

Registration Form

Great Holm Preschool
Great Holm Community Centre
87 Kensington drive
Great Holm
Milton Keynes
MK8 9AY
Telephone: 01908 566459
Email: Greatholmpreschool@hotmail.co.uk



Today's date _____

Preferred start date _____

How did you hear about us _____

Does your child receive any funding? 15/30/ time for twos? _____

Sessions required:	Monday	Tuesday	Wednesday	Thursday	Friday
AM 9.30am-12pm					
PM 12.15pm-2.45pm					

Child's details:

Child's first name(s) _____ Surname _____

Name known as _____

Child's Full address _____

Date of birth _____ Gender _____

Home Language _____

Any Additional Languages _____

Family details

Contact details 1

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone number _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this person have parental responsibility for the child? YES/NO

Contact details 2

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone number _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this person have parental responsibility for the child? YES/NO

Sibling(s) Details

Does your child have any siblings, if yes please provide name and age of sibling:

Health and Development:

Had your child received the following immunisations? Please circle as appropriate

Two months old

1st dose 6-in-1: Diphtheria, tetanus, pertussis (whooping cough), Polio, Hib disease, Hepatitis B	YES	NO
1 st dose - Pneumococcal (PCV) vaccine	YES	NO
1 st dose - Rotavirus vaccine	YES	NO
1 st dose - MenB Vaccine	YES	NO

Three months old

2nd dose 6-in-1: Diphtheria, tetanus, pertussis (whooping cough), Polio, Hib disease, Hepatitis B	YES	NO
2 nd dose - Rotavirus vaccine	YES	NO

Four months old

3rd dose 6-in-1: Diphtheria, tetanus, pertussis (whooping cough), Polio, Hib disease, Hepatitis B	YES	NO
2 nd dose - Pneumococcal (PCV) vaccine	YES	NO
2 nd dose - MenB Vaccine	YES	NO

12 – 13 months

Hib/MenC Vaccine	YES	NO
1 st dose - MMR vaccine	YES	NO
PCV booster	YES	NO
MenB booster	YES	NO

Does your child have any on-going medical conditions? If so, please specify

Do you have any concerns about your child's development? If so, please specify

Does your child have any special needs or disabilities? If so, please specify

Are any of the following in place for the child?

SEN action plan	Yes	No
Education, Health and Care plan	Yes	No

What support will he/she require from our setting? E.g. nappy change, potty training, support with eating

Is your child known to have any allergies or food intolerances? What happens if they do have something they are allergic to? Medication? Please specify:

A risk assessment will be completed, and details will be kept on your child's file regarding any known allergies or food intolerances. All staff will be informed. You will be asked to complete a care plan if your child has any allergies or ongoing medication.

Details of professionals involved with your child:

GP

Name _____ Telephone _____

Address _____

Health Visitor

Name _____ Telephone _____

Address _____

Social care worker (if applicable)

Name _____ Telephone _____

Address _____

What is the reason for the involvement of the social care department with your family? If the child has a child protection plan, make note here but do not include details. Our designated safeguarding lead will ensure these details are obtained from the social care worker named above and keep these securely in the Safeguarding file.

Any other professional(s) who have regular contact with your child:

Name 1 _____ Role _____

Agency _____ Telephone _____

Address _____

Permissions

Trips and outings

Local short trips and outings are part of the Preschools routine and enhance the experiences we provide, Individual risk assessments are carried out for each type of trip or outing taken and are available to view as required. We maintain high adult to child ratios on any outing. Any trip out of our immediate area are always consulted with parents prior.

I DO give permission for my child to be taken on local trips and outings []

I DO NOT give permission for my child to be taken on local trips and outings []

Photographs

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child's records within the setting. We may also record events and activities on video which is only stored on the camera used, we only store images during the period your child is with us.

I DO give permission for my child's image to be taken []

I DO NOT give permission for my child's image to be taken []

Facebook

Great holm preschool has an open Facebook page where we like to show the activities the children have been involved in. From time to time, we may use your child's photo for this purpose. Images of your child may be used for training, publicity or marketing purposes. Please tick the box relevant to you.

I DO give permission for my child's photo to be used on Great Holm Pre-school's Facebook page []

I DO NOT give permission for my child's photo to be used on Great Holm Pre-school's Facebook page []

Tapestry

I DO give permission for my child's learning journey to be recorded on Tapestry and understand that my child may be in group observations with other children []

I DO NOT give permission for my child's learning to be recorded on Tapestry []

Other permissions (please tick)	YES	NO
Nappy cream to be applied		
Pre-school sun cream		
Nappy change		
Clothing changed		
Assisting with toileting needs		

Collection

On occasions, you may require a person other than yourself or other parent/carer to collect your child from preschool, to keep your child safe and to assist us in making sure this happens smoothly, we require you to provide a password for collection, the person collecting your child will need this password to allow us to authorise us letting your child go.

You will still need to inform us in person or by email (using your registered email address) of any other person collecting your child.

Password_____

By signing this form, I agree to comply with the policies and procedure of Great Holm Pre-school

Name of person completing this form:	
Relationship to child:	
Signature:	
Date:	

Data Protection.

All of our documents are held securely under the data protection Act 2018.

For further information, please refer to our **policies and procedures** that can be found in our main reception area and on our website.

Thank you for taking the time to complete this form. We will contact you shortly with regards to availability.