The three critical criteria are:

- Where there is *evidence* that the child is suffering, or is at risk of suffering, significant harm.
- Where there *is reasonable cause to believe* that a child may be suffering or at risk of suffering significant harm.
- To *prevent* significant harm arising to children and young people or serious harm to adults, including the prevention, detection and prosecution of serious crime.

I have read the above and understand that there may be circumstances when information will be shared without my consent.

SIGNED:

DATE:

RELATIONSHIP TO CHILD:

### To be completed by the key person/manager

Days and times of attendance

Are any fees payable? If so, note here

Name of key person

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Name of back up key person

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