



Pippins Preschool Childcare Registration Form

This form must be completed by someone who has parental responsibility.

Child's Full Name: Child's Date of Birth:

ID Type Presented To Staff: ID Number:

Child's Address

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Post Code Home Number:

Name of Parent/Carer: 1)

2)

Do they have parental responsibility? Parent/Carer 1) Yes/ No (delete)

Parent/Carer 2) Yes/ No (delete)

Does the child live with these people? Parent/Carer 1) Yes/ No (delete)

Parent/Carer 2) Yes/ No (delete)

Complete this section for a parent who does not live with child:

Name: Home Tel:

Address.....

..... Postcode.....

Does this parent have legal access to the child? Yes/ No (delete) If answered no, we will need to see a court order.

Parent/Career Emergency Contact Details

Parent/ Carer 1) – Mobile Number: Work Number:

Parent/ Carer 2) – Mobile Number: Work Number:

Email address to send information and updates to:

Emergency Collection Password:

Other emergency contacts we may reach who are also authorised to collect your child e.g grandparents, relatives

1) Name: Relationship to the child:
Telephone Number: Mobile Number:

2) Name: Relationship to the child:
Telephone Number: Mobile Number:

Other persons authorised by you to collect your child, such as family friend/childminder etc. (Must be over 16 years old)

1) Name: Relationship to the child:
Telephone Number: Mobile Number:

2) Name: Relationship to the child:
Telephone Number: Mobile Number:

Parental Consent

<u>Please sign if you are willing to give your consent for:</u>	<u>Signatures:</u>
Pippins Preschool holding personal information (paper and computer based).	
Outings (to local areas such as the park, nature trail and walled flower garden)	
Sharing information with other professionals, e.g. Health Visitor, Specialist teachers, Speech therapist, Paediatrician.	
To pass on your child's learning and development records and assessments to their new school or nursery when they leave Pippins Preschool	
To share your child's learning and development if they attend another setting as well as Pippins Preschool so that we can work in partnership with your child's learning and development	
Use of a branded sun cream to be supplied by the preschool	
Face painting on special occasions, and just because it's good fun	
For your child to have a Tapestry page. This is an online learning journey where parents can log on with a password to look at pictures and observations of their child's learning. Please sign and leave names and email addresses of those who have permission to access the page. You will receive a link to then set up a password. Remember to save the website and check it regularly.	Sign for permission Name Email address Name Email address

Agreement to Pippins Preschool's Terms and Conditions

Pippins Preschool's Terms and Conditions represent the entire agreement and understanding between the parents (including other carers) and Pippins Preschool. A full copy of our Terms and Conditions can be found on our website pippins-preschool.co.uk. Alternatively, if you would like to see a hard copy please ask a member of staff.

(Pippins Preschool is also operated under the name Leybourne Chase Pre-School Ltd.)

I have read and understand Pippins Preschool's Terms and Conditions and fully agree to them.

Signed (parent/carer):

Print Name (parent/carer):

Date:

Health, Personal Needs and Requirements

Please provide us with the following information:

• Child's Name DOB:

• Date

• Name and address of child's doctor
..... Tel:

• Does your child have any allergies or dietary requirements? Yes..... No.....

If yes then please can you give us details (a separate Health Care Plan will need to be completed.)

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• Does your child have any special health needs or requirements that require long term care, for example asthma, need for an Epi pen, creams for skin problems? Yes..... No.....

If yes then please can you give us details (a separate health care plan and medicine plan will need to be completed.)

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• Does your child have any additional needs or disabilities? Yes..... No

If yes then please can you give us details (a separate health care plan will need to be completed.)

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• What other, if any professionals (e.g. speech therapist) are involved in your child's care?

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• Is there anything else you should share with Pippins Preschool about the individual health needs of your child?

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- ***Do you give consent for First Aid to be administered on your child by a First Aid trained member of staff***

Yes / No

If yes please sign

- ***In the event of a medical emergency, an ambulance will be called and parents / carers will be contacted immediately. If parents / carers cannot be reached, emergency contacts will be called.***

Do you give permission for emergency treatment? Yes / No

If yes please sign

In the event of a minor medical emergency, parents will be called to take the child to the doctors / hospital; if parents can't be reached the emergency contacts will be called. If no one can be reached a paramedic shall be called who will determine the next steps.

- ***Do you give consent for your child to have hypo allergenic plasters if required***

Yes / No

If yes please sign

- ***In the event that your child were to become unwell at Preschool you will be contacted immediately, however, if we cannot reach you do you give consent for Calpol to be administered if a First Aid trained member of staff determines this is the right course of action?***

Yes / No

If yes please sign

- Please can you share with us your child's current nappy/toileting requirements

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- Please share with us your child's eating habits, food and drink likes and dislikes

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- Please can you share with us information about your child's birth

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