



Long Wittenham Pre-School Registration Form

Child's full name:	
Name known as:	
Date of birth:	
Address:	
Home telephone number:	
Email address <i>(for Pre-School correspondence)</i> :	
Mother's name:	
Address <i>(if different from above)</i> :	
Home telephone number <i>(if different from above)</i> :	
Email address <i>(if different from above)</i> :	
Does this parent have parental responsibility?	YES / NO <i>(delete)</i>
If the child does not live with this parent does the parent have legal access to the child?	YES / NO <i>(delete)</i>
Father's name:	
Address <i>(if different from above)</i> :	
Home telephone number <i>(if different from above)</i> :	
Email address <i>(if different from above)</i> :	
Does this parent have parental responsibility?	YES / NO <i>(delete)</i>
If the child does not live with this parent does the parent have legal access to the child?	YES / NO <i>(delete)</i>
Emergency contact details <i>(during Pre-School hours)</i>:	
Mother:	
Place of work:	
Work address:	
Work telephone number:	
Mobile number:	
Father	
Place of work:	
Work address:	
Work telephone number:	
Mobile number:	

Any other emergency contact details e.g. grandparents, childminder etc.:	
1) Name:	
Address:	
Telephone number:	
Relationship to child:	
2) Name:	
Address:	
Telephone number:	
Relationship to child:	
Persons authorised to collect my child (must be over 16):	
1) Name:	
Address:	
Telephone number:	
Relationship to child:	
Signature of authorised person:	
2) Name:	
Address:	
Telephone number:	
Relationship to child:	
Signature of authorised person:	
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Does your child have any special needs or disability?	YES / NO <i>(delete)</i>
If YES what special support will he/she require at Pre-School?	
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Does your child have any special dietary needs or preferences?	YES / NO <i>(delete)</i>
If YES please give details:	
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Are your child's vaccinations up-to-date?	YES / NO <i>(delete)</i>
Does your child have any known allergies?	YES / NO <i>(delete)</i>
If YES please give details:	
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Does he/she take regular medication?	YES / NO <i>(delete)</i>
If YES please give details:	

Doctor's name:	
Address:	
Telephone number:	
Health visitor's name:	
Address:	
Telephone number:	
Name of any professionals involved with your child (include name, agency, role and telephone number):	
Does your family have a social care worker for any reason?	YES / NO <i>(delete)</i>
If YES please give details <i>(name, based at, telephone number)</i> :	
Has your child or does your child attend another setting (pre-school / nursery / childminder)?	YES / NO <i>(delete)</i>
If YES please give details:	
If YES, have we received a learning journal / EYFS profile from the other setting?:	YES / NO <i>(delete)</i>
Has your child had a 2 year check at another setting (this is different from the health visitor's checks):	YES / NO / DON'T KNOW <i>(delete)</i>
Do you give permission for us to share information with your child's other setting?	YES / NO <i>(delete)</i>
To be completed by Long Wittenham Pre-School Staff	
Date contact made with other setting:	
Name of contact:	Tel:
How would you describe your child's ethnicity or cultural background? <i>(optional)</i>	
What is the main religion in your family? <i>(optional)</i>	
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 whilst he/she is attending Pre-School?	YES / NO <i>(delete)</i>
If YES please give details:	

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 <i>(delete)</i>
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If YES, please discuss with your child's key worker how we can support your child.

Any other information that is important for us to know about your child?:
(Once you have registered your child you will receive your login for Tapestry and there will be an 'All About Me' section to complete which also gives you the opportunity to give us lots more detailed information about your child.)

Sessions - My preferred START DATE for my child is:

I would like my child to attend the following Pre-School Sessions. I understand that I will either claim for funding for my child's place and / or will receive an invoice requesting payment for the sessions I state here. I understand that I will have the opportunity to increase or decrease their sessions each term *(space permitting)*.

	Monday	Tuesday	Wednesday	Thursday	Friday
Early morning drop-off 8.45am					
Morning session 9am-12noon					
Lunch club 12noon-1pm					
Afternoon session (includes lunch club) 12noon-3pm					

- My child's place will be fully-funded so I currently do not need to pay the registration fee. However, if, in future, my child's place is not fully funded I will pay the £50 at that time.
- I enclose cash / cheque for the **£50 registration fee** made payable to:
Long Wittenham Pre-School

I understand that:

If I am paying for unfunded sessions for my child:
Once my child starts Pre-School the cash / cheque will be banked and £50 will be deducted from my first invoice.

If I decide I no longer require a place at Pre-School for my child:
The £50 registration fee is non-refundable and the cash / cheque will be banked to cover administration costs.

Signed:

Print name:

Date:

Consents <i>(please delete as necessary)</i>
I / we do / do not consent for my / our child to be taken out as part of the daily activities of Pre-School (walks etc.) I / we understand that further consent will be requested for major outings.
I / we do / do not consent for my / our child to be photographed and videoed during play for Pre-School albums and use in Pre-School publicity (including the Pre-School's website and public Facebook page).
I / we do / do not consent for Pre-School staff to seek emergency medical advice or treatment for my / our child and / or take my child to the nearest Accident and Emergency Unit to be examined, treated or admitted as necessary, on the understanding that every attempt has been made to contact me or I have been informed and am on my way to the hospital. A member of Long Wittenham Pre-School staff will accompany my child and stay with them until my arrival.
Tapestry - I / we do / do not consent for Long Wittenham Pre-School to use Tapestry to create an online learning journey for my child
Forest School - (if your child is attending our Forest School session on Thursday) I / we do / do not give permission for my / our child to use tools on a 1:1 basis (always supervised). I / we confirm that I / we give permission for my / our child to attend Forest School.
Signed:
Print name:
Date:
To be completed by Long Wittenham Pre-School Staff
Start date:
Name of key worker:
Details of settling-in sessions: