**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

Where did you hear about us?……………………………………………………………………………..

Days required (delete as appropriate):

Monday full day 9.00-3.00 or morning only 8.45-11.45

Tuesday full day 9.00-3.00 or morning only 8.45-11.45

Wednesday full day 9.00-3.00 or morning only 8.45-11.45

Thursday full day 9.00-3.00 or morning only 8.45-11.45

Friday full day 9.00-3.00 or morning only 8.45-11.45

Religion (state your religion or ‘none’):

**Emergency contact number 1**

Name:

Relationship to child (e.g. mother/father/family friend):

Mobile number:

Landline number:

**Email address:**

**Emergency contact number 2**

Name:

Relationship to child (e.g. mother/father/family friend):

Mobile number:

Landline number:

**Emergency contact number 3**

Name:

Relationship to child (e.g. mother/father/family friend):

Mobile number:

Landline number:

**We need the following information for funding purposes:**

Mother’s full name:

Mother’s national insurance number:

Mother’s date of birth:

Mother’s address:

**Does your child have any *medical problems*?** **Yes/no**

**If ‘yes’, please give details below:**

**Does your child need an asthma pump?** **Yes/no**

If yes you will need to provide us with a pump to keep at Preschool with the pharmacy label on

**Are your child’s immunisations up to date?** **Yes/no**

**Does your child have any special needs?** **Yes/no**

**If ‘yes’, please give details below:**

**Does your child have any allergies including food, plasters etc?**  **Yes/no**

**If ‘yes’, please give details below:**

**Please tell us about your child’s toileting needs (e.g. are they in nappies, potty training, trained etc):**

If they are in nappies/pullups you will need to provide these and wipes.

**Doctor’s surgery name:** **Doctor’s surgery phone number:**

**Health visitor name (if you know it):**

**Photographs**

We take photographs for a number of reasons whilst your child is with us including:

* to record their learning and development progress on Tapestry (video clips may also be used occasionally). This includes your child appearing on other children’s Tapestry profiles.
* to include in displays within the setting;
* for pegs, placemats and other places within the setting

To comply with the Data Protection Act 1998, you need to give your permission before we can photograph or make any recordings of your child. In accepting a place for your child, you are giving permission for the above. We are not able to accept your child without permission for the above.

In accepting a place you agree to treat photographs containing images of other children as for your 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.

**I accept the above:**

**Name:**

**Signature:**

**Please note that you can withdraw your permission, in writing, or request to see photos taken at any time. Please bear in mind that if you refuse permission or withdraw it at a later date, your child will not be able to attend.**

**General**

In accepting a place you are also giving permission for the following:

Allowing us to take your child to A and E in an emergency (we would make every effort to contact you)

Sharing information with other professionals

Allowing us to share information on a computer

Allowing us to apply creams such as sudocream, eczema cream, suncream and calpol (in emergencies only) etc

**I accept the above:**

**Name:** **Signature:**

**Attendance, funding and fees**

**In accepting a place you agree to:**

Make sure your child attends regularly (at least 80% of the time) or their hours may be reduced or their place withdrawn.

Inform us if your child will not be attending, with a reason, either by phone or text or whatsapp

Pay any fees monthly in advance.

Accept that we may withdraw hours if fees are not paid on time in full

Accept that fees are still due even if your child is absent for sickness or any other reason.

Give one month’s notice if you wish to withdraw your child or reduce their hours.

**I accept the above:**

**Name:** **Signature:**

**Please delete as appropriate:**

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 being used for publicity flyers, posters or other printed formats (they will not be named) Yes/no

Full policies are on our website for you to read.

Do ask if you have any questions.

**I have read and understood the information in this Registration Form**

**Name:**

**Signature:** **date:…...............**