



Registration Form

Date of Registration:

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:	First language:	

Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No					

Emergency Contact Details (please provide details of two responsible adults in case of an emergency).

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor

Name of Doctor:	
Address:	Telephone:
Please list any medical complaints from which your child may suffer. Please include any medication they take and, if needed, please complete the Permission to Administer Medicine form.	

About your child

Please detail any additional/special needs your child has: (please provide full details)
Does your child have any distinguishing marks? i.e. birth marks etc:

Please detail any dietary requirements/food allergies your child may have: (please provide full details)

Who is authorised to collect your child? Please detail below. Children will not be allowed to leave with any unauthorised person.

NAME	RELATIONSHIP TO CHILD/REN

Is there any other information you think we should know?

Please read the following and indicate your choice.

I give permission for Barnack Pre-school to apply face paint to my child during an activity. **YES / NO**

I give permission for Barnack Pre-school Staff to take my child off the pre-school grounds. **YES / NO**

I give permission for Barnack Pre-school Staff to apply sun cream which I have provided for my child, should my child be unable to do so themselves. **YES / NO**

I am aware the pre-school adhere to all agreed policies and procedures at all times, copies are made available to me in the entrance cloakroom.

I agree to keep my child at home for a period of 48 hours after incidences of Vomiting and/or Diarrhoea, or any other contagious illness.

I agree to provide the pre-school with up to date contact information eg Mobile phone numbers, addresses.

I agree to work in partnership with my child's key person, providing information on my child's development.

I agree to pay my child's fees on the stated times of a submitted invoice.

I agree to complete any NEF funding forms on the date requested.

I am aware that there is a Late Collection Charge of £5 up to 15 minutes.

Withdrawing a place

I agree to provide 4 weeks written notice to withdraw my child's place, to pay any remaining invoices to the last day of 4 weeks' notice.

Signature of Parent/Carer

Date:



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Permission to administer medicine form

Child's name: Date of birth:	Child's address: Parent's contact no:
Doctor's name: Address of surgery: Telephone no:	Name of medicine: Reason for requirement Dosage: Times to be administered: Storage requirements
I give permission for staff to treat my child with the following: Bandages YES/NO Micropore Tape YES/NO Plasters YES/NO Gauze YES/NO Cotton Wool YES/NO Comments:	Permission to take to Hospital/Doctors In case of emergency, I give permission for the staff of Barnack Pre-school to seek necessary emergency medical advice or treatment. (Please note that we will contact you immediately) YES/NO

I give permission for medicine/treatment to be given to my child in accordance with the details above.

Parent's signature: _____

Parent's name: _____

Date: _____

- Staff at Barnack Pre-school will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child.

- If you have any concerns/queries, please contact the manager.



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Photograph Permission Form

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At Barnack Pre-school we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent as required by the Data Protection Act 1998. We will never include any personal contact details in our printed materials, websites or media.

As the parent or carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes:

- Electronic and printed information, displays and exhibitions
- Newspaper or magazine

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child's participation.

Alternatively,

I DO NOT GIVE PERMISSION for photographs to be taken of my child whilst at Barnack Pre-school

Child's name:	Parent/carer's name:
Date:	Parent/carer's signature:



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Consent form for Tapestry use in Barnack Pre School

As you are aware we have recently introduced Tapestry into Barnack Pre School to document your children's learning journeys. We use the information gathered about individual children to create a Learning Tapestry file, which contains detailed individual observations of an activity in a particular context, photos and special moments as well as pieces of children's work.

Consent must be obtained from parents and carers should their child be photographed amongst a group of children; and where consideration is to be given to including that image in a learning file belonging to another child. It will be anticipated that this will be a regular occurrence as group activities are a key part to life at Pre School.

Please can you sign the form below and return to Pre School to allow images of your child to be included in the learning journey of other children, when appropriate. You can request at any time to see these photos.

We must also make you aware that you must not share, distribute or display any images without relevant authorisation and consent from the parents and carers of all children captured in any of the photographs.

We have a Barnack Pre School Use of Tapestry Policy which can be viewed at any time, please ask if you would like to see a copy.

Please can you confirm that you give your permission for your child's image to appear in group photographs for use in other children's learning files.

Child's name:
(please delete)

YES I give my permission

NO I do not give my permission.

Signature parent/Carer:

Date: