



King Street Pre-school
Wesley Methodist Church, Christ's Pieces, Cambridge CB1 1LG

www.kingstreetpreschool.org.uk

Email: info@kingstreetpreschool.org.uk

Tel: 07742 376299

Registered charity number: 1121482

Dear Parent/Carer

We are pleased to offer your child a place at King Street Pre-School. Please complete this registration form and return to the pre-school as soon as possible.

General Information

- The fee per session is £24 (bills are sent home half termly in advance)
- Children are entitled to a funded place (using the 15 hours of free childcare provided by the government) from the term following their third birthday. We will claim the funding on your behalf.
- Morning sessions run from 9am – 12pm daily.
- Lunch Club runs Tuesday to Thursday from 12-1pm. Lunch club only runs January to July.
- Afternoon sessions run on Wednesdays and Thursdays from 12-3pm including lunch club.
- Please provide your child with a water bottle and a fruit or vegetable snack (breadsticks and crackers are fine too but no sweet biscuits or crisps please and strictly no nuts). Please label all containers with your child's name
- Pre-school will provide milk at snack time
- Please send your child with a complete change of clothes and nappies if required
- Please send your child to pre-school wearing weather appropriate clothing and ensure they arrive at pre-school with a covering of sunscreen during the summer

If you have any queries regarding the form, our Policies and Procedures or any other general queries please do not hesitate to contact us.

We hope that you and your child will have a happy and rewarding time with us and we look forward to getting to know you and your family.

Kind regards

Paulina Geller – Pre-School Manager



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CHILD'S DETAILS

Child's first name(s) _____ Surname _____

Name known as _____

Child's full address _____

Gender _____ Date of birth _____

To be completed by Manager/ Key Person: Has birth certificate been seen? YES/ NO (delete)

FAMILY DETAILS

Name of parent(s)/carer(s) with whom the child lives: _____

Contact details 1 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes/No (*delete*)

Does this parent have legal access to the child? Yes/No (*delete*)

Parental responsibility is defined by the Children Act 1989. People that have parental responsibility are: birth mothers (except where the child has been adopted), birth fathers if they were married to the mother at the time of the child's birth, and all birth fathers if they and the birth mother register the birth of their child together from 1st December 2003.

It should be noted that contact details (telephone and e-mail) for the child will be used by the committee in matters of emergency i.e. snow closure, or problems with the building. No other personal information will be used by the committee

Contact details 2 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes/No (*delete*)

Does this parent have legal access to the child? Yes/No

Contact details 3 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes/No (*delete*)

Does this parent have legal access to the child? Yes/No (*delete*)

Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and an S8 Order is in place*

Name _____

Address _____

Contact telephone numbers _____

Relationship to child _____

What are the contact arrangements that the setting needs to know about?

Emergency contact details if parents are not available *Emergency contacts must be local*

Contact 1 – Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____

Contact 2 – Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____

Persons other than parent(s) authorised to collect the child *Must be over 16 years of age*

Person 1 – Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____

Person 2 – Name _____

Daytime/work telephone _____

Home telephone _____

Mobile _____

Address _____

Relationship to child _____

Password for the collection of child by authorised person _____

ABOUT YOUR CHILD

Has your child received the following immunisations?*(Please confirm and provide date of immunisations given)*

Age given

Vaccinations

Also known as:

Two months old

Yes/No *(delete)* Date: _____

Diphtheria, tetanus, pertussis (whooping cough),
polio and haemophilus influenzae type b (Hib).
Pneumococcal infection.

DTaP/IPV/Hib and
Pneumococcal conjugate
vaccine (PCV)

Three months old

Yes/No *(delete)* Date: _____

Diphtheria, tetanus, pertussis (whooping cough),
polio and haemophilus influenzae type b (Hib).
Meningitis C (meningococcal group C).

DTaP/IPV/Hib and MenC

Four months old

Yes/No *(delete)* Date: _____

Diphtheria, tetanus, pertussis (whooping cough),
polio and haemophilus influenzae type b (Hib).
Meningitis C (meningococcal group C).
Pneumococcal infection.

DTaP/IPV/Hib and MenC
and PCV

12 months old

Yes/No *(delete)* Date: _____

Haemophilus influenza type b (Hib) and
meningitis C.

Hib/MenC

13 months old

Yes/No *(delete)* Date: _____

Measles, mumps and rubella (German measles).
Pneumococcal infection.

MMR and PCV

Three years and four months or soon after

Yes/No *(delete)* Date: _____

Diphtheria, tetanus, pertussis (whooping cough)
and polio.
Measles, mumps and rubella.

DTaP/IPV (or dTaP/IPV)
and MMR

To be completed by Manager/Key person

Has the child's health record book been seen to confirm immunisation dates? Yes/No (*delete*)

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No (*delete*)

If so, please provide details:

To be completed by Manager/Key Person

Has a risk assessment, if required, been completed? Yes/No (*delete*)

Has a health care plan and agreement to administer medicine, if required, been completed? Yes/No (*delete*)

Does your child have any special needs or disabilities? Yes/No (*delete*)

If so, please provide details:

Are any of the following in place for the child?

Early Years Action Yes/No (*delete*)

Early Years Action Plus Yes/No (*delete*)

Statement of special educational need Yes/No (*delete*)

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

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family (if applicable)? _____

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?: _____

Will this be your child's first experience of an English speaking environment? (please delete): YES/ NO

If yes, please let us know how we can work together to support your child

Does your child have any birth marks or any other distinguishing marks on their body? If yes please specify.

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

DETAILS OF PROFESSIONALS INVOLVED WITH YOUR CHILD

GP

Name _____ Telephone _____

Address _____

Health Visitor (if applicable)

Name _____ Telephone _____

Address _____

Social Care Worker (if applicable)

Name _____ Telephone _____

Address _____

What is the reason for the involvement of the social care department with your family?

Any other professional who has regular contact with your child

Name 1 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 3 _____ Role _____

Agency _____ Telephone _____

Address _____

King Street Pre-school is my FIRST/SECOND choice (please circle).

I am also applying to (please give name of setting): _____

My child also attends (playgroup, nursery etc):

King Street Pre-school is a charity and is run by a volunteer committee. We very much appreciate any help you can offer. Please circle any of the following that you would be able to help with:

Be on our committee	Run a fundraising event
Help with upkeep of equipment	Make cakes and otherwise contribute to events
Useful skills such as IT / accounting	Ideas for fundraising
Other (please detail in adjacent box)?	

General parental permissions

Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed _____ Date _____

For inhaler/Epipens only

I give permission for a named member of staff who has been trained to administer the inhaler/Epipen or Anapen supplied by me to (name of child): _____

Signed: _____

Date: _____

Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by me) to _____
(name of child) when necessary and to record its use.

Signed _____ Date _____

Short trip - general outings

Your child may be taken out of the setting as part of the daily activities, such as to the park at Christ's Pieces.

I give permission for _____ (name of child) to take part in short trips or general outings. I understand that individual risk assessments are carried out for each type of trip or outing taken and are available for me to see as required. For any major outings, I understand I will be informed and my specific consent obtained.

Signed _____ Date _____

Photographs

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. These photographs are used for display and for your child's records within the setting. We are happy to provide duplicate photos of your child to you if requested. We may also record events and activities on video. Photos/videos are stored on the setting's computer only; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use.

I give permission for _____ (name of child) to have her/his photo taken, or to be videoed, as per the above conditions.

Signed _____ Date _____

Animals

We may occasionally have supervised visits of animals to our setting. A risk assessment will be carried out for visiting animals, and parents informed. Please state below any known allergies or aversion your child has to animals:

Signed _____ Date _____

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify is of any changes as they arise.

Parent 1 _____
Signed _____ Date _____

Parent 2 _____
Signed _____ Date _____

Information sharing policy

We recognise that parents have a right to know that information they share will be regarded as confidential as well as be informed about the circumstances, and reasons, when we are obliged to share information.

We are obliged to share confidential information without authorisation from the person who provided it or to whom it relates if it is in the public interest. That is when:

- it is to prevent a crime from being committed or intervene where one may have been or to prevent harm to a child or adult; or
- not sharing it could be worse than the outcome of having shared it.

The decision should never be made as an individual, but with the back-up of management committee officers. The three critical criteria are:

- Where there is evidence that the child is suffering, or is at risk of suffering, significant harm.
- Where there is reasonable cause to believe that a child may be suffering or at risk of suffering significant harm.
- To prevent significant harm arising to children and young people or serious harm to adults, including the prevention, detection and prosecution of serious crime.

I have read the above and understand that there may be circumstances when information will be shared without my consent.

SIGNED:

DATE:

RELATIONSHIP TO CHILD:

To be completed by the key person/manager

Days and times of attendance

Are any fees payable? If so, note here

Name of key person

Name of back up key person
