

Menston Preschool  
 Kirklands Community Centre  
 Main Street  
 MENSTON  
 Ilkley  
 LS29 6HT  
 Tel: 01943 876252  
 Email:office@menstonpreschool.org



### REGISTRATION FORM

Child's Full Name	Date of Birth: Gender:	Name to be known as (spelling)	
Parents / Guardian's Names (those with parental responsibility)	Home address		
Other children in the family (names and DOB and school they attend if applicable)	Contact No.		
	Email		
Ethnic Group	Religion	First Language	
Name and address of family doctor		Contact. No.	
Are your child's immunisations up to date	YES	NO	
Can we give your child emergency treatment if necessary?	YES	NO	
Are there any medical details it would be helpful for Preschool to know about e.g., allergies, treatment being received, illnesses etc.)			
Does your child have any additional needs it would be useful for us to know about?			
Previous/current attendance at any other preschool, nursery or parent and toddler group			

### PERMISSIONS

Can we take photographs of your child for their Tapestry - online learning journal which is password protected and accessed only by staff and other parents.	YES	NO
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Can we use your child's photo on Preschools social media and website? Please note names and faces are never included without additional permission having been sought.	YES	NO
We may share the Tapestry learning journey with Primary School teachers at transition. Do you give your permission for this?	YES	NO
If your child attends another setting, if so, it is helpful for us to share information. Do you give your permission for this?	YES	NO
Can we give your child calpol in an emergency?	YES	NO
Can we take your child out for a walk?	YES	NO
Can we apply Preschool suncream in hot weather? Suncream used is suitable for sensitive skin.	YES	NO

**When your child starts at preschool what are your preferred sessions:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (9 – 12)					
Afternoon (12 - 3.00)					

Subject to availability your child will be eligible to start at Preschool in the term they become 2 ½ years old. Please indicate below when you would like them to start.

September / January / April and year **20**..... (Please specify)

Signed \_\_\_\_\_

Date \_\_\_\_\_