



Heronswood Primary School Pre-school and Wrap Around Care

REGISTRATION FORM

Child's Details

Child's Name.....

Date of Birth.....

Address.....

.....Post Code.....

Child's Religion First Language.....

Ethnic Information.....

Any other information e.g. developmental concerns, fears etc

.....

.....

Parent/Carers Details

1) Name of Parent/Carer.....

Relationship to child

Address.....

.....Post Code.....

Home No -Mobile No -

Work No -

2) Name of Parent/Carer.....

Relationship to child

Address.....

.....Post Code.....

Home No -Mobile No -

Work No -

Parental Responsibility

Who has Parental Responsibility for your child?

Are there any restrictions around Legal Contact for your child? YES/NO

If yes please provide evidence of restrictions?

.....

MEDICAL INFORMATION

Details of Allergies, Conditions, Treatments, Medication, Special Dietary Requirements

.....

.....

(Please see Manager, Deputy Manager or Supervisor)

Is your child up to date with immunisations? YES/NO

If NO please give details.....

.....

Doctors Name..... Telephone No.....

Address.....

.....Post Code.....

I agree to my child being given emergency treatment if necessary, by a qualified first aider or medical practitioner. I agree that my child may be transferred to hospital, by the medical services, for treatment in the event that all of the listed contacts are unavailable.

Signed.....**Date**.....

WHO WILL COLLECT YOUR CHILD?

CHILD'S NAME.....

Children may only be collected by one of the named people on this form, but you may nominate as many people as you wish. Please provide their details below, including their signature, so that we may easily identify them.

Contact 1
Name _____
Address _____ _____
DOB _____
Home No _____
Mobile _____
Relationship to child _____
Signature _____

Contact 2
Name _____
Address _____ _____
DOB _____
Home No _____
Mobile _____
Relationship to child _____
Signature _____

Contact 3
Name _____
Address _____ _____
DOB _____
Contact No _____
Mobile _____
Relationship to child _____
Signature _____

Contact 4
Name _____
Address _____ _____
DOB _____
Contact No _____
Mobile _____
Relationship to child _____
Signature _____

Any of the people listed above may collect my child, and I understand that Pre-school and Wrap Around will not permit anyone to collect my child unless they have been nominated by me.

Signed.....**Date**.....

PARENTAL AGREEMENT
(All sections must be signed and agreed)

I accept the policies and procedures of Heronswood Pre-school and Wrap Around Care, (copies available), and agree to observe them and follow them.

Signed..... Date.....

I agree to my child being taken off the school premises to participate in a walk around the local area. E.g. park, shops etc. Before each event a letter will be sent home to give the full details.

Signed..... Date.....

I agree to photographs being taken of my child, for use within Heronswood Pre-school and Wrap Around Care and for use on Heronswood Primary School Website. (No names will be used with the photographs.)

Signed..... Date.....

I agree to photographs being taken of my child, for use in local newspapers. (Your child's full name and age will be published.)

Signed..... Date.....

I agree to apply or send in sun cream for my child in the event of hot, sunny weather, where possible, or agree to Heronswood Pre-school and Wrap Around Care staff applying sun cream to my child.

Signed..... Date.....

I understand that it is the parents/carers responsibility to apply for their child's placement within the adjoining school if required, and that children do not gain automatic entry when registered with Heronswood Pre-school and Wrap Around Care.

Signed..... Date.....