Headcorn Pre-School

Registration Form/contract

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| **Sessions Requested** ( Monday to Friday: mornings or full day session  ……………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………  **Requested start date ……………………………………………………………………………………………………..**  **Medical & Dietary Notes**  **……………………………………………………………………………………………………………………………………….**  **……………………………………………………………………………………………………………………………………….**  **Childs Doctor …………………………………………… Telephone ………………………………………………..**  **Address ……………………………………………………………**  **…………………………………………………………..**  **…………………………………………………………..** |

**Special Needs or Disability** (please describe any special support your child will require)

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General Notes (Anything we should know. Likes, dislikes, any professionals involved with your child)

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What is the main religion in your family? .................................................................................

Are there any festivals or special occasions celebrated in your culture that your child will take part in and that you would like to see acknowledge and celebrate while he/she is in our setting?

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What language(s) is spoken at home?.......................................................................................

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| **Consent**   1. I consent to my child having prescribe/un prescribe medicines administered as described above in the medical and dietary notes. Yes/No…………….. 2. I consent to my child participating in off-site outings Yes/No …………… 3. I consent to my child having their photo taken for use in setting Yes/No …………. 4. I consent to the preschool electronically recording and storing this information securely for the settings use only. Yes/No................... 5. I consent to my child having sunscreen applied Yes/No ………………. 6. I do/do not give consent for my child to receive emergency medical treatment including anaesthetic/blood transfusion, as considering necessary by the medical authorities. I have informed the pre-school of all the medical conditions or treatments which my child suffers from or requires, to maintain his/her health. 7. I do /do not give consent for a member of staff to accompany my child in an emergency vehicle to the nearest hospital or medical centre. |

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| Where did you hear about us?………………………………………………………………………………………….  **Childs Details**  Child’s first Name(s) …………………………………….Surname …………………………………………………..  Name known as ………………………………………………………….  Child’s full Address …………………………………………………………………………………………..  ……………………………………………………………………………………………  Was your child a premature baby yes/No if yes how many weeks ………………………  Gender ………………… Date of birth …………………………. Birth certificate Yes/No (delete)  Language ………………………………. Ethnicity …………………………………..  **Family details**  Name of parent(s) carer(s) with whom the child lives: ……………………………………………….  ……………………………………………………………………………………………………………………………………  Contacts details 1 ( including emergency information):  Parent/carer full name ……………………………………………………………………………………………….  Relationship to child ………………………………………………………………………………………………  Daytime /work telephone ……………………………………. Mobile ………………………………………  Home telephone ………………………………………..Email …………………………………………………….  Home Address ………………………………………………………………………………………………………….  Work address ……………………………………………………………………………………………………………  Does this parent have responsibility for the child? Yes/No (delete)  Does this person have legal access to the child? Yes/No (delete)  Contact details 2 ( including emergency information):  Parents/Carer full name …………………………………………………………………………………………….  Relationship to child ………………………………………………………….  Daytime /work telephone ………………………………………..Mobile ……………………………………  Home telephone ………………………………………. Email ……………………………………………………..  Home address ……………………………………………………………………………………………………………..  Work address ………………………………………………………………………………………………………………  Does this parent have parental responsibility for the child? Yes/No (delete)  Does this person have legal access to the child? Yes/No  Contact details 3 (including emergency information):  Parents/Carer full name …………………………………………………………………………………………….  Relationship to child ………………………………………………………….  Daytime /work telephone ………………………………………..Mobile ……………………………………  Home telephone ………………………………………. Email ……………………………………………………..  Home address ……………………………………………………………………………………………………………..  Work address ………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………….  **Emergency contacts details if parents are not available** Emergency contacts should be local.  **Contact 1**- Name …………………………………………………………………………………….  Address ………………………………………………………………………………………………………………………….  Contact telephone numbers …………………………………………………………………………………………..  Relationship to child ……………………………………………………………………………………………………..  **Contact 2** - Name …………………………………………………………………………………….  Address ………………………………………………………………………………………………………………………….  Contact telephone numbers …………………………………………………………………………………………..  Relationship to child ……………………………………………………………………………………………………..  **Please could you provide a Password to be used if anyone else needs to collect your child in an emergency. WE WILL NOT RELEASE YOUR CHILD UNLESS THE PASSWORD IS**  **GIVEN**  **…………………………………………………………………………………………** |

For office use only

Birth certificate seen: Yes/No

Date ……………………..

Birth certificate No: ………………………….

Signed: ………………………………………………………………..

Headcorn Pre-School

CONTRACT

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| Contract between …………………………………………………………………………………………… and Headcorn Pre-School Group   1. I have read the policies and agree with them online before you sign 2. Fees are payable termly with in first two weeks of attendance unless otherwise agreed with the pre-school owner. 3. We reserve the right to disallow your child to attend Headcorn Preschool if the fees are unpaid. (refer to fees and non-payment of fees policy) fee paying only. 4. 6 weeks’ notice is required to terminate your child’s place with the preschool or reduce hours’ fee paying only. 5. Fees are applied for holidays and sick days taken during term time and If groups closed because of COVID-19 closure. 6. You are required to supply a copy of your childbirth certificate.   **Parents/ carers Signature …………………………………………………………………………………….**  **Date ………………………………………………….**  **Pre-School Manager/Owner Signature ……………………………………………**  **Date …………………………………….** |

Accurate Information

You confirm that the information you have provided is both complete and accurate and you understand that the giving of false information could invalidate your childcare contract terms and conditions.