

Registration Form for Shelswell and Fringford Pre-School Playgroup

| | | | |
|-------------------|--|---------------|--|
| Child's Full Name | | | |
| Child known as | | Date of birth | |

Contact details for the parents / guardians (with parental responsibility and legal access). By providing these you are agreeing to these being used by Shelswell and Fringford Preschool Playgroup staff to telephone/email you about preschool news / events, information on funding / invoices / payments and for organising the sessions / days your child attends. We will need your permission to do this. Please sign to agree.

Signed..... Date.....

To aid planning, please advise which 3 days you would like for your child. If you need more days, we will try to accommodate as long as it does not prevent another child from accessing a place at our preschool, please indicate the extra days as 4th choice and 5th choice. Please note that we will only be offering day sessions (5 hr day or full day) starting September 2020, and before where possible/applicable/required. You are welcome to pick up your child before or after lunch (11.45am or 12.30pm), but will be charged/funded for a minimum 5 hr day.

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|-----------------------------|--------|---------|-----------|----------|--------|
| 5 HOUR DAY 9.15am-2.15pm | | | | | |
| FULL DAY 9.15am-3.00pm | | | | | |

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 | |
|---------|--|

| | |
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| | |
|----------------|--|
| 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 | |
|---------|--|

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

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"/> |
| Health Visitor's Name | |
| Based at | |
| Telephone | |

| | | | |
|--------|--|-----------|--|
| Name | | Role | |
| Agency | | Telephone | |
| | | | |
| Name | | Role | |
| Agency | | Telephone | |

If applicable, please give the reason for the involvement of social services with your family

NB If the child is on the child protection register, make a note here, but do not include details.

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

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

Section 7 – Early Years Funding

If your child qualifies for 30 hour funding or 2 year old funding please insert your funding code below;

| | |
|------------------------|--|
| 30 Hour Code | Parents National Insurance Number |
| 2 Year Old Code | Parents National Insurance Number |

Further information can be found at <https://www.childcarechoices.gov.uk>

Should you require any assistance with 30 hour or 2 year old funding please email sharon@fringfordplaygroup.co.uk.

**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 £35.00 administration fee, which will cover the cost of a Playgroup T-shirt on starting and your child's Profile folder on departure.

A non-returnable application can be paid via Bacs to Shelswell & Fringford Pre-School Playgroup, Sort Code 20-06-75 Account Number 70797170. Please put your child's name as reference.

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