



Registration Form

Child's Details

Child's Surname: _____ DOB: _____

Child's First Name: _____ Boy/Girl (Please circle)

Home Address: _____

Post Code: _____ Borough: _____

Home Telephone Number: _____

Names and ages of siblings (if none please write none): _____

Ethnic Origin (optional): _____

Which language/s is/are spoken at home: _____

Parent(s)/Guardian(s)

Name of Parent/Legal Guardian 1: _____ DOB _____

Relationship to child: _____

Name and Address of Employer/College/Training Centre (if applicable): _____

Daytime Telephone Number: _____

Mobile Telephone Number: _____

Email: _____



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Name of Parent/Legal Guardian 2: _____ DOB _____

Relationship to child: _____

Name and Address of Employer/College/Training Centre/Home (if applicable): _____

Daytime/ Mobile Telephone Number: _____

Email: _____

Custody/Court Orders:

If parents do not live together please state who has custody of the child:

Please give details of any relevant court orders:

Emergency Contact 1:

Name: _____

Relationship to child: _____

Address: _____

Daytime Telephone Number: _____

Mobile Telephone Number: _____

Email: _____



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Emergency Contact 2:

Name: _____

Relationship to child: _____

Address: _____

Daytime Telephone Number: _____

Mobile Telephone Number: _____

Collection of Children

Please state the name of the person that WILL pick up your child on a daily basis (please specify relationship): _____

Please state the name of any person NOT allowed access to your child (please specify relationship): _____

Confidential Password: _____

(To be use where another person not known to the Preschool is to collect your child, must be aged over 16 years)

When would you like your child to start at the Preschool?

What sessions would you ideally like?

	Monday	Tuesday	Wednesday	Thursday	Friday
8am-1pm					
1pm-6pm					
8am-6pm					

Would you be willing to accept different sessions? YES/NO



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Medical Information and names of other professional involved with your child:

Name Family Doctor: _____

Address: _____

Telephone Number: _____

Name Health Visitor: _____

Address: _____

Telephone Number: _____

Pediatrician (name & telephone number): _____

Social Worker (name & telephone number): _____

Speech & Language Therapist (name & telephone number): _____

Other (profession, name & telephone number): _____

Other (profession, name & telephone number): _____

Other (profession, name & telephone number): _____



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Immunisations

My child has received the following immunisations:

Diphtheria	Y/N	Whooping Cough	Y/N	Measles	Y/N
Tetanus	Y/N	Meningitis C	Y/N	Mumps	Y/N
Polio	Y/N	Hib	Y/N	Rubella	Y/N
MMR	Y/N	Pneumococcal Infection	Y/N	(Please circle as appropriate)	

Health Concerns

Hearing/Sight/Special Conditions/Medical problems: _____

Diet and/or Allergies

Please specify any Dietary Requirements and/or known Allergies: _____

General Information

Please tell us anything else you think we should know to ensure that your child's time at the Preschool is enjoyable, educational and safe: _____



Registration Form

Agreements and Consents

Consents

1) I/We give permission for treatment in the event of minor injury or illness and application of hypoallergenic plaster or calpol or cold compress.

YES/NO (please delete as appropriate)

Name/s & relationship to child: _____

Sign & Date: _____

2) I/We give permission for a senior member of We Care Child Care Ltd's staff to act in 'loco parentis' should we be unavailable and should our child require emergency medical treatment or escorting to hospital.

YES/NO (please delete as appropriate)

Name/s & relationship to child: _____

Sign & Date: _____

3) I/We give permission for our child to be taken on outings in the local area.

YES/NO (please delete as appropriate)

Name/s & relationship to child: _____

Sign & Date: _____

4) I/We give permission for our child to be photograph/video for educational purposes only.

YES/NO (please delete as appropriate)

Name/s & relationship to child: _____

Sign & Date: _____

5) I/We give permission for our child to be applied sunscreen with or without the help of a member of staff depending on my child's ability.

YES/NO (please delete as appropriate)

Name/s & relationship to child: _____

Sign & Date: _____



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Agreements

I/We agree to make immediate arrangements to pick up our child should they become unwell whilst in preschool care.

I/We have received, read and understood We Care Child Care Ltd's Terms and Conditions.

I/We have received, read and understood We Care Child Care Ltd's Care, Learning and Play Policy.

I/We have received a copy of We Care Child Care Ltd's Fees Policy.

I/We have shown our child's original birth certificate/passport to _____.

I/We have shown my/our photo ID to _____.

I/We have provided proof of address to _____.

I/We have provided proof of income to _____.

I/We have provided proof of benefits for EYPP to _____.

I/We have provided proof of 2 years old free entitlement to _____.

I/We enclose 2 x photographs of each person allowed to collect my/our child.

I/We declare that all the information provided by me/us is true to my/our knowledge

Print name and Relationship to Child: _____

Signed: _____ Date: _____

Print name and Relationship to Child: _____

Signed: _____ Date: _____