



Registration form 2024/25

Full name of child: ..... Gender: M / F D.O.B:.....

Start date: .....

Sessions requested: Monday am [ ] Monday pm [ ] Tuesday am [ ] Tuesday pm [ ] Wednesday am [ ]
Wednesday pm [ ] Thursday am [ ] Thursday pm [ ] Friday am [ ] Friday pm [ ]

Do you require any early drop off's (8:30am). If so, which mornings: .....

Details of parents / guardians:

1. Name:..... Address:..... Postcode:..... Telephone:..... Mobile:..... E-mail address:\* .....
2. Name:..... Address:..... Postcode:..... Telephone:..... Mobile:..... E-mail address:\* .....

Daytime contact details:

Daytime contact number:.....
Name of employer:.....

Daytime contact details:

Daytime contact number:.....
Name of employer:.....

Does the about child live with you?: Yes/No (delete as appropriate)

Does the about child live with you?: Yes/No (delete as appropriate)

Do you have Parental responsibility for this child?: Yes/No (delete as appropriate)

Do you have Parental responsibility for this child?: Yes/No (delete as appropriate)

(\*I agree to being sent preschool communications by e-mail. My details will not be passed to third parties)

Emergency contacts / persons authorised to collect the child (must be over 18) other than those named above:

Name:..... Relationship to child: ..... Tele/Mobile:.....

**Does your child attend another setting:** Yes/No      If yes, please state which setting.....

Can we contact this setting? Yes/No .....

**Medical details:**

**Doctors name and address:** .....

.....

**NHS Number:** .....

Health Visitor name: ..... Telephone:.....

Health Visitor address:.....

What is the date of your child's ASQ (Ages & Stages questionnaire or 2 year check): .....

What special support will s/he require at preschool (e.g. in nappies / recently toilet trained)?

.....

Does your child have any health problems? Yes/No (delete)

Details:.....

Does your child have any: allergies or intolerances? Yes/No (delete)

Details:.....

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

Details:.....

**SEN status:** (please tick as appropriate)

no special educational needs

SEN Support

Education & Healthcare plan

Are there any other professionals involved with your child (e.g. social worker, speech therapist)? Yes/No (delete)

Details:.....

.....

**Other information:**

Does your child have any special dietary needs or preferences? Yes/No (delete) Details:.....

.....

**Ethnic origin:** (please tick as appropriate) **WHITE:**  
 British  
 Irish  
 Traveller of Irish heritage  
 Gypsy/Roma  
 Any other white background

**MIXED:**  
 White and black Caribbean  
 White and black African  
 White and Asian  
 Any other mixed background

**ASIAN OR ASIAN BRITISH:**  
 Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background

**BLACK OR BLACK BRITISH:**  
 Caribbean  
 African  
 Any other black background  
 CHINESE  
 ANY OTHER ETHNIC BACKGROUND

Is English your child's first language? Yes / No (Delete) If not, what is?.....

Does your child speak any other languages? Yes / No .....

If you child does speak another language, please let us know any words we can use to support them.

.....  
.....

How would you describe your child's religion? .....

We/I wish to register our/my child for a place at Huntington Under 5's Preschool. We/I have received a registration pack and have been made aware of the preschool policies.

**Signed:** Parent

Parent

1: .....

2: .....

Date: .....

Date: .....

## PERMISSIONS FORM

In order for the preschool to carry out certain health & safety measures and certain activities, it is important for us to gain parent/carer consent. Please could you read the information provided below and complete the attached form. Please remember to write your child's name at the top of the form and print & sign your name at the bottom.

On a daily basis it may be required for us to use wet wipes and apply sun cream which we need your consent for. There are also times when we may bring in small animals for the children to meet and on special occasions such as Christmas and the end of the academic year we may decide to offer the children food that differs from what we would usually provide and offer the option for face painting and nail painting. Consent for these are also required.

Photographs are used to capture and record children's experiences at preschool and are included in their educational profiles. Photographs and occasionally videos of children may be taken at Huntington Under 5's to celebrate or record achievements, and to publicise the preschool's work. These may be used in preschool displays, preschool publications, newspaper articles and on the preschool website. To conform with the Data Protection Act 1998, we need to seek explicit permission to take photos or videos of children (for any purpose).

Permission, if granted, is valid for the duration of your child's time at Huntington Under 5's, although you may of course contact the preschool and withdraw permission at any time if you change your mind.

*Should you wish to discuss any of the information in this letter/form, please do not hesitate to speak to a member of the team.*

### **Medication Consent**

Calpol is the only medicine that the Preschool keeps for general use. For a child to be given the medicine, written permission is needed in advance to be held on file at Preschool and then verbal permission obtained on the day. All doses will be recorded and a slip sent home notifying you of the dose and time of administration.

**Other than Calpol the Preschool does not keep any medicines for general use.**

Should your child be unwell at Preschool and you would wish a Paediatric First Aid trained member of staff to be able to administer Calpol to your child, please fill in this form and return back to us.

Please remove and complete the below form and return to preschool.

**GENERAL PERMISSIONS**

Name of child .....

**Collection:** Please provide a password to be used for collection of your child when it is a different adult!

Password: .....

Would you consider joining the preschool committee (generally 3 meetings per year)? YES / NO  
- Further information available from preschool

Do you agree for our first aiders to administer treatment to your child, if necessary? YES / NO

Are you happy for plasters to be used on your child, if necessary? YES / NO

Do you agree for your child to be taken to A&E, if necessary? YES / NO

Do you give consent for sun cream to be applied to your child, if necessary? YES / NO

Do you give consent for wet wipes to be used on your child? YES / NO

Do you give consent for your child to be given biscuits/chocolate/cakes/ice pops on special occasions YES / NO

Do you give consent for your child to have a full clothes change if needed? YES / NO

**PHOTOGRAPH PERMISSIONS**

PRE-SCHOOL USE: May we use photos of your child:

- in other children’s learning books during activities (developing friendships is an important part of preschool) YES/NO
- in their individual profiles (photos & videos) YES/NO
- in preschool displays or other records of achievement? Name may be included. YES/NO
- in other preschool publications, which may be, circulated more widely e.g. Preschool Prospectus? Name will **not** be given. YES/NO
- on the preschool website? Name will **not** be given, nor included in the file name. YES/NO
- on the preschool Facebook page? Name will **not** be given, nor included in the file name. YES/NO
- in staff or students’ college work.

MEDIA USE:

- May a local newspaper take and publish a photograph of your child? Full name required for publication. YES/NO
- May your child's image appear in the regional/national media? YES/NO

**MEDICATION CONSENT**

I consent / do not consent (**please delete as appropriate**) to my child being given Calpol if considered necessary during the Preschool day

Name of Child: .....

Date of birth of Child: .....

Signature of authorising Parent/Carer.....Date.....

Name of authorising adult (block capitals please) .....

# Learning Book Permission at Huntington Under 5's Preschool

Child's Name: .....

Parent Name: .....

**I give my permission** for the electronic Learning Book.

Please provide the email addresses of up to two people allowed to access your child's Learning Book.

## Parent/Carer 1

Full Name: .....

Email: .....

## Parent/Carer 2

Full Name: .....

Email: .....

Often observations include descriptions, photos and videos of multiple children as they play together. Do you consent to photos that include your child being included within other children's learning journeys?  
*(Please tick)*

**Yes I consent**

**I do not give my consent**

Or

**I do not** give my permission for the electronic Learning Book.

Signed: .....

Date: .....

