

**CAPEL PRE-SCHOOL**

**REGISTRATION FORM**

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| Child’s Name: | DOB: |
| Home Address:Home Telephone No:Email (for letters): | Sex: M/FEthnic Origin:First Language:Religion: |
| Details of those with Legal Parental Responsibility\* (for more information about this see end of page 3)Mother’s Name:Father’s Name:Mother’s Mobile No:Mother’s Work No:Father’s Mobile No:Father’s Work No:  |
| Emergency Contact Numbers: I hereby confirm that the above named Emergency Contact (s) has/have agreed to act as Emergency Contacts for my child in the case of emergencies. I confirm that I have asked each person listed and that they have given their consent for Capel Pre-School to securely store this information. Details of how we store information are contained in our Privacy Notice. I confirm that each Emergency Contact has seen the Capel Pre-School Privacy Notice.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| With whom does the child live: |
| Details of anyone else with **Legal Parental Responsibility**\*:Name:Address:Telephone No: |
| Please give details, including addresses and phone numbers, of any other people involved in the day-to-day care of your child, for example nanny, childminder, separated parent, grandparents etc. I hereby confirm that the above named Emergency Contact (s) has/have agreed to act as Emergency Contacts for my child in the case of emergencies. I confirm that I have asked each person listed and that they have given their consent for Capel Pre-School to securely store this information. Details of how we store information are contained in our Privacy Notice. I confirm that each Emergency Contact has seen the Capel Pre-School Privacy Notice.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Is there anything special about your child’s health that would be beneficial to know about, i.e. was your child born prematurely or under difficult conditions, does your child take any medication including Lactalose, Ventolin, Becatide etc. YES/NO If YES, please give details: |
| Does your child require a special diet? YES/NO If YES, please give details: |
| Has your child had a 2 year check with the Health Visitor and/or any other setting between the ages of 24 and 36 months?  |
| Please give details of any infectious diseases your child has had: |
| Please list the immunisations your child has received: |
| Name of GP:Tel No: | Name of Health Visitor:Tel No: |
| Please give details of any other Nursery, Pre-School, or Childminder your child has attended or is continuing to attend: |
| When would you like your child to start attending Pre-School?Sept /Jan/Feb ..............(yr) | Initially which sessions would you like your child to attend? (indication only) |
|  | Where did you hear about us: (please circle)Word of mouth/Health Centre/Parish News/Toddler Group/Other: |
| By Signing this form you are giving **consent** to Capel Pre-School to process and securely store these details. We only store information that is required by ourselves at Pre-School or by Ofsted and KCC. For more details please see our Privacy Notice which can be found on our website.**To confirm your registration you need to pay an administration fee of £15. This will be refunded to you within 6 weeks of your child starting at our Pre-School. If you do not take up the place, for any reason, the fee will not be refunded. You can pay by cash, cheque or bank transfer to our bank account using your child’s name as a reference. The details are Account Number 14124306 Sort Code 09 01 53** Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please return this Registration Form to:****Mrs Alison Smith, (Administrator) Capel Pre-School, Capel Village Hall, Falmouth Place, Five Oak Green, Tonbridge TN12 6RD** |
| **\*Legal Responsibility** is defined in the Children’s Act 1989. Legal Responsibility may be shared between a number of people beyond the child’s natural parents. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. Unmarried fathers may acquire responsibility in one of six ways:a) by making a parental responsibility agreement with the motherb) by applying for a court orderc) by marrying the motherd) by being made a guardiane) by obtaining a residence orderf) by being named as the child’s father on the Birth Certificate. |
| Capel Pre-School is a Registered Charity, No: 271366Capel Pre-School, Capel Village Hall, Falmouth Place, Five Oak Green, Tonbridge, Kent TN12 6RD Tel: 01892 833363 |