



Registration Form

Child's Details:

Child's Name:	
DOB:	Preferred Start Date:
Preferred name:	Gender: Boy ☐ Girl ☐
Address:	
Postcode:	
Religion:	Ethnicity:
First Language:	Languages spoken at home:
How did you hear about the setting? Word of mouth ☐ Recommendation ☐ Website ☐ Other ☐	
If other then please state where	

Parent Details:

Parent One	Parent Two
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Home Number:	Home Number:
Mobile Number	Mobile Number:
Work Number:	Work Number:
Email:	Email:
Work Place:	Work Place:
Address:	Address:

Do you have: Parental Responsibility: Yes ☐ No ☐ Legal contact/access to child: Yes ☐ No ☐ Authorised to collect: Yes ☐ No ☐	Do you have: Parental Responsibility: Yes ☐ No ☐ Legal contact/access to child: Yes ☐ No ☐ Authorised to collect: Yes ☐ No ☐

Emergency Contacts:

Emergency contact One	Emergency contact Two
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Home Number:	Home Number:
Mobile Number:	Mobile Number:
Work Number:	Work Number:
Relationship to child:	Relationship to child:
Password:	Password:
Authorised to collect: Yes ☐ No ☐	Authorised to collect: Yes ☐ No ☐

Additional Care:

Name:
Address:
Postcode:
Telephone Number:
Email:
I give permission for Perins Pre-school to share information: Yes ☐ No ☐

Safeguarding Details:

Children's service district:	Contact Number:
Name of social worker:	Contact Number
I give permission for Perins Pre-school to contact the named above and to share information: Yes ☐ No ☐	

Sessions:

Note: There is also a £50 refundable registration for children entering the Pre-School

Pre-School session required					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM session 8-1					
PM session 1-6					
Full Day session 8-6					
Hot Lunch					

Funded session required					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM session 8-1					
PM session 1-6					
Full Day session 8-6					
Hot Lunch					

Pre-School Fees	
Morning session 8am to 1 pm – includes breakfast and morning snack	£45.00
Afternoon session 1 pm to 6 pm – includes tea and afternoon snack	£45.00
Full Day session 8 am to 6 pm – includes breakfast, all snacks and tea	£82.00
Hot Lunch	£3.50
Donation	£1.00 per hour

Note: Children attending in the school holidays will be charged the standard fees in table 1 as applicable

Health Information:

Name of GP:
Surgery:
Address:
Postcode:
Telephone Number:
Name of Health Visitor:
Telephone Number:
Has your child had a 2-year progress check? Yes ☐ No ☐
If Yes please provide the date it was completed:
I give permission for Perins Pre-school to share information with our Health Visitor: Yes ☐ No ☐

Does your child require medication, either long-term for existing conditions or lifesaving medication? Yes ☐ No ☐ <i>If Yes please provide details:</i>
Does your child have any special dietary needs? Yes ☐ No ☐ <i>If Yes please provide details:</i>
Does your child have any allergies? Yes ☐ No ☐ <i>If Yes please provide details:</i>

Has your child been immunised for the following:		
2 – 3 years	Flu Vaccine	Yes ☐ No ☐
3-4 years	MMR Vaccine (2 nd dose)	Yes ☐ No ☐

	4 in 1 pre-school booster/ Diphtheria/ Tetanus/ Whooping cough/ Polio	Yes ☐ No ☐
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Does your child have any special educational needs or disability?

Yes ☐ No ☐

If Yes please provide details:

Is there any special support required in the setting:

Parental Permission:

DECLARATION OF EMERGENCIES

I agree to Perins Pre-School taking the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the pre-school while my child is on an authorised outing.

Child's Name:

DOB:

I understand that Perins Pre-School will make every effort to inform me of any emergency or accident as soon as possible after the event, but they may have to accompany my child to hospital in the case of a serious accident in my absence.

If you do not agree to any or all of the above declaration, please do not sign but put your views on the emergency treatment form within this registration pack. The Pre-School manager will discuss this with you and do their best to accommodate your particular wishes.

Name of parent/guardian:

Date:

Signature of parent/guardian:

ADMINISTERING SUNCREAM

In order for your child to receive sun cream whilst at Perins Pre-School, please complete and sign the box below. The sun cream provided must be clearly labelled with your child's full name.

I give permission for staff to administer sun cream (supplied by me) to my child when necessary.	
Name of parent/guardian:	Date:
Signature of parent/guardian:	

ADMINISTERING NAPPY CREAM	
In order for your child to receive nappy cream whilst at Perins Pre-School, please complete and sign the form below. The nappy cream must be clearly labelled with the child's full name.	
I give permission for staff to administer nappy cream (supplied by me) to my child when necessary and record its use.	
Name of parent/guardian:	Date:
Signature of parent/guardian:	

TAKING PHOTOGRAPHS	
In order for staff to take photographs of your child whilst at Perins Pre-School, please complete the form below. The photographs will be used as evidence of children taking part in various activities and may be displayed in the pre-school and included in their development files/online-learning journal (Tapestry). Photographs can also be used for Perins Pre-School social media face book page, the website and for marketing purposes.	
I give permission for staff to take photographs of my child whilst at Perins Pre-school. I agree to the photographs being used for a) displays in the setting b) to share with parents/carers on the communication screen in the setting if applicable c) to be used to maintain an online learning journal for my child's development d) to be used for marketing and social media.	
If you do not agree to any of the items stated above, then please put into writing to the Pre-School manager what parts you do not agree to.	
Name of parent/guardian:	Date:
Signature of parent/guardian:	

ADMINISTERING TEETHING GEL/ POWDER

In order for your child to receive teething gel/ powder whilst at Perins Pre-School, please complete and sign the box below. The teething gel/ powder must be clearly labelled with your child's full name.

I give permission for staff to administer the teething gel/ powder (supplied by me) to my child when necessary and to record its use.

Name of parent/guardian:

Date:

Signature of parent/guardian:

SHORT TRIPS/ WALKS INTO ALRESFORD

In order for your child to make full use of the facilities within the local community, the children may be taken on short walks/trips to venues such as the park, shops, and The Dean to feed the ducks or to the library. A responsible adult will accompany your child from Perins Pre-School. Ratios of one adult: two children is used on walks/ trips.

I give permission for my child to visit venues within the local community with a responsible adult from the pre-school as part of the day-to-day activities.

Name of parent/guardian:

Date:

Signature of parent/guardian:

Terms and conditions:

These terms and conditions govern the basis on which we agree to provide childcare services to you. Please read the terms and conditions carefully. Nothing within these terms and conditions affect the parents/guardians statutory rights. These terms and conditions sit alongside our admissions policy. We require all parents/guardians to be aware of and abide by the following conditions.

- 1) I/we agree to advise the manager or senior staff member if my child is on or has any kind of medication that day and will not leave any medication in my child's bag. The medicine will be brought to the Pre-School in the original container and will include the pharmacist's instructions stating the child's full name, dosage and time to be administered. I/we give permission for the administration of paracetamol in situations where my child has a high temperature. I shall complete a medicine form in all instances and will not hold Perins Pre-School or its staff liable if my representative or I give incorrect information.
- 2) I/we understand that my child will not be admitted to pre-school if he/she is not well and agree to keep them off for 48 hours after an outbreak of sickness and diarrhoea. I/we agree to notify the manager or senior staff member or if my child is absent from pre-school.
- 3) I/we agree to collect my child promptly if they are ill when requested by the manager on duty.
- 4) I/we understand a deposit of £50.00 for each child shall be paid on submission of the completed registration form and that the deposit is refundable.

- 5) Once a place at Perins Pre-School is confirmed, I/we understand that 4 weeks written notice must be given to terminate your placement at Perins Pre-School. Fees are payable during this time. Fees are also payable if there is a delay in taking up the place once accepted.
- 6) I/we understand that 4 weeks written notice is required to reduce any sessions attended by my child.
- 7) Fees quoted are in accordance with Perins Pre-School fee schedule for the number of sessions that your child attends at the pre-school. Any extra sessions requested over and above those booked will be additionally charged. Extra sessions are subject to availability at the time of request.
- 8) All fees are charged monthly in advance and are to be paid within 2 weeks of the issue of your invoice. Parents are expected to pay for their child's place regardless of illness or holiday, Perins Pre-School will claim the funding for children for these days. Where possible children will be offered an alternative session. In the event of an unexpected closure of Perins Pre-School, due to circumstances outside of our control, parents will not be entitled to a refund. In the event of non-payment of fees, then your child's space will be withdrawn.
- 9) I/we understand that a charge for late fees will be charged at £5.00 per day
- 10) Perins Pre-School is open from 8 am to 6 pm Monday to Friday and places are available on a full-time or part-time sessional basis. It is open 50 weeks per year, closed only on Bank Holidays, for 7 working days over the Christmas and New Year period and for three INSET days for staff training and development.
- 11) I/we understand that whilst Perins Pre-School take all necessary precautions and have various policies and procedures in place to protect my child, Perins Pre-School cannot accept responsibility for accidental injury or loss of property.
- 12) I/we understand that we are welcome to view Perins Pre-School policies and procedures.
- 13) I/we agree to my child playing in the sand pit
- 14) I/we agree to the use of individually wrapped sterile adhesives (plasters)
- 15) I/we understand that if my child is collected late from pre-school, a charge will be made of £4.00 for every 5 minutes over the closing time. I/we understand that the pre-school has to be vacated by the designated closing time of 6 pm.
- 16) I/we understand that Perins Pre-School is under an obligation to report to Children's Services any incident where they consider a child may have been abused or neglected. I/we understand that this may be done without informing the parents/guardians.
- 17) I/we understand that my child's records will be held on a computerised database and that this is protected by the Data Protection Act 1998 and General Data Protection Regulation 2018 and that they will be used for no other purpose than company business.
- 18) I/we understand that in emergencies, I/we will contact the setting by phone or email to inform them the name of the collector. If it is not an authorised collector, the named person must have ID available on request.
- 19) I/we understand that Perins Pre-School are required to provide a months' notice to implement changes such as increases to fees.

I/we agree that we have read, understood, and agree to abide with the terms and conditions on this registration form.

Mother/Guardian
Please print name:

Date:

Signed:	
Father/Guardian Please print name:	Date:
Signed:	
Manager of Perins Pre-School Please print name:	Date
Signed:	