

**Welcome Pack & Registration Documents**

**This is me**

**Childs name:** …………………………………………………………………….................

**Childs address:** …........................................................................................................

**Likes to be called:** …………………………………………………………………………

**Date of birth:** ………………………………………………………………………………

**Name of parent/s with whom the child lives:**

1…………………………………………………………………………………………………

(Does this parent have parental responsibility? YES/NO)

Telephone: …………………………………. Mobile: ……………………………………..

Email: …………………………………………………………………………………………..

2…………………………………………………………………………………………………

(Does this parent have parental responsibility? YES/NO)

Telephone: …………………………………… Mobile: …………………………………..

Email: ………………………………………………………………………………………….

**Name of parent with whom the child does not live:**

1…………………………………………………………………………………………………

(Does this parent have parental responsibility? YES/NO)

Address of this parent: ………………………………………………………………………

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

Telephone: …………………………………… Mobile: …………………………………...

Email: …………………………………………………………………………………………...

Does this parent have legal access to this child? YES/NO

**Emergency contact details:**

Parent 1 – Work/daytime contact number: ………………………………………………..

Parent 2 – Work/daytime contact number: ………………………………………………..

Any other emergency contact numbers:

Name: …………………………………………………………………………………………

Telephone: ………………………………… Mobile: ……………………………………..

Name: ………………………………………………………………………………………….

Telephone: ………………………………….. Mobile: ……………………………………

Persons authorised to collect the child (must be over 16 years of age):

Name: ……………………………………… Relationship to the child: …………………

Telephone: ……………………………… Mobile: ………………………………………..

Name: ……………………………………… Relationship to the child: …………………

Telephone: ……………………………… Mobile: ………………………………………..

**What is the main religion in your family?** ……………………………………………..

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

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

What language(s) is/are spoken at home? …..……………………………………………

If English is not the main language spoken at home, will this be your child’s first experience of being in an English speaking environment? YES/NO

If so, discuss and agree with the key person how you will support the child when settling in:

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

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

**Does your child have any special dietary needs or preferences?** YES/NO If YES please give us details below:

…………………………………………………………………………………………………

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…………………………………………………………………………………………………

**Does your child have any health problems, allergies, etc.?** YES/NO If YES please give us details below:

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

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

Details: ………………………………………………………………………………………

…………………………………………………………………………………………………

What special support will he/she require in our setting? ………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Has your child been immunized?

(Please tick all that apply)

□ Diphtheria

□ Tetanus

□ Whooping Cough

□ Polio

□ Hib

□ Meningitis C

□ MMR

**Has your child spent any time at other settings, for example; child minder, nursery, parent & toddler?**  YES/NO (If YES please give details)

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**What other information is it important for us to know about your child?** For example, what they like to do and don’t like, or what fears they may have, if they seem to prefer left or right hand predominantly, any special words they use, or what comforter they may need and when etc.:

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**Doctors name:** ……………….………….…………………………………………………...

Address & phone: ..…………………………………………………………………………..

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**Do you have a health visitor?** YES/NO

Name: …………………………………….. Based at: ……………………………………

Contact Telephone number: ………………………………………………………………..

**If Social Services are involved with your family, please give details:**

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…………………………………………………………………………………………………

…………………………………………………………………………………………………

**Names of professionals involved with child**:

Name: …………………………………….. Role: ………………………………………...

Agency: …………………………………… Telephone: …………………………………

Name: …………………………………….. Role: ………………………………………...

Agency: …………………………………… Telephone: …………………………………

Name: …………………………………….. Role: ………………………………………...

Agency: …………………………………… Telephone: …………………………………

PARENTAL PERMISSION FORM FOR EMERGENCY TREATMENT

I agree to the registered person in the provision (or deputy in charge) taking the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment should there be any emergency or accident in the provision or while my child is on an authorised outing. I understand that the registered person (or deputy in charge) will make every effort to inform me of any emergency or accident as soon as possible after the event but that they may have to accompany my child to hospital in the case of a serious accident in my absence. I give my permission for the registered person in charge of the provision (or deputy in charge) to authorize hospital staff to administer essential treatment until my arrival.

Signed: ………………………………………………. Date: ……………………………..

Relationship to child: ……………………………………………………………………….

If you do not agree with any or all of the above declaration, please do not sign it but make your views known in the space below. The registered person in charge of the provision (or deputy in charge) will then discuss this with you and do their best to accommodate your particular wishes.

I do not agree with the declaration and would prefer the following procedure to be followed for my child in the event of an emergency:

…………………………………………………………………………………………………

…………………………………………………………………………………………………

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Signed: ………………………………………………. Date: ……………………………..

Relationship to child: ……………………………………………………………………….

# PRESCHOOL PARENT AGREEMENT

By registering my child at Gorran Pre-School I agree to:

1. Read our documents and procedures given on our website [www.gorranpreschool.co.uk,](http://www.gorranpreschool.co.uk/) and to be aware and abide by the pre-school policies.

1. Pay any fees invoiced at the start of each term within 28 days of receiving the invoice or by prior arrangement with the preschool treasurer. If invoice is not paid within 28 days, £30 per late month will be added to the outstanding invoice.
2. 1 month notice in writing for reduction of pre-arranged hours will be emailed to the manger and treasurer.

PARENT

Signed …………………………………. Name …………………………………………..

Date …………………………………….

PRESCHOOL MANAGER (OR DELEGATE)

Signed …………………………………. Name …………………………………………..

Date ……………………………………. Title …………………………………………….

PARENTAL CONSENT FORM FOR PRESCHOOL CHILDREN’S

ACCESS TO COMPUTERS AND INTERNET

Access to computers and the internet is now a recognised and valued educational tool. Before your child can use the computers your consent is required.

Access will allow your child a much wider range of preselected resources and activities, which can support and enhance their learning. This could include games, photographs, short video clips, music and other sound files. Staff may use the internet to find information in order to respond to a child’s question or to help develop one of the children’s interests. Staff will choose from sites that they have checked before allowing children access to it.

We support and respect each family’s right to decide whether to apply for access or not. Please complete the permission form that follows. If forms are not returned, we will assume that access is not being applied for and therefore will not be granted.

I GIVE/DO NOT GIVE my consent for my child to use the computers within preschool.

Signed: ………………………………………………. Date: ……………………………..

PARENTAL CONSENT FORM FOR PRESCHOOL USE OF PHOTOGRAPHS

I GIVE/DO NOT GIVE my consent for Gorran Pre-School to use photographs of my child, taken within the setting or on school trips, for use on their website, for articles in newspapers, and for the purpose of advertising in the form of brochures, posters and printed publicity material.

Signed: ………………………………………………. Date: ……………………………..

What your child will need on their first day:

A Bag or Rucksack

A pair of named Wellies to be left at Pre-School.

A set of named wet weather gear to be left at Pre-School

A few pairs of change of clothes.

Nappies and wet wipes if not potty trained.

A coat, hat and gloves for cold days.

Sun cream and a sun hat for hot days.

Appropriate shoes (not flip-flops or open toed shoes please).

A Comforter if needed.

A packed Lunch or dinner money, if staying for lunch

A full set of Completed forms.

Please note that a uniform is available for Pre-School, a selection of what is available (may need to be ordered if we don’t have the size at that current time) is in Preschool. This can be used as an alternative to old clothes, and protect your child’s wardrobe against messy play. For more details, please speak to Michelle Beard.