



Office Use Only							
Confirmation Letter Sent		Administration Recd. £23.50		Start Date		Birth Certificate seen	
Mon		Tue		Wed		Thur	

Registration Form

General Information

Child's Name:	Surname:		
Child known as:	Date of Birth:	Gender: M / F	
Parent/Carer's Name:	Parent/Carer's Name:		
Mobile:.....	Mobile:.....		
Email:.....	Email:.....		
Home Address:.....			
..... Post Code:			
Home Telephone No:.....			
Do you have parental responsibility for this child? Yes / No (Delete which is not applicable) If No please give details of everyone who has legal contact with this child (e.g. Mother/father/Foster Carer, etc.) Name, address & phone no.:			
Has your child ever been referred to a specialist / other professional? Yes / No (Delete which is not applicable) If Yes please provide details, attach any reports:			
Password to be used if you require someone other than yourself to collect your child			
Is English your child's first language?	Yes / No	If No what is it?:	

Medical Information

Does your child have any health problems, including allergies and any distinguishing marks, or require a special diet?	
.....	
.....	
Doctor's Name:	Health Visitors Name.:
Address:	
.....Telephone:.....	
Who to contact in an emergency:	One person must be within 20 minutes of the pre-school.
1.	Telephone No.
2.	Telephone No.
3.	Telephone No.



Has your child been vaccinated against:

Whooping Cough	Yes	No	Date:
Tetanus	Yes	No	Date:
Polio	Yes	No	Date:
Diphtheria	Yes	No	Date:
Meningitis C	Yes	No	Date:
MMR	Yes	No	Date:

In the event of an emergency either through illness or an accident it may be necessary to ensure your child receives medical attention as soon as possible. Should we either not be able to contact you or there is a delay in your reaching the hospital we need to have your consent for your child to be seen by a doctor or nurse.

Ethnicity (please circle appropriate category)

White British	WHB	White/Black Caribbean	MWB	Indian	AIN
White Irish	WHR	White/Black African	MBA	Pakistani	APK
Traveller of Irish Heritage	WHT	White and Asian	MWA	Bangladeshi	ABA
Gypsy/Roma	WRO	Any other mixed background	MOT	Any other Asian background	AAO
Any other White background	WHA	Black Caribbean	BLB	Chinese	CHE
Refuse to provide	REF	Black African	BLF	Any other background	OEO
Info not obtained	NOT	Any other Black background	BLG		

Parental Consent and permissions

We would like to reassure you that the Pre-school is always very safety conscious and will never put your child at risk. Please review each item and confirm that you approve each version by ticking the box for each item.

If you do not give your consent to any item please do not tick the box.

First Aid

When administering First Aid we may use Hypo Allergenic Plaster and therefore need your consent.

P.E

I give permission for my child to change for P.E when required.

Child Protection

As a provider of facilities for children we have a responsibility to keep them safe from harm. We have a duty to report any injuries, worrying behaviour or allegations of abuse that are not adequately explained to the Social Services.

Walks

If staffing levels are adequate, it is nice to be able to take small groups of children for a walk. We would visit places of interest to the children in the area.

Photographs

Members of staff who are working towards a qualification and students training in the setting may need to take photographs for evidence. Photographs are taken as evidence for Ofsted and may be used in children's portfolios. Photographs are also taken for use in brochures, newspapers, on Facebook and for publicity but are never taken for personal reasons. Any photos in the public domain will not be named unless specific permission is gained in advance.

Policies

I have read the pre-school policies and accept that the group will run in accordance with these. (A short version can be found in our Prospectus, a full copy is available in pre-school)

Fees

I will pay fees in the amounts and at the time specified by the pre-school. (please see our latest fees online)

Diarrhoea, vomiting and infections

I will not bring the child to the Pre-School if he/she has diarrhoea, vomiting, infectious diseases, please check exclusion period with a member of staff

Punctuality

I will try not to be late in collecting the child at the end of the session and will warn both the group and the child on any occasion when this might happen.

Sun Cream

I give permission for staff at Pre-School to apply Ambre Solaire Sun Cream SPF50 if required.

Funding

Government funding is available to all 3 year olds, from the fixed date following their third birthday, as follows:

- 1 April to 31 August: Term 1 – September
- 1 September to 31 December: Term 2 – January
- 1 January to 31 March: Term 3 – April

All children are eligible for 15 hours per week. These 15 hours can be taken flexibly within the following constraints:

- A minimum of 3 hours per day to a maximum of 6 hours per day
- Funded hours cannot be carried forward to another week or used for play schemes

Government funding is also available for some 2 years if set criteria is met. Please feel free to discuss this with us in more detail.

30 hours Funding

From September 2017 30 hours funding will be available for working parents, as follows:

- Both parents must be in work, as defined below, and for single parent families, the sole parent must be in work.
- For the purposes of this scheme, 'in work' is defined as being in employment (including self-employed) and earning more than the equivalent of the minimum wage for working 16 hours a week. As an example, the current minimum wage is £7.20 per hour for over 25s, so the minimum weekly income to be eligible would be £7.20 x 16 = £115.20.
- Each parent must also earn less than £100,000 per year.
- One parent must be 'in work' if the other receives disability benefit or benefits related to caring responsibilities.

Self Funding -For those not eligible for the NEFS, fees are payable in full each half term and are non-refundable.

Invoices - Invoices are issued during the first week of each half term and prompt payment is expected. Payment by BACS is preferred to reduce administration work by the Pre-School. This information is available from the treasurer on hwpag@hotmail.co.uk.

Sessions

Please circle which sessions you are interested in:

AM Session 9:15- 12:15	Monday	Tuesday	Wednesday	Thursday	Friday	Total	
Lunch Club 12:15-1:15	Monday	Tuesday	Wednesday	Thursday	Friday	Total	
Activity Club 1:15-2:15	Monday	Tuesday	Wednesday	Thursday	Friday	Total	

Registration

Hail Weston Pre-School will require a £23.50 non refundable deposit when your child starts with us at the Pre- School. This is a set up fee for your child’s space with us. Costs covered by the deposit are a set of uniform (one t-shirt, one sweat shirt or cardigan and a book bag) administration costs and contribution towards costs of introductory/settling sessions offered. Fees are set at a fixed charge per session. Please ask for details of our current rates.

In order to claim your child’s government funding on your behalf at the appropriate time, we need to see their birth certificate. Please bring the birth certificate and a copy during the first week of pre-school to complete our records. Fees are charged for any extra session time over and above the funded period – please refer to our Pricing Policy.

I confirm that I have read the Pricing Policy and agree to the above terms and conditions

Parent’s/Guardian’s Signature:.....Date:/...../.....

Parent’s/Guardian’s Signature:.....Date:/...../.....



Safe Collection Information

We take the safe collection of your child from pre-school very seriously and we will not release your child if we have any doubt as to the identity of the person collecting them.

We feel that the more information we have about the people collecting your child from pre-school the safer your child will be. Therefore at the registration process we request that if you wish for another family member or friend to collect your child at any time from pre-school that you supply details and where possible a photo/s for identification purposes. This would be in addition to giving them the password written above on page 1 or this registration form.

Please fill out the information below and attach the photos with names on the back. Please ensure that the face can be seen clearly i.e. no sunglasses or hat that cover the face.

Name of Child:.....

Name	Address	Telephone numbers	Photo Y/N	Known to the child as: