

Registration Form for Shelswell and Fringford Pre-school Playgroup

Child's Full Name			
Child known as		Date of birth	

Contact details for the parents / guardians (those with parental responsibility and legal access). By providing these you are agreeing to these being used by Shelswell and Fringford Preschool Playgroup staff to telephone / email you about preschool news / events, information on funding / invoices / payments and for organising the days your child attends. We will need your permission to do this. Please sign to agree.

Signed..... Date

To aid planning, please advise how many and which days you would like for your child. We offer either a 5 hour day or a Full day and both have the option to start 15 minutes earlier at 9.00am. Children joining us the year before their reception year at primary school will have to commit to doing a minimum of 2 days with us. Minimum attendance is one academic year with us.

Are you flexible on which days your child can attend; Yes No

And if you are - how many days would you like and provide any other information to aid planning;

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	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
5 HOUR DAY - 9.15am-2.15pm					
FULL DAY - 9.15am-3pm					
15 MINS EXTRA – 9am-9.15am					

Section 1

Names of parents with whom the child lives with:		Does this person have parental responsibility?
A		Yes <input type="checkbox"/> No <input type="checkbox"/>
B		Yes <input type="checkbox"/> No <input type="checkbox"/>

Address	
Home Telephone	
Email Address	

Section 1a – if applicable

Name of parent with whom the does not child live with:		Does this person have parental responsibility?
C		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this parent have legal access to the child? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Address		

Home Telephone			
Email Address			
Section 2			
EMERGENCY CONTACT TELEPHONE NUMBERS			
Parent A - daytime		Mobile	
Parent B - daytime		Mobile	
Parent C - daytime		Mobile	
Name of any other emergency contact			
Daytime Number		Mobile	
Section 3			
Other people authorised to collect the child (must be over 16 years of age)			
Name		Relationship to child	
Telephone		Mobile	
Name		Relationship to child	
Telephone		Mobile	
Section 4			
Personal details of child			
Does your child have any special dietary needs or preferences? If Yes, please give details below.			
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 <input type="checkbox"/> No <input type="checkbox"/>	
		If Yes, please discuss and agree with the key worker how you will support the child when settling-in	
Does your child have any special needs or disability? If Yes, please give details below.		Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

What other information would you like to share with us about your child? For example, their likes, dislikes, what fears they may have, any special words they use, or what comforter they may need and when?

Section 5

Names of professionals involved with your child

Doctor

Surgery

Telephone

Which Vaccinations has your child received?

Dentist

Surgery

Telephone

Do you have a health visitor?

Health Visitor's Name

Based at

Telephone

Any others, please state below;

Name		Role	
Agency		Telephone	
Name		Role	
Agency		Telephone	

If applicable, please give the reason for the involvement of social services with your family	
NB If the child is on the child protection register, make a note here, but do not include details.	<input type="checkbox"/>
Administration - Ensure these are obtained from the social worker named above and keep securely in the child's file.	
Section 6	
Does this child have a sibling at another setting?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details below.
Finally, it would be great to know why you have chosen to send your child to Shelswell and Fringford Pre-school Playgroup	
Section 7 – Early Years Funding	
If your child qualifies for 30 hour funding or 2 year old funding please insert your funding code below.	
30 hour funding	Parents National Insurance Number
2 year old funding	Parents National Insurance Number
<p>Further information can be found at https://www.childcarechoices.gov.uk</p> <p>Should you require any assistance with 30 hour or 2 year funding please email sharon@fringfordplaygroup.co.uk.</p> <p>Thank you very much for your application.</p> <p>Please return this completed form to Playgroup.</p>	
<p><i>If your application is successful you will be asked for a £50.00 registration/administration fee, which will cover the cost of a Playgroup T-shirt on starting and a memory stick with a copy of your child's learning journal depicting their time at playgroup on departure.</i></p> <p><i>This non-returnable registration/administration fee can be paid via BACS to Shelswell & Fringford Pre-School Playgroup. Sort Code 20-06-75 Account Number 70797170</i></p>	
PLEASE NOTE	
If your contact details change, please inform Playgroup of these changes immediately.	

Section 8 - Official Use Only			
To be completed by the key worker/manager			
Starting Date			
Days and times of attendance			
Are any fees payable? If so, note here			
Name of key worker			
Name of back up key worker			
Signed by			
Parent 1		Parent 2	
Key worker		Manager	
Date		Date for first review	