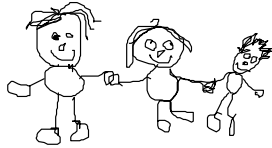


Greatworth Pre-School

Registered Charity: 1160606



REGISTRATION FORM

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

Greatworth Pre-School, Helmdon Rd, Greatworth, Banbury, OXON, OX17 2DR Tel: 01295 713514 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?

2

Mobile

Does this parent have parental responsibility?

Home Address

Telephone

Email Address

(We use email addresses for invoicing, communication via Tapestry)

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?

Has your child had any hospitalisations/operations?

Please give relevant details:

Does your child have any medical conditions/allergies?

Please give relevant details of symptoms & medication

Does your child have any special dietary needs?

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?

Details

Are any of the following in place for the child:

Educational, Health and care plan EHC

What special support will he/she require in our setting?

Names of professionals involved with child

Name of Doctor

Address

Do you have a health visitor?

Name

Telephone

Based at

Does your family have a social care worker for any reason?

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/ 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. *Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).*

Signature of parent(s)

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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 £4.00					
Morning 8.45-11.45 £13.00 (or funded*)					
Lunch Club 11.45-12.30 £3.50					
Afternoon 12.30-3.30 £13.00 (or funded*)					
Afterschool Club 3:30-4:30 £5.50					
After School Club 3:30-6:00 £11.00					

* 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?

Are you splitting your child's funding between two settings?

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 (All funding)	
Parents' date of birth (for EYPP)	

Preferred start date:

Signed: _____ Date: _____