Saplings Pre School Registration Form

|  |  |
| --- | --- |
| Childs Name |  |
| Date of Birth |  |
| National Health Service No. |  |
| Address |  |
| Security Code |  |
| At Saplings we offer a wide range of health foods at snack and lunch time. These include dairy and meat products.  Does your child have any dietary restrictions? |  |
| We offer milk and water at snack time, does your child have a preference. |  |

Parent 1 Details (Parent most likely to drop off and collect)

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Mobile Contact Number |  |
| Landline/Work Contact Number |  |
| Emergency Contact Number |  |
| Email Address |  |

Parent 2 Details

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Mobile Contact Number |  |
| Landline/Work Contact Number |  |
| Emergency Contact Number |  |
| Email Address |  |

Family Details

|  |  |
| --- | --- |
| Are there any other family members or other adults with whom your child is particularly close, may collect your child or have share legal responsibility? |  |
| Details of Siblings |  |

Medical Details

|  |  |
| --- | --- |
| Doctors Name |  |
| Surgery Address |  |
| Does your child have any allergies? |  |
| Is there any medical issues you feel we need to be aware of? |  |
| Are there any health professionals involved with your child? (Speech therapists etc.). If so will you provide us with copies of the reports |  |
| Are the child’s Vaccinations up to date? |  |

Additional Emergency Information

|  |  |
| --- | --- |
| Contact Name |  |
| Contact Number |  |
| Relationship to Child |  |

Details for Saplings Pre School

|  |  |
| --- | --- |
| How many days would you like your child to attend | 1st Term….……Days  2nd Term…….. Days  3rd Term………Days |
| During the session, the staff often takes photographs or short videos of the children. Stills are used for reports or as evidence for Ofsted and footage forms part of our observations and is deleted after it has been used. Subject matter is monitored very closely by the management team, but parents have the right to object. | I Do / Do Not object to staff taking still images of my Child.  I Do / Do Not object to video footage being taken of my child for the purpose of observation.  Signed……………….. Date…………… |
| On Occasion we take the children on visits off site and need you permission to do so. Full details of visits are given beforehand. | I Do / Do Not object to being taken off site by trained Pre School staff.  Signed ………………. Date…………… |
| As Part of our ‘Nit Policy’ we need your permission to check your child’s hair if we suspect a nit infestation. | I give permission to the staff of Saplings Pre School to check my child’s hair if head lice are suspected.  Signed…………… Date………….. |
| Consent for Sunscreen to be applied where necessary. | I give permission to the staff of Saplings to apply sunscreen to my child where needed.  Signed ……………. Date……………. |
| Do you wish us to apply a plaster to a minor injury should the need arise? | I give the staff of Saplings permission to apply a plaster if the need arises.  Signed ……………….. Date……………. |
| Emergency Medical treatment  In the Case of a serious accident it is our practice to seek medical aid and then contact the parents. In the unlikely event emergency medical treatment is required the manager will accompany your child in to the hospital and stay until you arrive. | Please see full Policy before signing.  I give Mrs. Alison Mead permission to seek medical assistance for my child…………. In the event of an emergency.  Signed …………….. Date………….. |
| If your child is in nappies, you must give us permission to carry out a nappy change before we are able to do so. This does not cover the use of creams which must be covered in the medical permissions form. | I give the staff of Saplings Pre School permission to carry out nappy changes on my child during the course of the session.  Signed ………………….. Date………….. |