

St. George's Pre-School, Woodcock Road, Warminster



'play to learn'

Registration Form:

Family name:

.....

Childs name (s):

.....

Sex:

Date of birth:

.....

Name to be used in Pre-school:.....

.....

Parent(s) name(s).....

Address:

.....

Postcode:.....

Telephone Number:Mobile Number:

.....

If we should need to contact somebody during the day time and there is no reply at the contact details above, please indicate where we could try to reach parent(s), or other authorised person (e.g. relative/carer).

Address:

.....

Telephone Number:Mobile Number:

.....

Name of Child's doctor:

.....

Doctor's

Address.....

Telephone No

Has your child been immunised against:

Diphtheria?

Whooping Cough?

Tetanus?

Polio?

MMR?

HIBS?

MenC?

Is your child allergic to anything?

.....

Has your child had any major illness/operation?

.....

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Wiltshire, BA12 9EZ

St. George's Pre-School, Woodcock Road, Warminster

Has your child been in hospital recently?....

.....

Has your child any on-going health problems?

.....

Has your child any special needs?..

.....

Special request/ requirements about religious observance, food, clothing, health or nay other matters which we should observe in Pre-School.

.....

Background information on your child which may help us understand him or her – e.g. any special fears, brothers or sisters, pets, special words for toilet, special toy etc.

.....

Has your child previously attended:

A parent toddler group? Pre-School?.....

Childminder?..... Other:.....

.....

When is your child expected to start school?

.....

Which school (if known)?

.....

Name of persons authorised to collect child from pre-school.

.....

Names of others authorised to collect child from pre-school or whom can assume responsibility in case of emergency if parents cannot be reached

Name – relationship:.....

.....

Address:

.....

Telephone no:.....

Name – relationship:.....

.....

Address:

.....

Telephone no:.....

We will not allow any child to leave pre-school with an adult who is not known to us without a valid

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**password. Please state a password you wish to use:
Password:.....**

In the event of your child becoming ill/having an accident we will make every effort to contact you (or named persons) if we are unable to get hold of you we need your permission to get emergency treatment for your child.

Medical Consent:

I/we the parents give our consent to any emergency medical surgical or dental treatment deemed necessary by a doctor. It is understood that the pre-school will make conscientious effort to locate parents or authorised persons prior to such treatment.

Signed.....(parent)

Outings:

I am/am not willing (please delete) for to go on brief local outings (eg to local park, post office etc) from pre-school. I understand that specific consent will be sought for major excursions.

Signed.....(parent)

All information given will remain confidential and in compliance with the data protection act and will not be passed on to any third party without your written consent (with the exception of child protection issues where we have a legal responsibility to pass on any concerns to social services)

Pre-School Contract

Our pre-school offers supporting services as set out in our prospectus. However, parents are the first and most important educators of their young children. The work of the group cannot be fully effective unless pre-school and parents work together in the child's interests. Parents are asked to read and sign these statements as an expression of this shared commitment.

Policies

I/we have read the pre-school policies and accept that the group will run in accordance with them.

Parent Participation

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I/we will join in the life of the pre-school as long as our child attends.

I/we would be particularly interested in

- 1. Helping during the session**
- 2. Making mending equipment**
- 3. Helping with fundraising**

Taking part in outings

I/we will contribute to the record of the child's development created jointly by parents and pre-school working with the staff to identify and meet the child's educational personal and social needs and to implement decisions taken in the best interests of the child.

Fees

I/we will pay fees in the amounts and at the times specified by the pre-school. Fees are payable even when the child is absent and a terms notice is required to withdraw a child from pre-school.

Punctuality

I/we will try not to be late in collecting the child at the end of the session and will warn both the pre-school and the child on any occasion that this might happen.

Signed (parent)

.....

Signed (management).....

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