

# The WARF Preschools

## Registration Form



|   |  |    |
|---|--|----|
| <b>Child's full name</b>  |  |    |
| <b>Child's date of birth</b>  |  |    |
| <b>Home Address</b>   |  |    |
| <b>Names of parents/carers with parental responsibility</b>   | 1.   | 2. |
| <b>Contact details</b><br><br>Home :<br><br>Work:<br><br>Mobile:<br><br>Email*:<br><br>*Please inform us if you would prefer not to receive newsletters etc via email.  |  |    |
| <b>Names and contact numbers of people authorised to collect child.</b><br>If you have a first choice (most available/nearest to location of Preschool) please write them first.<br><br><b>Please indicate your preferred emergency contact-</b> in the event of an emergency, we will attempt to contact the parent(s)/carer(s). If we are unable to contact them, we will then call the named emergency contacts.<br><br>If your child is not collected at the end of the day, we will follow the procedure stated in the Uncollected Child Policy. | 1. Name:<br>Relationship to child:<br>H:<br>W:<br>M:<br><br>2. Name:<br>Relationship to child:<br>H:<br>W:<br>M:<br><br>3. Name:<br>Relationship to child:<br>H:<br>W:<br>M: |    |

|   |                                       |
|---|---------------------------------------|
| <b>Password agreed for collection</b>   |                                       |
| <b>Health and Medical Information</b>   |                                       |
| <b>Details of child's doctor</b>  | Name:<br><br>Address:<br><br><br>Tel: |
| <b>Health Visitor</b>   | Name:<br><br>Address:<br><br><br>Tel: |
| <b>Normal Pregnancy and Delivery?</b> (Occasionally, a difficult/traumatic birth can affect a child's development.)<br><br>If no, please provide details.   |                                       |
| <b>Does your child have any allergies?</b>  |                                       |
| <b>Does your child have any medical conditions?</b>   |                                       |
| <b>Does your child require any medication to be taken at preschool?</b>   |                                       |
| <b>Does your child have any special educational needs and/or disabilities that you are aware of?</b><br><br>Please provide as much detail as possible (use additional sheets if necessary) and provide names of any other professionals currently involved. |                                       |
| <b>Is your child in nappies or potty trained?</b>   |                                       |

|   |  |
|---|--|
| <b>Does your child have any specific dietary requirements?</b>  |  |
| <b>Background Information</b><br><br>The following information helps us to build a bigger picture of your child and their life at home- it helps us to have some information about people, pets and things your child may talk about. |  |
| <b>Who lives in your household?</b>   |  |
| <b>Parents' occupations</b>   |  |
| <b>Name and age of any siblings and what school/setting they attend?</b>  |  |
| <b>Is there anyone/anything else (friends, relatives, pets, toys etc) that your child may talk about?</b>   |  |
| <b>Does your child attend any other setting/s? Please provide contact details.</b>  |  |
| <b>Which school is your child expected to attend?</b>   |  |
| <b>Anything else you would like to tell us about your child.</b> (Please continue overleaf if needed)   |  |

|  |                  |           |           |            |
|--|------------------|-----------|-----------|------------|
| <b>Which sessions would you like your child to attend?</b> | <b>Monday</b>    | <b>am</b> | <b>pm</b> | (Swallows) |
|  | <b>Tuesday</b>   | <b>am</b> | <b>pm</b> | (Swallows) |
|  | <b>Wednesday</b> | <b>am</b> | <b>pm</b> | (Stawley)  |
|  | <b>Thursday</b>  | <b>am</b> | <b>pm</b> | (Stawley)  |
|  | <b>Friday</b>    | <b>am</b> | <b>pm</b> | (Stawley)  |

|  |
|--|
| <b>Office use only:</b><br><b>Play session date/s:</b><br><b>Start date:</b> |
|--|

I understand that it is my responsibility as a parent to update the Preschool if there are **any changes** to the information above. I understand that half a term's notice is required if I wish to remove my child from the preschool and that two week's notice is required to change my child's hours of attendance.

Signed: .....

Your Name: .....

Date: .....

## PARENTAL CONSENT FORM

**Name of child:**

**Name of signatory (parent):**

### Policies and Procedures

I have read and understood the following relevant policies and procedures of the WARF Pre-schools:

- Admissions and Fees Policy
- Equal Opportunities Policy
- Safeguarding and Child Protection Policy
- Information Sharing Policy
- Administering Medicines and Managing Sickness Policy

I understand that I can view the complete list of policies and procedures of the WARF Pre-schools at either setting.

**Signed**.....

**Date**.....

### Snack Contribution

I agree to pay a voluntary contribution of £1 per day for my child's snack. I understand that this will be invoiced with my fees.

**Signed**.....

**Date**.....

**Please complete the following** (delete as appropriate):

- I do/do not give consent for the staff at Stawley Under Fives/Swallows Pre-school to seek any necessary emergency medical advice or treatment in the event of an emergency.
- I do/do not give consent for appropriately trained staff members to administer basic first aid. For more information regarding this or to identify first aid trained staff, please see the First Aid Policy.
- I do/do not give consent for staff at Stawley Under Fives/Swallows Pre-school to apply sun cream that I have supplied (or sensitive, factor 50 cream in the event that sun-cream is forgotten).
- I do/do not give my consent for my child to be included in offsite visits and activities within the local area. Please also complete the attached EV6 form. Separate permission will be sought for outings further afield.
- I do/do not give consent for the staff at Stawley Under Fives/Swallows Pre-school to take photographs of my child whilst attending the pre-school to act as evidence in their developmental records.
- I do/do not give consent for the staff at Stawley Under Fives/Swallows Pre-school to take photographs of my child whilst attending the pre-school for marketing and publicity purposes.
- I do/do not give consent for the staff at Stawley Under Fives/Swallows Pre-school to take photographs of my child whilst attending the pre-school for marketing and publicity purposes using the internet. (Please note that in addition to this, children's faces are never shown on the Stawley Under Fives Facebook page without prior, separate, consent.)

I declare that the information above is correct and complete.

Date.....

Name.....

Signed.....

Relationship to child.....

**Please note that attendance at Stawley Under Fives/Swallows Pre-school will not guarantee your child a place at Stawley Primary School/Sampfords Arundel Primary School when they are due to start school.**



# EV6: PARENT/CARER CONSENT FORM FOR REGULAR EXTERNAL ACTIVITIES

*This two-page form should be read with the accompanying information regarding the proposed activities.*

*All sections must be completed.*

*Please answer with details or by stating N/A (Not Applicable) for the medical section.*

*This information is requested to enable staff to be fully informed and act in the best interest of all participants.*

## GENERAL INFORMATION

Name of Son/Daughter: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Establishment: \_\_\_\_\_

Covering the Activities Listed BELOW during the period of: Start Date: 4<sup>th</sup> September 2023 Finish Date: 31<sup>st</sup> July 2024

LOCAL WALKS

STAWLEY SCHOOL PLAYGROUND VISITS (Stawley Under Fives only)

EXTERNAL TRIPS

## MEDICAL INFORMATION

1. If your child has any condition that may require medical treatment and/or medication during any of the regular activities/trips/visits please give details:

\_\_\_\_\_  
\_\_\_\_\_

2. If your son/daughter has any allergies or is allergic to food, plasters or any medication please supply details:

\_\_\_\_\_  
\_\_\_\_\_

3. If your child has had any recent illness, accident or injury which staff should be aware of please supply details:

\_\_\_\_\_  
\_\_\_\_\_

4. Date of your child's last anti-tetanus injection: \_\_\_\_\_

5. Family doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

If you feel that further detail or a discussion is required regarding any of the information that you have supplied please contact the Preschool.

## EMERGENCY CONTACT

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency telephone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

Alternative emergency contact should parents/guardians not be available:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## **EV6: PARENT/CARER CONSENT FORM FOR REGULAR EXTERNAL ACTIVITIES** *(cont'd)*

### **DECLARATION - Please read and delete where appropriate**

I consent to my son/daughter participating in regular off-site activities from the Preschool site, but within the County or neighbouring area. These may include joint activities with other schools/organisations, visits to local places of interest etc.

A list of the proposed activities and venues has been supplied to me.

#### **I understand that:**

- These activities will normally take place within the Preschool day, but if they extend beyond this, adequate advance notice will be given so that I may make appropriate arrangements for my child's return home.
- All reasonable care will be taken of my child in respect of the activity/visit.
- My child will be under an obligation to follow all directions given and observe all rules and regulations governing the visit/activity and will be subject to all normal Preschool/organisation discipline procedures during the visit/activity.
- I must inform the Preschool/organisation of any changes to the medical and emergency contact details supplied.
- All young people are covered by the Somerset County Council's third party public liability insurance in respect of any claim arising from an accident caused by a defect in the school premises or equipment or attributable to negligence by the Council or one of their employees. These arrangements do not provide personal accident cover.

I agree/do not agree (*please circle your choice*) to my son/daughter receiving first aid or emergency dental, medical or surgical treatment considered necessary by the medical professionals, in the best interests of my son/daughter.

I give/do not give permission (*please circle your choice*) for my child to be photographed/film during visits/activities (for possible use in displays/presentations, marketing materials and press releases).

**Full name of parent or carer (print please):** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **EXPLANATORY NOTES - This form serves several important functions.**

1. It confirms your knowledge of and your agreement to your child's participation in the planned visit.
2. It gives the supervising staff immediate information on how to contact you in an emergency.
3. It contains information about your child together with your consent to medical treatment if required.
4. It advises you that the Somerset County Council will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
5. The completion and returning of this form is essential to enable your child to participate in the visit/activity.
6. If you wish to discuss any of the contents of this form please contact the child's Head Teacher/Senior Manager.
7. Data Protection. *The data collected by establishments from Somerset Local Authority, and Somerset County Council as the data controller, will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 1998, and the purposes registered by Somerset County Council. Data collected is used for registration and monitoring purposes, and emergency contact information.*

As part of our assessment of the children, we take photographs. These are often group photographs and therefore children may appear in other children's learning journeys when our assessments are recorded. Whilst children are at pre-school, these documents remain under our control. However, when a child leaves pre-school, they are presented with their learning journey to keep as a record of their time here. At this point, the photographs are no longer under our control.

Please sign below to give your consent for us to use photographs of your child in this way.

Sign

Print

Date

The Pre-school Facebook and Instagram pages are used to relay information and share what we have been up to at pre-school. We never show children's faces without consent, however we do appreciate that some parents would prefer their children not to be pictured at all.

**Please select one of the options below.**

- Please do not show my child's face on social media. Their image may be used if they are not recognisable.
- My child's face may be shown on social media.
- Please do not use my child's image on social media.

Sign

Print

Date