**Childcare Registration and Agreement Form**

Please complete this form and return it in the pre-paid envelope provided. This form must be completed by someone who has parental responsibility.

**Family Details:**

|  |  |  |
| --- | --- | --- |
| Childs Full Name |  | |
| Preferred or familiar Name |  | |
| Date of Birth |  | Birth Certificate Presented? |
| Parent/Carer Addresses  *Please provide names and addresses for each parent and carer known to the pre-school (continue on reverse if required)*  Please Indicate your child’s usual address. |  | |
|  | |
| Other People Allowed to collect your child  *Must be over 16 years of age.* | Names and Addresses: | |

**Contact Details:**

|  |  |
| --- | --- |
| Home Telephone |  |
| Mum Work |  |
| Dad Work |  |
| Mobiles |  |
| Email Address |  |
| Password  *(For collection of your child other than yourselves)* |  |

**Legal Responsibility and Contact Details:**

|  |  |
| --- | --- |
| Who has Parental Responsibility for your child? E.g. the parent/carer who is your child’s main carer(s) | Name: |
| Who has Legal Contact with your child? E.g. a parent who lives at a different address | Name: |

**Daytime Emergency Contact Details:**

|  |  |
| --- | --- |
| Mother | |
| Name: | Telephone no:: |
| Father | |
| Name: | Telephone no: |
| 1st alternative contact (required) | |
| Name and relationship to child: | Telephone no: |
| 2nd alternative contact (required) | |
| Name and relationship to child: | Telephone no: |

**Health Information:**

|  |
| --- |
| Doctors Name, Address and Telephone no: |
| Health Visitors Name and telephone no: |
| Does your child have any special health requirements? |
| Any known allergies? *(E.g. food, animals, plasters, medication, etc.)* |
| Does your child have any special dietary requirements, preferences or food allergies? |
| Are all childhood vaccinations up to date? |

**Consent Information:**

|  |  |
| --- | --- |
| Please sign that you are willing to give your consent for: | Signatures: |
| Outings |  |
| Holding Personal information(paper and computer based) |  |
| Sharing information with other professionals e.g. Health Visitor or speech therapist |  |
| Photography to be used in-house only, e.g. photo observations for child’s journey folder. |  |
| Photography to be used in Pre-School Publicity material, including on the internet (child’s name will NOT be used on any website or in any publicity) |  |
| First Aid and emergency treatment. |  |
| Use of child’s own provided sun cream |  |
| Use of Plasters |  |

**Other Information:**

|  |
| --- |
| Other languages used at home: |
| Ethnic Origins: |
| Festivals celebrated at home: |
| Details of any other settings or childcare attended: |
| Details of any other agencies or professionals working with your child and their role: |
| Any other details or information that may be useful for us to know*? E.g. what your child likes, what their fears may be, any specials words they use, what comforters they may need and when.* |

**Childcare Requirements:**

|  |  |
| --- | --- |
| Required  Start Date?............................................ | Please mark the days you require below. |
| Monday 9am -1pm |  |
| Tuesday 9am – 12.30pm |  |
| Wednesday 9am – 1pm |  |
| Thursday 9am-1pm |  |
| Thursday 9am-3pm |  |
| Friday 9am-12.30pm |  |

**Other information:**

|  |  |  |  |
| --- | --- | --- | --- |
| How did you hear about Pebbles Pre-School? Please tick appropriate box | | | |
| Website | West Sussex County Council | Flyer | Recommendation |
| Children’s Information Services | Sign outside | Facebook | Magazine |

**Important**

We ask you that you keep us informed of any changes to your details. Periodically we may ask you o confirm your details for our records.