

CAVERSHAM HEIGHTS PRE-SCHOOL REGISTRATION FORM (Reg.Charity No.298720)

For office use only:

Acknowledged (e-mail)	<input type="checkbox"/>	_____
Place offered	<input type="checkbox"/>	_____
Place accepted	<input type="checkbox"/>	_____
Deposit paid	<input type="checkbox"/>	_____

Health record seen	<input type="checkbox"/>	_____
No response	<input type="checkbox"/>	_____
No response	<input type="checkbox"/>	_____
Place deferred	<input type="checkbox"/>	_____

Child details

Surname	_____
Calling name (if different)	_____

Firstname	_____		
DOB	_____	Sex	_____

Parental responsibility / who has legal contact to the child.

Relationship to child	_____
Name	_____
Address	_____
Post Code	_____
Telephone	_____
Mobile	_____
E-Mail	_____

Relationship to child	_____
Name	_____
Address	_____
Post Code	_____
Telephone	_____
Mobile	_____
E-Mail	_____

Additional daytime contacts

Parent/Carer	_____
Relationship to child	_____
Name	_____
Address	_____
Post Code	_____
Telephone	_____

Other person	<u>(i.e relative, minder)</u>
Relationship to child	_____
Name	_____
Address	_____
Post Code	_____
Telephone	_____

Name(s) of person(s) authorised to collect child from Pre-School	_____
--	-------

PLEASE NOTE THAT WITHOUT PRIOR KNOWLEDGE WE WILL NOT RELEASE A CHILD INTO AN UNAUTHORISED PERSON'S CARE OR IF WE ARE UNSURE OF THE PERSON'S IDENTITY. PLEASE, INTRODUCE CARERS WHENEVER THERE ARE CHANGES.

Child's Doctor	_____
Name	_____
Address	_____
Post Code	_____
Telephone	_____

Health visitor	_____
Name	_____
Address	_____
Post Code	_____
Telephone	_____

Admissions related

This application places your child on our waiting list. We will contact you as soon as a suitable place is available. Completion of this form does not guarantee a place for your child. If you no longer need the place, please inform us and we will delete the details on this application form. It is our policy to offer three sessions initially where available.

Additional sessions will be offered as they become available. Thursday pm sessions are normally for children attending for a second year, 3+ years and attend at least three times a week.

Preferred start date	
Previously attended Pre-School/Nursery	

Past connection with the Pre-School	
Will your child attend Pre-School until school age?	

Getting to know your child

Child's nationality & ethnic background	
---	--

Language most commonly spoken at home	
---------------------------------------	--

Religion (if any)	
-------------------	--

Background information to help us understand your child e.g. brothers/sisters, any fears, special wording for things, any recent events that may affect the child?
--

Please tick which of the following the named child has been immunised against

Diphtheria	Whooping Cough	Measles	Tetanus	MMR	Polio	HIB

Please tick as appropriate Yes No

Is the child allergic to anything? (e.g. Plasters/nuts etc.) Please state allergies below		
Has the child been in hospital recently?		
Has the child any ongoing health problems/specific dietary requirements? If yes please detail:		
Does your child have any condition that affects their mobility? If yes, please detail:		
Do you have any concerns over your child's development to date or has your child been diagnosed as needing support in any area of their development?		
I am aware of my obligation to help on the PARENT ROTA and I will sign up to help for two sessions per half term (after an initial settling in period for my child). If unable to help I will find another adult e.g. relative, to take my place.		

We respectfully suggest a voluntary donation of £20 to cover administration costs on return of this form. Please make a BACS payment to "Caversham Heights Pre-School" Sort code 20-71-03, Account no. 50722294, Payment reference "Donation: your child's name".

Please tick as appropriate Yes No

I give permission for Pre-School to seek emergency medical assistance / treatment		
It is our policy to send out pre-School documents via Email. I give my permission for Pre-School documents to be sent via the above email address.		
I give permission for all of the above information to be used in the compilation of a parent address list which may be given to other parents.		
I am willing for my child to go on brief, local outings from Pre-School. I understand that specific consent will be sought for major excursions.		
I give permission for my child to be included in any photographs/videos taken at pre-school for display use at pre-school.		

I agree that the above information on this form is correct. 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 agree to these terms and conditions.

SIGNED DATE

PRINT NAME

Please return to Registrations, Caversham Heights Pre-school, 74 Highmoor Road, Caversham RG4 7BG