

ation Form

<u>Preschool Registration Form</u>

Persona	l Details c	of Pupil
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. 5.55.1 2 55	
First Name:	
Other Names:	
Legal Surname:	
Preferred known Name:	
Date of birth:	
Name of any School:	related pupils currently at Pre-School or in Kymbrook Primary
Full name and Year group:	
Relationship to above pupil:	
Name of Play	group/Nursery attended if relevant:
Previous Playgroup/Nursey school name address/number:	
Name of contact/Keyworker for information	
Names	of significant persons and their relationships to the child in the home:
L	



Additional information

Nationality	;;	
Ethical orig	gin (please tick where appropriate):	
African	П	UK/Ireland
7		
Caribbean		Other European (please specify):
Asian		Other (please specify):
Religion:	Are there any festivals or special occasions celebrated in your household/culture that your child will take part in and that you would like acknowledged and celebrated while they attend our setting. Yes No	Please tell us more:
	Are there any court orders Yes	applicable to your child? No No
		NO _
	If yes please give	e further details
	Does your family have a soc	cial worker for any reason?
	Yes	No 🗌
	If yes please give further details (n	ame and telephone number also)



Tel: 01234 376100

Emergency contact information

Please enter contact details (including yourself) in the order you wish them to be contacted in the event of an emergency:

Contact one

Title	Mr	Mrs	Ms	Miss	Other (please	specify)	
Full name					•		
Address							
Contact 1 telephone	numbers:		Home: Work: Mobile:				
Email:							
Relationship to child	:		Parental responsibility: Yes No				
Additional information	on (if any):						
Contact two							
Title	Mr	Mrs	Ms	Miss	Other (please sp	ecify)	
Full name							
Address							
Contact 2 telephone	numbers:		Home: Mobile:			Work:	
Email:							
Relationship to child:		Parental responsibility: Yes No					
Additional information	on (if any):						



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Medical information

Doctors name:			
Practice name:			
Practice Address:			
Practice Telephone number:			
Do you give permission for the Pre-School your child's doctors if necessary?	to contact	Yes	No
Does your child have any Health problems	5?	Yes	No
Does your child have any food intolerance	es/allergies?	Yes	No
If yes, please give details and any emerge	ncy procedures	that need t	to be followed if relevant:
Medication required:	If yes please s	specify:	
Yes No			
Do you give permission for the Pre- School to administer prescribed	Yes No		
medicine if necessary (please sign			
additional form) Immunisation details:			
Has your child had their vaccinations? (th MMR and HiB)	is including Dip	htheria, Per	tussis (Whooping cough) Tetanus, Polio,
Yes Additional	information (if	any):	



Special Educational Needs and, or Disabilities:

Does your child have any special educational needs and, of the special give details:	r disability? No 🗌
Names of professionals involved with child e.g. Speech the	erapist
Name 1:	Role:
Agency:	Telephone:
Name 2:	Role:
Agency:	Telephone:
Name 3:	Role:
Agency:	Telephone:



Tel: 01234 376100

Sessions required:

Sessions (please tick which sessions you would prefer your child to attend) Prices are available from the Manager.

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club 8:00am-9:00am					
AM Session 9:00am-12:00pm					
PM Session 12:00pm-15:00pm					
After-School Club A 15:15pm-16:30pm					
After-School Club B 16:30pm- 17:30pm					
Commencing on: (day/month/year) A 10% discount is available to staff and to families with more than one child attending a session at one time. 4 weeks written notice is required for the resignation of your child's place at Kymbrook Pre-School.					
/n/	_	mbrook Pre-Scho			
As a charitable org help to ensure our term which is an o	ganisation we I	ontinues operatir	ave parents, care	ers and the cor	•
I/we would like to Kymbrook Pre-Sc		ustee of	Yes No		
I/we would like to Kymbrook Pre-Sc	-	mittee of	Yes No		



Declaration

I give permission for Kymbrook Pre-School to (please tick where appropriate)

Take my child on local walks/visits	Take photographs that may include my child for developmental record purposes
Seek emergency medical attention for my child if necessary	Photographs of my child to be used in publications
Photographs of my child to be displayed within the Pre-School building.	Photographs of my child to be used on Kymbrook Pre- School's website
Photographs of my child to be used on Kymbrook Pre-School's social media	Apply sun cream provided by preschool
To share information with Bedford Borough Council regarding my child's attendants to the setting and funding eligibility information.	Apply plaster(s) if necessary

We have no objection to parents taking photographs of their child during special occasions such as an outing, a Christmas party or Sports day. Although do ask that parents/careers do not publish any photos on social media sites.

I agree that the information given in this form is accurate and will endeavour to inform the Pre-School of any changes to the details given at the earliest opportunity.

Signature of parent/guardian		
Print name	Date	

To cover our administrative costs we ask for a voluntary contribution of £10

General Data Protection Regulation (GDPR) 2019.

Please note that personal details supplied on this form will be held and/or computerised by Kymbrook Pre-School for Education purposes. All personal information provided to Kymbrook Pre-School will be stored in a safe and secure location and will not be shared with unauthorised persons.

Please see our Data Protection Policy for further details.