

Registration Form for Shelswell and Fringford Pre-school Playgroup

Child's Full Name			
Child known as		Date of birth	
Section 1			
Names of parents with whom the child lives:		Does this person have parental responsibility?	
A		Yes <input type="checkbox"/>	No <input type="checkbox"/>
B		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address			
Home Telephone			
Email Address			
Section 1a – if applicable			
Name of parent with whom the child does not live:		Does this person have Parental Responsibility?	
C		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this parent have legal access to the child?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address			
Home Telephone			
Email Address			
Section 2			
EMERGENCY CONTACT TELEPHONE NUMBERS			
Parent A - daytime		Mobile	
Parent B - daytime		Mobile	
Parent C - daytime		Mobile	
Name of any other emergency contact			
Daytime Number		Mobile	

Section 3

Other people authorised to collect the child (must be over 16 yrs of age)

Name		Relationship to child	
Telephone		Mobile	
Name		Relationship to child	
Telephone		Mobile	

Section 4

Personal details of child

Does your child have any special dietary needs or preferences? If Yes, please give details below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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	
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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 <input type="checkbox"/>	No <input type="checkbox"/>
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	If Yes, please discuss and agree with the key worker how you will support the child when settling-in
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Does your child have any special needs or disability? If Yes, please give details below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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What special support will he/she require in our setting?

What other information would you like to share with us about your child? For example, their likes, dislikes, what fears they may have, any special words they use, or what comforter they may need and when?

Section 5

Names of other professionals involved with child

Doctor	
Surgery	
Telephone	

Do you have a health visitor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Health Visitor's Name	
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Based at	
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Telephone	
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Name		Role	
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Agency		Telephone	
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Name		Role	
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Agency		Telephone	
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If applicable, please give the reason for the involvement of social services with your family

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NB If the child is on the child protection register, make a note here, but do not include details.	<input type="checkbox"/>
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Administration - Ensure these are obtained from the social worker named above and keep securely in the child's file.

Section 6

Does this child have a sibling at another setting? If Yes, please give details below. Yes No

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Finally, it would be great to know why you have chosen to send your child to Shelswell and Fringford Pre-school Playgroup

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**Thank your very much for your application.
Please return this completed form to Playgroup.**

If your application is successful you will be asked for a £25.00 administration fee, which will cover the cost of a Playgroup T-shirt on starting and your child's Profile folder on departure.

PLEASE NOTE
If your contact details change, please inform Playgroup of these changes immediately.

Section 7 - Official Use Only

To be completed by the key worker/manager

Starting Date	
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Days and times of attendance	
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Are any fees payable? If so, note here	
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Name of key worker	
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Name of back up key worker	
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Signed by			
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Parent 1		Parent 2	
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Key worker		Manager	
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Date		Date for first review	
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