



Smallworld Pre-schools & Link Clubs Ltd.

Smallworld - Leftwich: C/O Leftwich Primary School, Old Hall Rd, Northwich Cheshire. CW9 8DH.

Tel no: 01606 45422

e-mail: walton2000uk@yahoo.co.uk

Ofsted Reg: 305301

e-mail: smallworldpreschoolleftwich@yahoo.co.uk

Smallworld - Sandiway: C/O Sandiway Primary School, Norley Rd, Northwich Cheshire. CW8 2JX

Tel no: 01606 882821

e-mail: sandiwayschool@btconnect.com

Ofsted Reg: EY226107

Web site: smallworldpreschoolsandlinkclubs.co.uk.

Facebook page for Leftwich: Smallworld Lefwtich

My child attends the _____ setting

Date this form was completed: _____

Completed by: _____

REGISTRATION DOCUMENTS

- Your child's Details
- Personal Details
- Health Records
- Permissions

All sections of this registration must be completed.

Please ask a member of staff if you need help with completing this form.

Your child's Details:

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Child's name	
Preferred name	
Date of birth	
Gender	
Position in family	
Family address	
Post code	
Telephone number	

PARENT'S/CARER'S NAME	
RELATIONSHIP TO CHILD	
CONTACT PHONE NUMBER	
MOBILE PHONE NUMBER	
WORK PHONE NUMBER	
LOCATION OF WORKPLACE	
PARENT'S/CARER'S NAME	
RELATIONSHIP TO CHILD	
CONTACT PHONE NUMBER	
MOBILE PHONE NUMBER	
WORK PHONE NUMBER	
LOCATION OF WORKPLACE	

Emergency Telephone Numbers:

1st	Name	Relationship
2nd	Name	Relationship
3rd	Name	Relationship

The government states that if parents are not married, settings have to have a clear understanding of who has parental responsibility. If you are not married can you please tick one of the following to indicate joint responsibility or otherwise.

- 1. (after 1st December 2003) by jointly registering the birth of the child with the mother.
- 2. by a Parental Responsibility Agreement with the mother.
- 3. by a Parental Responsibility Order made by a court.

Who has legal contact with the child:

	DETAILS OF OTHER ADULTS WHO MAY COLLECT YOUR CHILD
NAME	
ADDRESS	
TELEPHONE	
Comments:	

	DETAILS OF OTHER ADULTS WHO MAY COLLECT YOUR CHILD
NAME	
ADDRESS	
TELEPHONE	
Comments:	

Personal information about your child:

Religion

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

What language(s) is/are spoken at home

Does your child have any dietary needs that we need to be aware of? YES/NO If yes, please provide details

Does your child have any allergies? YES/NO

Does your child have any special needs or disability? YES/NO

Please use additional paper if necessary

If necessary, what special support will your child need while attending our setting?

Medical conditions of which staff should be aware:

Names of any professionals involved with child:

Name 1: _____ Role: _____

Agency: _____ Telephone: _____

Name 2: _____ Role: _____

Agency: _____ Telephone: _____

Name 3: _____ Role: _____

Agency: _____ Telephone: _____

Do you have a Health Visitor? YES/NO

Name: _____

Based at: _____

Telephone: _____

Does your family have a social care worker for any reason? YES/NO

Name: _____

Based at: _____

Telephone: _____

What is the reason for the involvement of social care department with your family? _____

Other pre-school/nursery / setting experience:

Will your child be attending any other pre-school/nursery / setting:

If your child enters preschool between the ages of 2yrs and 3yrs of age we will be required to prepare a summary of his/her development in the prime areas of learning these being Communication and Language, Physical development, and Personal, social and emotional development. This summary will normally take place within the first 6-8 weeks of starting and your child's key person will discuss this with you. If your child has received a summary of their development please would you speak to a member of staff.

My child *has / *has not received a summary of development. (Please delete) if ***has** please provide a copy of this

Doctor's Name and Address:

Doctor's telephone number: _____

Immunisation Records:

Please complete the following to inform us of the immunisations your child has received:

Immunisation	Date(s) of immunisation
Whooping Cough	
Diphtheria	
Tetanus	
Polio	
H.I.B. (Meningitis)	
MMR	
Measles	
Mumps	
Rubella	
Influenza	
Meningitis C	
Other (Please State)	

PERMISSIONS AND SIGNATURES REQUIRED

Parent Name: _____ Child's name: _____

I/We give permission for Staff of Smallworld to:

1. Take photographs of my child for observational purposes and on occasions use some photographs while my child plays and for their website and Face book page.
Signature: _____
2. Give permission for my child to be given emergency medical treatment should it be considered necessary and I am unable to be contacted.
Signature: _____
3. Give permission to administer plasters on my child.
Signature: _____
4. Give permission for staff to apply sun cream when needed.
Signature: _____
5. Give permission for staff to administer Calpol when needed.
Signature: _____
6. Give permission for staff to administer Piraton when needed.
Signature: _____
7. I/We will phone the setting to inform them that my child is ill and will keep them off for the recommended time set by Ofsted, Health and Protection Agency and within the settings Policies.
Signature: _____
8. I/We will adhere to the drop-off and collection times.
Signature: _____
9. I/We give permission for staff to take my child on a walk outside the settings premises.
Signature: _____
10. I/We give permission for members of staff to do regular observations of my child to help with the progression of their development.
Signature: _____
11. I/We adhere to pay pre-school fees for my child's place in accordance to the settings Policies
Signature: _____
12. I/We give permission for pre-school to contact my child's other pre-school/nursery, if needed, to share information.
Signature: _____
13. I/We understand that Smallworld may share information of my child with other agencies and professionals with my consent as in accordance to their policies.
Signature: _____
14. I/We also understand, that if required my child will be taken by staff to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary, on the understanding that I/We have been informed and are on our way to the hospital.
Signature: _____
15. I / We do / do not wish to become a friend on Smallworld's Face book page
Signature: _____
16. I/We do / do not wish my child to be used in any photographs posted on Smallworld's Face book page
Signature: _____

Collection of your Child from Pre-School

In order to ensure that your child is always collected by an approved person, please fill in the section below using this guidance:

1. Parents must fill in the above form in full. Any missing information will mean that the person listed WILL NOT BE ABLE TO REMOVE THE CHILD FROM THE SETTING.
2. We at Smallworld operate a password system for people other than yourself collecting your child from the setting. If they do not give us this information when asked they WILL NOT BE ABLE TO REMOVE THE CHILD FROM THE SETTING.
3. It is the main parent/carers responsibility to inform the setting staff if there will be any change to the person collecting the child. **If the usual person is unable to collect the child they must inform the setting before the other approved person attempts to collect the child.** If the parent or carer has not informed the setting of this change then the child will not be released into the care of that person

The names of people other than yourself who may collect your child from the setting:

Name	Relationship

<p><u>PASSWORD TO BE USED</u></p> <hr style="width: 80%; margin: 0 auto;"/>
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Please read and confirm the below - As stated in our Policies and Procedures:

Fees

*"Full payment of fees are required for pre-booked sessions even though your child may not be able to attend through sickness or is away on holiday. This also applies to the dinnertime sessions, inset days and any bank holidays that fall in the pre-school term. For your child to keep his/her place at preschool their school fees **MUST** be paid in **FULL** by the end of each half term.

I agree to the above: _____ Date: _____