



preschoolcheckendon@gmail.com
 Tel: 01491 682589
 www.checkendonpreschool.co.uk
 Registered with Ofsted: EY491472

Dear Parent/Carer,

Welcome to Checkendon Pre-School C.I.O.

In this pack, you will find all the forms you need to register your child with us.

Please provide us with as much information as you can. This will help us to know and understand your child enabling us to provide the best care possible during their time spent with us.

It is important that all contact details are kept up to date. Therefore, if there are any changes in the future please inform us so that the registration forms are kept up to date.

To book a place for your child at Checkendon Pre-School C.I.O please make an admissions payment of £35.00 (cheques payable to Checkendon Pre-School C.I.O. For bank transfers please include child's name as a reference). We will then hold the sessions required for your child until your requested start date. If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).

The sessions are as follows

Morning session: 8:30- 11:30am = £15.00

Lunchtime session: 11:30-12:30 pm = £5.00

Afternoon session: 12:30- 3:30 pm = £15.00

Payment of fees can be made via Bank Transfer, Cheque, Cash, Childcare Vouchers. Please advise staff on how you wish to pay your fees.

Account Name: Checkendon Pre-School C.I.O

Sort code: 09-01-28

Account Number: 85917636

You will be billed termly. Prompt payment of fees is appreciated.

Please circle/highlight the sessions you require.

Monday	Morning session	Lunch session	Afternoon session
Tuesday	Morning session	Lunch session	Afternoon session
Wednesday	Morning session	Lunch session	Afternoon session
Thursday	Morning session	Lunch session	Afternoon session

Friday	Morning session	Lunch session	Afternoon session

Please specify start date: (dd/mm/yyyy) _____ / _____ / _____

We also provide early starts for Checkendon Pre-School to join us from 8:00am each day. This carries a charge of £2:50 between 8-8:30am. Please speak to a member of the Checkendon Pre-School team if this is something that you would like to do.

We also provide a daily Breakfast club for children attending Either Checkendon Pre-school C.I.O or Checkendon Primary school. The breakfast club opens daily starting at 7:30 am until 8:30am.

A variety of cereals, toast, fruit, drink and other items are provided for the children as well as use of the resources within the village hall.

A member of staff from Checkendon primary school will collect the school children and will walk them up to school at approx 8:35am.

The fee for breakfast club attendance is £6:50 and is payable termly upon receipt of invoice. If spaces are available we can do breakfast club on an ad hoc basis. Please talk to a member of staff if this is something you may require.

Breakfast club registration forms can be found on the website
www.checkendonpreschool.co.uk

Or ask a member of the Checkendon Pre-School staff for a registration form.

Regards

The Checkendon Pre-School Team

REGISTRATION FORM

Child's details

Childs first name(s)	
Surname	
Name used if different from above	
Date of Birth	
Gender	

Birth certificate seen? YES/NO (delete as appropriate)

Ethnicity	
Nationality	
Main language(s) spoken	
1)	
2)	
3)	

Child's full address	
Postcode	
Home telephone number	

Mobile telephone number	
Primary e-mail address (used for correspondence)	

Family details

Name of parent(s)/carer(s) with whom the child lives.	
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Contact details 1 (including emergency information)

Parent/carer full name	
Relationship to child	
Daytime/work telephone number	
Mobile telephone number	
Home telephone number	
E-mail address	
Home address	
Work address	

Does this parent have parental responsibility for the child? YES/NO
(delete as appropriate).

Contact details 2 (including emergency information)

Parent/carer full name	
Relationship to child	
Daytime/work telephone number	
Mobile telephone number	
Home telephone number	
E-mail address	
Home address	
Work address	

Does this parent have parental responsibility for the child? YES/NO
(delete as appropriate).

Contact details 3 (including emergency information)

Parent/carer full name	
Relationship to child	
Daytime/work telephone number	
Mobile telephone number	

Home telephone number	
E-mail address	
Home address	
Work address	

Does this parent have parental responsibility for the child? YES/NO
(delete as appropriate).

Other person(s) with legal contact

Name	
Address	
Contact telephone numbers	
Relationship to child	
What are the contact arrangements that [we/I] need to be aware of?	

Emergency contact details if parents are not available *Emergency contacts must be local.*

Contact 1 – Name	
Relationship to child	
Address	
Daytime/work telephone number	
Home number	
Mobile number	

Contact 2 – Name	
Relationship to child	
Address	
Daytime/work telephone number	
Home number	
Mobile number	

Persons other than parent(s) authorised to collect the child Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, [staff/I] will check before releasing the child.

Person 1 – Name	
Relationship to child	
Address	
Daytime/work telephone number	
Home number	
Mobile number	

Person 2 – Name	
Relationship to child	
Address	
Daytime/work telephone number	
Home number	
Mobile number	

Password for the collection of child by authorised persons.

General parental permissions

Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Printed name	
Signed	
Date	

Nappy cream

I give permission for nappy cream (supplied by me) to be administered to _____
(*name of child*) when required, in accordance with manufacturer's instructions.

Printed name	
Signed	
Date	

Suncream

I give permission for staff to administer sun cream (supplied by me) to _____
(*name of child*) when necessary and to record its use.

Printed name	
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Signed	
Date	

Inhalers/Epipens

I give permission for named members of staff who have been appropriately trained to administer the inhaler/Epipen or Anapen (supplied by me) to _____
(name of child).

Named members of staff are

- Kelly Mullins – Supervisor
- Liz Chandler – Deputy supervisor

Printed name	
Signed	
Date	

Children who have Inhalers/Epipens must fill out an ongoing medicine form.

General outings

Your child will be taken out of our setting as part of the daily activities. The venues used are detailed here:

- | |
|---|
| <ul style="list-style-type: none"> • The Primary School playing field • The woods around and behind Checkendon Church and Checkendon Court • Checkendon village post box and surrounding local area. • The village playing field and the woods behind the cricket pitch |
|---|

Printed name	
Signed	
Date	

Photographs

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child's records within the setting. We are happy to provide duplicate photos of your child to you if requested. Photos are stored on the setting's computer only; we only store images during the period your child is with us.

I give permission for photographs of _____ (Child's name) to be used for the following.

Recording of the curriculum	YES/NO
Checkendon Pre-School C.I.O website	YES/NO
Local newspaper recording of events	YES/NO
Checkendon village newsletter	YES/NO
Parents weekly newsletter (these get put on our website)	YES/NO

Printed name	
Signed	
Date	

Animals

We may occasionally have pets to visit the setting.

A risk assessment will be carried out for visiting animals, and parents informed.

Please state below any known allergies or aversion _____ (Child's name) has to animals

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Health Information

Please can you provide any relevant information regarding your child's health.

Does _____ (child's name) have any medical conditions?	YES/NO
If yes please state below	
Does your child require medication?	YES/NO
If yes please state below	
Does _____ (child's name) have any allergies or intolerances?	YES/NO
If yes please state below including food/drink and substances that your child must not be in contact with at Checkendon Pre-School.	

If you require medicines to be administered to your child you will need to complete a medicine form. For long term medication we have an on-going medicine form. All medicines provided for the children must be prescribed by the doctor.

Policies and procedures

All policies and procedures can be viewed on the Checkendon pre-school website,
www.checkendonpreschool.co.uk

I have read and understand Checkendon Pre-Schools policies and procedures	YES/NO
I have seen and read the Ofsted registration certificate of Checkendon Pre-School (located on the information board in the village hall).	YES/NO
I have seen and read the insurance certificate. (located on the information board in the village hall)	YES/NO

Parent name	
Signed	
Date	

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

Parent name	
Signed	
Date	

