

**Froxfield Pre-School**

**Registration Form**

**Parent/Carer Details 2**

|  |
| --- |
| Title: First Name: Surname:  |
| Home tel no: Mobile tel no:  |
| Work tel no: Email: |
| Address if different from child: |

**Parent/Carer Details 1**

|  |
| --- |
| Title: First Name: Surname:  |
| Home tel no: Mobile tel no:  |
| Work tel no: Email: |
| Address if different from child: |

**Child’s Details**

|  |
| --- |
| First Name: Surname: |
| Preferred Name: Gender: Date of Birth:  |
| Address:  Postcode: |

**Sibling Details**

|  |  |
| --- | --- |
| Name | Age |
|  |  |
|  |  |
|  |  |

**Sessions Attending**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tue | Wed | Thur | Frid |
| 9:00 – 12:00 |  |  |  |  |  |
| 12:00 – 3:00 |  |  |  |  |  |

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Details of people authorised to collect your child (must be over 16)**

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| --- |
|  |

**Second Emergency contact details (other than parents)**

|  |
| --- |
| Title: First Name Surname: |
| Telephone: Relationship to child:   |

**Emergency contact details (other than parents)**

|  |
| --- |
| Title: First Name Surname: |
| Telephone: Relationship to child:   |

Please use this box to provide us with any additional information that you feel we should be made aware of in relation to your child.

|  |
| --- |
|  |

Is your child up to date with their injections? (please circle) YES / NO

Does your child have any medical conditions? (please circle) YES / NO

If ‘yes’ please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child require any regular medication? (please circle) YES / NO

If ‘yes’ a separate form will need to filled prior to starting at Froxfield Pre-School.

Does your child have any non-dietary allergies? (inc animals, please circle) YES / NO

If ‘yes’ please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any dietary allergies/intolerances? (please circle) YES / NO

If ‘yes’ please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special needs or disabilities? (please circle) YES / NO

If ‘yes’ please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Details**

|  |
| --- |
| Name of child’s Doctor: |
| Doctor’s Telephone:  |
| Surgery Address:  |

**First Aid Consent & Medication**

I give my permission for First Aid to be carried out on my child by a trained First-Aider. I also give my permission for the use of (please circle)

Plasters (non allergic) YES / NO

Antiseptic wipes (minor grazes, stings, burns etc) YES / NO

I consent to any emergency medical treatment necessary during the running of Froxfield Pre-School. I authorise Froxfield Pre-School staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child’s health & safety. I also give consent for the staff at Froxfield Pre-School to apply high factor sun cream which I will supply and which will be labelled.

Parent/Carer signature Dated:

Print Name

**Permissions**

Do you give permission for your child to go on local outings in Froxfield, to places such as the shop, post office and church? (please circle) YES / NO

Do you give permission for your child to have full access to appropriate play equipment on the Recreation Ground? (please circle) YES / NO

Do you give permission for your child to have full access to play equipment and facilities on the Froxfield CofE Primary School site? (please circle)? YES / NO

**I have read and understood the above terms & conditions relating to Froxfield Pre-School and agree to adhere to them.**

Parent/Carer signature Dated:

Print Name

**TERMS & CONDITIONS**

* Froxfield Pre-School does not accept any responsibility for the loss of property.
* If your child is unwell, they must not attend the nursery. Please inform the nursery staff before 9AM on that particular day
* Parents/carer agrees to inform the nursery of any change to your child’s medical or dietary requirements.
* Parents/carer agrees to inform the nursery of any change to your child’s care or welfare.
* Parents/carer agrees to inform the nursery manager of any changes in emergency contact details.
* Froxfield Pre-School will provide snacks for all children in attendance and this cost is included in our fees.