

# Bradpole Pre School Registration Form

Childs Full Name.....Preferred Name(if different).....

D.O.B..... Full Address including postcode.....

Home Telephone Number.....

Email Address.....

Name of person/s with parental rights (Named on Birth Certificate).....

Mother's full name and contact details .....

Place of work.....Contact phone number.....

.....Mobile Number.....

Father's full name and contact details.....

Place of work.....Contact phone number.....

.....Mobile Number.....

Anyone else regularly collecting your child- Name of person/s collecting .....

Contact phone number.....Relationship with child.....

In case of an Emergency who would you like us to contact 1.....

Contact 2.....

Name of Child's Health Visitor .....

Name of Child's Doctor.....Child's National Health Number (this is a requirement).....

Address and phone number of Doctor.....

Any known medical conditions.....

Is your child on any medication, if yes please name .....

Any known food allergies or eating problems.....

Do you have any concerns about your child's vision, hearing or speech .....

Was your child born prematurely? if yes how early.....

Are there any other important developmental concerns.....

Does your child need any special care? .....

Does your child have any particular likes or dislikes or comforter that may help with settling them in.....

Does your child attend any other groups and on what days.....

Is there any other information you think we should know about your child.....

Mother's signature.....Date.....

Father's signature.....Date.....

Do parents wish the preschool to obtain both parents signatures on consent forms yes/no or will one suffice please state one or two .....

I give permission for my child to participate in all activities provided on the school grounds.

Signed .....Parent/Guardian Date.....

Signed .....Parent/Guardian Date.....

I give permission for photos and records to be taken of my child.

Signed .....Parent/Guardian Date.....

Signed .....Parent/Gaurdian Date.....

From time to time we have photographs published in a local publication please indicate if you do not wish your child to be included.

I do/do not give consent for photographs to be shown in local publications.

Signed.....Parent/Guardian Date.....

We work in partnership with other health and educational agencies, we share information about your child when seeking advice and support with these agencies. This is a statutory requirement of the Early Years Foundation Stage, please give your permission below.

Signed.....Parent/Guardian Date.....

Please feel free to write any additional information.....