**St Joseph’s Pre-school Playgroup**

**Registration Form**

**Child’s name:**

**Date of birth:**

**Gender:**

Start date:……………………………………………………………………..

Are you planning to apply for a place at St Joseph’s Catholic School for your child when they leave the Pre-school? Yes/No

Hours required: See the latest Fee Structure on our website for different attendance options

|  |  |  |  |
| --- | --- | --- | --- |
| day | Tick if this day is required | Start and finish times  | Cost per day\* |
| Monday  |  |  |  |
| Tuesday  |  |  |  |
| Wednesday  |  |  |  |
| Thursday  |  |  |  |
| Friday  |  |  |  |
| Total cost per week |  |  |  |

Where did you hear about us?

……………………………………………………………………………………………………..

|  |  |
| --- | --- |
| **Birth certificate checked?** | **Religion:** **Baptismal certificate copied?** |
| **First language:****Other languages spoken:** | **Registration fee paid?** | **Staff initials when paid** |
|
|  |
| **Parent/carer’s name:** | **Priority to contact in an emergency (circle as appropriate)****1st 2nd 3rd** |
| **Relationship to child:** | **Known to child as (e.g. Mummy, Mama):** |
| **Telephone numbers:****(mobile)****(home)****(work)****(email address)** | **Address**  |
|

|  |
| --- |
| ***The following information is required for funding and not used for any other purpose:*** |
| Mother’s Date of Birth |
| National Insurance Number\* |
| National Asylum Support Service Number\*\*Please complete as appropriate |

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| **Parent/Carer’s name:** | **Priority to contact in an emergency (circle as appropriate)****1st 2nd 3rd** |
| **Relationship to child:** | **Known to child as:** |
| **Telephone numbers:****(mobile)****(home)****(work)****(email address)** | **Address (if different to child’s address):** |
| **Emergency contact priority: 1st 2nd 3rd** | **Emergency contact priority: 1st 2nd 3rd** |
| **Name:** | **Name:** |
| **Relationship to child:** | **Relationship to child:** |
| **Known to child as:** | **Known to child as:** |
| **Telephone numbers:****(home)****(mobile)** | **Telephone numbers:****(home)****(mobile)** |
| **Does your child have any *medical problems*? Please give details below:** |
| ***Asthma* pump needed? Yes/No Provided? Yes/No** |
|  |
| **Does your child have any *Special Needs*? Please give details below:** |
| **Does your child have any *allergies*? Please give details below:** |
|  |
| **Please give information on your child’s *toileting*:** |
| **Nappies and wipes needed? Yes/No Please make sure you keep plenty on your child’s peg** |
| **Doctor’s name:** | **Phone number:** |
| **Address:** |  |
| **Health Visitor’s name:** | **Phone number:** |
| **Address:** |  |
| **We take photographs for a number of reasons whilst your child is with us:*** **to record their learning and development progress on Tapestry (video clips may also be used occasionally)**
* **to include in displays within the setting;**
* **for pegs, placemats and other places within the setting**
* **for information and publicity purposes**

**To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child.** **Please note that you can withdraw your consent, in writing, or request to see photos taken at any time. This form is valid for the duration of your child’s time at Pre-school. It is your responsibility to let us know if you want to withdraw or change your consent at any time.** |
| **I consent to photographs and video clips of my child being taken by playgroup staff and used on their Tapestry profile and within the setting** |  **Yes/No**  |
| **I consent to photographs containing my child’s image being included in other children’s Tapestry profiles** |  **Yes/No**  |
| **I agree to treat photographs containing images of other children as for my own personal use only**(This means that the information cannot be shared with others, or published in any way, without the explicit consent of the parents or carers of those children who may be included. For example, any such photographs **cannot** be posted on a social networking site or displayed in a public place.) |  **Yes/No**  |
| **I consent to photographs containing my child’s image being put on our facebook page and website (they will not be named)** |  **Yes/No**  |
| **I consent to photographs containing my child’s image for publicity flyers** **(they will not be named)** |  **Yes/No**  |
| **I consent to my child being taken to A & E in an emergency.**  |  **Yes/No**  |
| **I consent to plasters being used on my child.** |  **Yes/No**  |
| **My child’s immunisations are all up to date.** |  **Yes/No** |
| **I consent to staff applying suncream to my child (we will show you which brand it is and ensure it is suitable for children).**  |  **Yes/No**  |
| **I consent to staff sharing information with other professionals.**  |  **Yes/No**  |
| **I consent to information being stored on a computer (this is to ease administrative tasks and improve presentation).** |  **Yes/No**  |
| **I consent to my child being taken on local outings on foot, e.g. to the shops/postbox.** |  **Yes/No**  |
| **I understand that my child must attend regularly (at least 80% of the time) or their hours may be reduced or their place withdrawn.** |  **Yes/No**  |
| **I will inform the setting if my child will not be attending, either by phone or text or Facebook messenger (contact details are on the business card)** |  **Yes/No**  |
| **I will pay any fees due in advance on the Monday of each week (or another day agreed with the Managing Director). I understand that fees are still due even if my child is absent for sickness or any other reason.** |  **Yes/No**  |
| **I will give one month’s notice if I wish to reduce my child’s hours or withdraw my child from the setting.** |  **Yes/No**  |
| **I understand that I can find an ‘Information for Parents’ document and a full set of policies on the setting’s website** [**www.stjoeplaygroup@edublogs.org**](http://www.stjoeplaygroup@edublogs.org)**There is also a printed copy of all policies in the setting’s lobby which I can ask to borrow.** |  **Yes/No**  |
| **Please check all the information you have provided is correct, then sign below:****Signed:** **Print name:****Date:** |