**REGISTRATION FORM**

**Greatworth Pre-School**

Registered Charity: 1160606



**PLEASE COMPLETE AND RETURN THIS FORM WITH THE CONSENT FORM TO PRE-SCHOOL:**

Greatworth Pre-School,Helmdon Rd, Greatworth, Banbury, OXON, OX17 2DR Tel: 0129 5713514 email; enquiries@greatworthpreschool.co.uk

**Basic details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name of child |  | Date of birth:How many weeks was your child born at? (optional) |  |
| Name known as  |  | Gender  |  |
| Name of parent(s) with whom the child lives  |
| 1 |  | Mobile |  |
| Does this parent have parental responsibility? Yes/No (delete) |
| 2 |  | Mobile |  |
| Does this parent have parental responsibility? Yes/No (delete) |
| Home Address |  |
|  |
| Telephone |  |
| Email Address |  |
| Name of parent with whom the child does not live |
|  |  |
| Does this parent have parental responsibility? Yes/No (delete) |
| Address  |  |
|  |
| Telephone |  | Mobile |  |
| Does this parent have legal access to the child? Yes/No (delete) |
| Name, age and date of birth of any other children in your family: |
|  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Emergency contact details** |
| Parent 1 - Work/daytime contact number |  |
| Parent 2 - Work/daytime contact number |  |

Names of 2 other people willing to collect your child in emergency if we are unable to contact you. |
| Name |  | Relationship to child |  |
| Telephone |  | Mobile |  |
| Name |  | Relationship to child |  |
| Telephone |  | Mobile |  |

**Persons authorised to collect child other than parents and emergency contacts**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Relationship to child |  |
| Telephone |  | Mobile |  |
| Name  |  | Relationship to child |  |
| Telephone |  | Mobile |  |

**Please provide a password to be used by anyone collecting your child on your behalf with your permission**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal details of child**

|  |  |
| --- | --- |
| Has your child had all their immunisations? | Yes/No |
| Has your child had any hospitalisations/operations? | Yes/No |
| Please give relevant details: |  |
| Does your child have any medical conditions/allergies? | Yes/No |
| Please give relevant details of symptoms & medication |  |
|  |

Does your child have any special dietary needs or preferences? Yes/No (delete)

|  |
| --- |
|  |

How would you describe your child's ethnicity or cultural background?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| What is the main religion in your family?  |  |

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| What language(s) is/ are spoken at home  |  |

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

Does your child have any special needs or disabilities? Yes/No (delete)

|  |  |
| --- | --- |
| Details  |  |

Are any of the following in place for the child:

|  |  |  |
| --- | --- | --- |
| Educational, Health and care plan EHC | Yes/No |  |
| What special support will he/she require in our setting?  |
|  |

**Names of professionals involved with child**

|  |  |
| --- | --- |
| Name of Doctor |  |
| Address |  |
|  |  | Telephone |
| Do you have a health visitor? | Yes/No (delete) |
| Name |  | Telephone |  |
| Based at |  |

|  |  |
| --- | --- |
| Does your family have a social care worker for any reason? | Yes/No (delete) |
| Name: |  | Telephone |  |
| Based at |  |
| What is the reason for the involvement of the social care department with your family? |
|  |

SETTING NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

**Other professionals involved with your child**

|  |  |  |  |
| --- | --- | --- | --- |
| Name 1 |  | Role |  |
| Agency |  | Telephone |  |
| Name 2 |  | Role |  |
| Agency |  | Telephone |  |
| Name 3 |  | Role |  |
| Agency |  | Telephone |  |

**Starting and Sessions**

|  |
| --- |
| I/We would like to start attending at Greatworth Pre-School |
| \*as soon as possible; or from |  | (date) |
| Please complete attached form to indicate session choices. |
| If you find that you no longer need the place, Please inform the setting as soon as possible. |
| Signature of parent(s) |
|  |  |
| Date |  |

**Session Preferences**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate with a tick which sessions you wish your child to attend.

**Sessions are subject to availability and will be confirmed within a week of the registration form coming back.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Session** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Breakfast Club****8.00-8.45****£3.50** |  |  |  |  |  |
| **Morning****8.45-11.45****£12.50****(or funded\*)** |  |  |  |  |  |
| **Lunch Club****11.45-12.30****£3.50** |  |  |  |  |  |
| **Afternoon****12.30-3.30****£12.50p****(or funded\*)** |  |  |  |  |  |
| **After School Club****3:30-6:00****£10.50** |  |  |  |  |  |

\* Children entitled to 15 or 30 hours a week government funded childcare at registered providers from the term after 3rd birthday.

If your child is entitled to the 15 or 30hours free childcare please circle how many hours each week you would like to claim at Greatworth Pre-School: 3, 6, 9, 12, 15, 18, 21, 24, 27 or 30?

\*Children entitled to 2 year old funding are entitled to 15 hours a week of funded childcare.

Please circle how many hours a week you wish to claim at Greatworth Preschool: 3, 6, 9, 12, or 15

Is your child claiming their funding in another setting? Yes No

Are you splitting your child’s funding between two settings? Yes No

If so, please state which setting and how many hours each week?

Please provide your eligibility code in the correct box

|  |  |
| --- | --- |
| 30 hours government funding for 3-4 yr olds |  |
| 15 hours government funding for 2yr olds |  |
| Early Years Pupil Premium (EYPP) |  |
| Parents’ National insurance number |  |
| Parents’ date of birth (for EYPP) |  |

Preferred start date:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_