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 £42.00 (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 = £18.00

Lunchtime session: 11:30-12:30 pm = £6.00

Afternoon session: 12:30- 3:30 pm = £18.00

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 £3.00 between 8-8:30am. Please speak to a member of the Checkendon Pre-School team is 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 8:45am.

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](http://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. |  |

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  |  |
| Signed  |  |
| Date |  |

***Inhailers/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:

|  |
| --- |
| * 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
* Checkendon play park
 |

|  |  |
| --- | --- |
| Printed name  |  |
| Signed  |  |
| Date |  |

***Photographs/ Tapestry***

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 and Tablets supplied by the setting are used for this purpose, photographs taken are also 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 devices only; we only store images during the period your child is with us.

At Checkendon Pre-School CIO we use an online system called Tapestry to record and store all observations and assessments relating to each child. This is a safe and secure system and one that enables parents and carers to access their child’s learning journey at any time. They can share it with their child, family and friends at home and also post any comments and photographs of their own, helping to create a fully holistic view of the child and strengthen the parent partnership.

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 (these get out on our website) | YES/NO |
| Parents weekly newsletter  | YES/NO |
| I give permission for Checkendon Pre-School CIO to create an online Tapestry learning journey for your child. | YES/NO |
| I give permission for my childs’ images to appear in other children’s learning journeys. | 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

|  |
| --- |
|  |

***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. |
| **Name and address of Doctors surgery** |
| **Name and address of Dentist Surgery** |

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, procedures and terms and conditions can be viewed on the Checkendon pre-school website, [www.checkendonpreschool.co.uk](http://www.checkendonpreschool.co.uk), or you can ask any member of staff to see a copy at Checkendon Pre-School.

|  |  |
| --- | --- |
| 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 |
| I have read and agree to Checkendon Pre-School CIO Terms and conditions. | 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 |  |