**Devizes Pre-school**

For Office Use:

Registration Fee Paid: YES/NO

Date:

Refunded: YES/NO

Date:

℅ Southbroom Infants School

The Green, Devizes, Wiltshire. SN10 5AA

Tel: 01380 728007

email: devizes.preschool@btconnect.com

*Registered Charity 296505*

**REGISTRATION FORM**

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| **Child’s Full Name:****(Please bring your child’s Birth Certificate (long version) with you for us to confirm their identity.)** | **Date of Birth:****Certificate No:**  |
| Child’s Address: | Home telephone number (or main contact number): |
| Child’s Doctor’s name/surgery:Child’s Registered Dentist:  | Any **allergies/ medical conditions/ special requirements:** |
| Email Address for correspondence (if preferred): |
| Primary Guardian/Mother‘s Name:Their address if different from above:What you would prefer staff to call you: | Mobile number:Daytime/work number: |
| Second Guardian/Father’s Name:Their address if different from above:What you would prefer staff to call you: | Mobile number:Daytime/work number: |
| Anyone who is **NOT** allowed to collect your child:Why? (Supporting evidence may be required, e.g. Court Order) | **PASSWORD: (please provide in case you cannot collect for any reason)** |
| **Who has Parental Responsibility for your child?** (Which parents are named on your child’s birth certificate? A Court Order would be in place to amend this and we would need to see a copy). |
| Who has **legal contact** with your child? |
| Please indicate any **special needs/ medical conditions/ concerns** about your child below: |
| If your child is eligible for **two-year-old funding** please write their application number here:(We will need to take a copy of your Wiltshire Council acceptance letter so please bring it with you.) |

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| **Emergency Contacts: If for any reason we are unable to contact either parent in an emergency, please give details of two more people you would like us to call below:** |
| **Emergency Contact 1:**Name:Relationship to child:Address:Contact numbers: | **Emergency Contact 2:**Name:Relationship to child:Address:Contact numbers: |

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| **When would you like your child to start Pre-school?** (Please circle or give details) ASAP September 20\_\_\_\_ January 20\_\_\_\_ April 20\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please tick to indicate your preferred sessions, giving details of other sessions you may wish your child to attend further on in the year, i.e. in September, January and/or April; as we are very full you will need to reserve these sessions or they may not be available:**

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| --- | --- | --- | --- |
|  **Monday** | **9am to 3pm: □** | **9am to 12pm: □** | **12pm to 3pm: □** |
| **Tuesday** | **9am to 3pm: □** | **9am to 12pm: □** | **12pm to 3pm: □** |
| **Wednesday** | **9am to 3pm: □** | **9am to 12pm: □** | **12pm to 3pm: □** |
| **Thursday** | **9am to 3pm: □** | **9am to 12pm: □** | **12pm to 3pm: □** |
| **Friday** | **9am to 3pm: □** | **9am to 12pm: □** | **12pm to 3pm: □** |

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| I understand that if my child is **not funded** or is having **extra sessions** then there will be a **charge per hour.**I agree to **pay fees in advance**. I understand that if I get into arrears and have been informed of my outstanding bill on several occasions that Pre-school has the right to **stop** my child’s **non-funded sessions** until the outstanding fees are paid in full. I agree to abide by the **terms and conditions** of the Pre-school’s **current Payment Policy**, a copy of which is included in the **Welcome pack** and on display in the Pre-school lobby.Signed by Parent/Guardian: …………………………………………………………………….Name of Parent/Guardian: ……………………………………………………………………… |

**Please read the following statements and sign below to give your consent:**

* I give permission for Pre-school Staff to give my child **First Aid** and/or get **emergency hospital treatment** should the need arise:
* I give permission for Pre-school staff to take my child on **Pre-school outings** within the grounds of Southbroom Infants School and organized trips in other locations:
* I give permission for Pre-school staff to pass my **contact details** to the local **Children’s** **Centre** to **register** with them for advice and support:
* I understand that whilst my child is at Pre-school **personal data** and **records** will be kept on him/her and that these records will be **passed on to my child’s next setting as required**:
* If whilst my child is at Pre-school **outside agencies** need to become involved in the welfare/ education/ health of my child, I give permission for Pre-school staff to pass on relevant information in accordance with the General Data Protection Regulation 2018, Children and Young People’s Act 2004, the Pre-school’s Child Protection Policy and Confidentiality Policy, once a discussion has taken place with the parent/ guardian. (Professionals from these agencies may be the Health Visitor, Speech Therapist, Early Years Inclusion Advisor, Educational Psychologist, Paediatrician, Social Worker, etc.) **NB. Consent will be sought unless the child’s welfare would be put at risk.**
* I understand that whilst at Pre-school, **photographs and video footage** will be taken of my child, which will be used to record their development and for Pre-school records. They will not be published without parental consent, and if they are, no names will be with them:
* I have read the Pre-school’s policy on **Sun Cream** and safety in the sun and agree to

staff applying the **Pre-school’s** sun cream to my child when necessary before going outside to play or **I will bring in their own sun cream to apply instead**:

* I have read and understood the **Pre-school Prospectus** and **Policies & Procedures,** and agree to adhere to them.
* I agree to show **respect** to all members of staff, as they would show respect to me. I will act in an **appropriate manner** around children, staff and any other visitors both inside and around Pre-school.
* I have **read and understood** the above and **agree** to the statements:

Name of first Parent/ Guardian: ……………………………………………...

**Signature of first Parent/ Guardian: ……………………………………… Date: …………………**

Name of second Parent/ Guardian: …………………………………………

**Signature of second Parent/ Guardian: …………………………………. Date: …………………**