

**Main Road, Shotley, Suffolk IP91NR info@**[**shotleykidzone.co.uk**](http://shotleykidzone.co.uk)[**www.shotleykidzone.co.uk**](http://www.shotleykidzone.co.uk) **Number: 01473787873**

**Registration Form - PRE – SCHOOL SESSIONS**

Child’s Full Name……………………………….…………..Sex. M/F Date of Birth…………….………Ethnicty…………………….……...

Prefer name to be called…………………………………………………………………………………..

Parent/Carer 1 name(s)………………….………………………………………………………………….……………………………………………………………

Address ………………………………………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………..…………………………………………………………………………………………….

Postcode………………….……………. Telephone No……………………………………………………………………………………………………….

Email address for correspondence ………………………………………………………………………………………………………………………..

Details of any other person who has parental responsibility (please state if these are not to be contacted in emergency)

……………………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………………...

Parent/carer 2 (where applicable)

If parents are Separated/Divorced please give details below stating where correspondence should be sent for that person.

Name …………………………………………………………………………………………………………………………………………………………………………………..

Relation to child ………………………………………………………………………………………………………………………………………………………………..

Address ……………………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………………..

Telephone number and email address……………………………………………………………………………………………………………………………………….

If we should need to contact somebody during the daytime and there is nobody at the above address, please indicate where we could try to reach parent(s), or other carer (e.g. relative/minder) in the order you wish them to be contacted in an emergency. (Name & Number) At least Four contact numbers are needed where Possible.

………………………………………………………………….……………………………………………………………………………………………………………………….

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Name of person(s) authorised to collect child from the setting ……………..………………………………….………………………..

…………..………………………………………………………………………………………………………………………………………………………………………………….

Name of child’s doctor…………………………………………….…Telephone No……………….………………………...

Doctor’s address……………………………………………………………………………………………………………………………………………………………….

Name of child’s health visitor ………………………………….……………………………………………………………………………….

Has your child had a 2yr check (If yes please could we be provided with a copy ) ………………………………..

Has your child been immunised against:

Diphtheria? Whooping cough? Tetanus? Polio? Measles? HIBS?

Is your child allergic to anything?……………………………………………………………………………………………………………………

Has your child any on-going health problems?……………………….…………………………………………………………………………….

(**Please complete a care plan)**

Any medication or treatment your child is having at present…………………………………………….…………..…………………….

Has your child been supported by any professionals such as family Support Worker, Social Worker/Children Centre. (If so please provide name and organisation)…………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………………………………..

Does your child have any particular needs/ special educational needs/ disabilities that we need to be aware? (Please name)

………………………………………………………………………………..………………………………………………………………………………………..………………….

Does your child have any religious requirements **(Please name and discuss with staff)**

 ………………………………………………………………………………………………………………………………………………………………..………..…………..……..

Is there any other information that you would wish us to be aware of?

…………………………………………………………………………………………….………………………………………………………………………………………………

Has any other agency or specialist professional been working to help your child? (Please name)

……………………………………………………………………………………………….……………………………………………………………………………….

Has/does your child attend a parent & toddler group/ another pre-school

………………………………………………………………………………………..………………………………………………………………………………………………………

Number of sessions required ………………………………………………………………………………………………………………….

Please state days and timings preferred.

(Please delete)

I am/am not willing to let a member of staff change nappy and apply cream (sudacrem) (if applicable).

I am/am not willing for the setting to contact other professionals about my child’s needs if appropriate.

I am/am not willing for the setting to keep records and observations of my child’s development and discuss

these with your child’s Nursery Key Person if applicable.

I am / am not willing for my child’s information to be passed onto other schools/settings to support transitions.

I am/am not willing for photos of my child to be placed within other children’s learning journeys.

I am/am not willing for my child to be photographed at activities at the pre- school

I am/am not willing for photos of my child to be added to Shotley Kidzone Website/Facebook.

I am/am not willing for my child to go on brief local outings from the pre-school.

I am/am not willing for a member of staff to apply sun cream to my child in the summer months.

I am/am not willing for a member of staff to give my child emergency treatment

I am/ am not willing for a member of staff to place a plaster onto my child in a case of first aid treatment

I am/am not able to help with the following (please delete the ones you are unable to do).

Helping with fundraising, working on the committee and taking part in outings.

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

**(This information will be kept confidential)**

**Please let us know if, while your child is at the pre-school, any of this information changes.**