



Starfish
Pre-School



Registration Form

Registration form for starting your child at Starfish Pre-school

Bacton Primary School

Walcott Road

Bacton

Norfolk

NR12 0EY

Tel: (01692) 650240

E-mail: office-bacton@coastalfederation.com

OFSTED URN No. EY

Please return this form to Bacton Primary School office with **both copies of the child's Birth Certificate**.
If you need any assistance with completing the form please contact pre-school.

Section 1 – Child's details

Child's full name			
Date of birth			
Gender	Female		Male
Address and postcode			
Telephone no.			
E-mail address			
Religion			
Ethnic origin			
Child's first language			
Other languages			

Has your child attended any parent & toddler groups, another pre-school or nursery in the past?	Yes		No	
Please detail any other child care setting currently attended:				

Section 2 – Medical information

I consent to any emergency medical advice and treatment necessary during the running of Starfish Preschool. I authorise the staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.				
Yes		No		Signature

Section 2 – Medical information cont'd

Has your child been immunised against the following?				
Diphtheria	Yes		No	
Whooping Cough	Yes		No	
Polio	Yes		No	
Measles	Yes		No	
Tetanus	Yes		No	
HIBS	Yes		No	

Has your child had a hearing test?	Yes		No	
If yes, the result was:				
Has your child been referred for speech therapy?	Yes		No	

Does your child have any birthmarks?	Yes		No	
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Does your child suffer from any of the following (If you answer Yes, we will ask you to complete a HealthCare Plan & discuss your child's needs with us)				
Hay Fever	Yes		No	
Other allergies	Yes		No	
Asthma	Yes		No	
Diabetes	Yes		No	
Epilepsy	Yes		No	
Heart Condition	Yes		No	
Any other medical condition	Yes		No	
Requirement to take regular medication	Yes		No	

I give my permission for a plaster to be applied where necessary				
Yes		No		Signature

I agree to provide sun cream for my child in a named bottle and I give my permission for the pre-school staff to assist my child with applying sun protection when necessary				
Yes		No		Signature

I give my permission for baby wipes to be used on my child for toilet 'accidents'				
Yes		No		Signature

Section 4 – Special Needs

Does your child have any special needs (If you answer yes, we will work with you to try and ensure that opportunities are available for participation in activities and any assistance that is needed is provided.)				Yes		No	
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Is your child subject to a court order? (If yes, please attach a copy)				Yes		No	
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Section 5 – Confirmations

I give my permission for photographs/digital images of my child to be taken and used in administration, displays, training, pre-school website, portfolios, leaflets, marketing and newspapers. I understand that I have the right to withdraw my permission at any time, and would do so in writing.				
Yes		No		Signature

The Early Years Foundation Stage requires settings to ensure effective continuity and progression by sharing information about a child's achievements in the form of the Learning Journey. While they are at pre-school these records are available for you to look at every session. If/When your child changes setting we will share information with the new provision to ensure your child's social, emotional and educational needs are addressed appropriately during transition process. I give my permission for my child's achievements and Learning Journey to be shared with other childcare settings as required.				
Yes		No		Signature

I have read the pre-school's policies and agree to adhere to them.				
Signature				

We are obliged to share confidential information without authorisation from the person who provided it, or to whom it relates if it is in the public interest. That is when:
 it is to prevent a crime from being committed or to intervene where one may have been or to prevent harm to a child or adult; or
 not sharing it could be worse than the outcome of having shared it.

Signature

I would like to receive pre-school information and updates by email. You can opt out at any time by contacting pre-school.

E-mail address

Signature

Please provide a password. For your child's safety, we will not allow them to leave pre-school with anyone who cannot give us the password.

Password

Section 6 – Parent(s)/Carer(s) details

1. Title and full name				
Address and postcode				
Home telephone no.				
Mobile telephone no.				
Work telephone no.				
Relationship to child				
Does this person have legal responsibility for the child? (ie is this person named on birth/adoption certificate?)	Yes		No	

Section 6 – Parent(s)/Carer(s) details cont'd

2. Title and full name				
Address and postcode				
Home telephone no.				
Mobile telephone no.				
Work telephone no.				
Relationship to child				
Does this person have legal responsibility for the child? (i.e. is this person named on birth/adoption certificate?)	Yes		No	

Do you claim Family Tax Credits? (Some funding for two year olds is available, please ask pre-school or children's centre for details)	Yes		No	
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You must let us know if you have asked someone else to collect your child. Please inform us immediately of any changes to these details.

Section 7 – Emergency contacts (Please give details of any other person we can contact in an emergency or who may collect your child from preschool.)

1 Full name (and relationship to child)	
Address and postcode	
Home telephone no.	
Mobile telephone no.	
Work telephone no.	

Full name (and relationship to child)	
Address and postcode	
Home telephone no.	
Mobile telephone no.	
Work telephone no.	

3 Full name (and relationship to child)	
Address and postcode	
Home telephone no.	
Mobile telephone no.	
Work telephone no.	

Section 8 - Declaration

I confirm I will inform pre-school immediately of any changes to the details on this form.

Signature	
Print	
Date	