

# PEACHCROFT PRE-SCHOOL

Community Centre, Lindsay Drive, Abingdon, Oxon, OX14 2RT

Telephone: Abingdon (01235) 555808

Website: [www.peachcroftpre-school.co.uk](http://www.peachcroftpre-school.co.uk)

Email: [peachcroftpresch@btinternet.com](mailto:peachcroftpresch@btinternet.com)

Charity Commission Registration Number: 1022442

## REGISTRATION FORM

### CONFIDENTIAL

A Registration fee of £8.50 per child (includes Pre-School Booklet) and this completed Registration Form should be returned to the Waiting List Secretary, Mrs Karen Thorne, 1 Hart Close, Abingdon, Oxon OX14 3XN **OR** to the Pre-School Supervisor, Mrs H Day, during any session in term time, 08.45–14.45pm Monday to Friday. (Please make cheques payable to Peachcroft Pre-school).

#### **CHILD'S PERSONAL DETAILS**

Surname:.....Forename:.....Middle Name(s):.....

Chosen Name:.....Gender:.....Date of Birth:.....

Address:.....

Postcode:.....Tel No:.....Email:.....

ARE THERE ANY ACCESS OR CUSTODY ARRANGEMENTS? YES/NO (If yes, please give details overleaf)

#### **FAMILY DETAILS**

##### **Name of parent/s with whom the child lives**

Parent/Guardian Name:.....Parent/Guardian

Name:.....

Relationship to Child:.....Relationship to

Child:.....

Does this parent have parental responsibility? **Yes/No**

**Yes/No**

##### **Name of parent with whom the child does not live**

Parent/Guardian Name:.....

Relationship to

child:.....

Address of this parent:.....

Does this parent have parental responsibility? **Yes/No**

Names of any

siblings:.....

#### **PARENT'S/GUARDIAN'S PLACES OF EMPLOYMENT AND PHONE NUMBERS**

Parent Name:.....Parent Name:.....

Employers Name:.....Employers

Name:.....

Employers Address:.....Employers Address:.....

Employers Tel No:.....Employers Tel No:.....

**DETAILS OF CHILDMINDER OR PERSON WHO MAY REGULARLY BRING OR COLLECT YOUR CHILD TO OR FROM PRE-SCHOOL IF NOT EITHER PARENT**

Relationship to

Child:.....

Name: .....Address:.....

Tel No:.....

**SECOND CONTACT IN CASE OF EMERGENCY & BOTH PARENTS ARE UNAVAILABLE**

Relationship to

Child:.....

Name:.....Address:.....

Tel No:.....

**MEDICAL/HEALTH DETAILS**

Doctor's Name:.....Address:.....

Tel No:.....

Health Visitor's Name:.....

Immunisations to date (including Tetanus).....

Any Allergies? YES/NO (If yes, please give details).....

Any Special Needs or Disability?.....

Any Special Diet (Medical/Religious)?.....

Any comments for the guidance of the Pre-school Supervisor?.....

If you wish to talk to the Pre-School Supervisor directly about any confidential problems, please do.

**GENERAL INFORMATION**

(This must be completed).

What is the main religion in your family.....

IS YOUR CHILD ON ANY OTHER WAITING LIST (NURSERY OR KINDERGARTEN)? YES/NO

If yes, please give details.....

Where did you hear about us? .....

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

.....

What language(s) is/are spoken at home:.....

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? **Yes/No**

If so, discuss and agree with the key person how you will support your child when settling-in

.....

.....

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

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IF ANY OF THE ABOVE CIRCUMSTANCES CHANGE WHILST YOU ARE STILL ON OUR WAITING LIST, PLEASE INFORM THE PRE-SCHOOL SUPERVISOR OR WAITING LIST SECRETARY . Please use the space below to add any other relevant information, including preferences for days/times, if any.

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**Names of professionals involved with child**

Name 1 .....Role.....

Agency.....Telephone.....

Name 2.....Role.....

Agency.....Telephone.....

Name 3.....Role.....

Agency.....Telephone.....

Does your family have a social care worker for any reason?      Yes/No (delete)

Name.....Based at.....

Telephone.....

What is the reason for the involvement of social care department with your family?

.....

NB If the child has a Child Protection Plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

I/We do/do not consent for my/our child(ren) to be taken out as a part of the daily activities of the setting. I/We understand that our further consent will be requested for major outings.

In case of an emergency, any necessary medical advice and treatment can be taken. I agree to pre-school staff taking the necessary action. This may include taking the child(ren) to the nearest Accident and Emergency Unit to be examined, treated or admitted as necessary. Pre-school will inform you if they are on their way to the hospital.

Signature of Parent 1: ..... Date:.....

Print Name: .....

Signature of Parent 2: ..... Date:.....

Print Name: .....

**Pre-school use only:**

Booklet given: YES/NO Date..... Month Child 2½ .....

Fee Paid: YES/NO Date..... Month Child 3 .....

Funded From .....

Sessions 1.....AM/PM Visit date .....AM/PM

2.....AM/PM Start date .....AM/PM

Keypersons.....

Has the settling in process been agreed? Yes/No (delete)

If so, detail.....

Data collection: Please sign and date to confirm details are correct:

Signature..... Date.....

Signature..... Date.....

Signature..... Date.....

Signature..... Date.....