

ACTON BRIDGE PRE-SCHOOL ASSOCIATION

Registered Charity Number 1036595

Parish Rooms, Hilltop Road, Acton Bridge, NORTHWICH, Cheshire, CW8 3RA

Telephone: 07999 633011

Email: contactus@actonbridgepreschool.co.uk

Supervisor: Mrs. Sharon Quinn

REGISTRATION FORM

Please complete this form fully (in BLOCK CAPITALS) and return it to reserve a place. Please inform the supervisor immediately if any of the details on this form change to enable the records to be kept upto date.

Child's full name(s) _____

Date of Birth _____ Birth Certificate seen by _____

Address & Postcode _____

_____ Tel. No. _____

Parent(s)/Guardian(s) Full Names, Address (if different from above), telephone number(s) and email address

1) _____

2) _____

Contact in case of emergency if Parent(s)/Guardian(s) are not available:

Name _____

Address & Postcode _____

_____ Tel. No. _____

Relationship to child e.g. Aunt/Grandparent/Friend _____

Doctor's Name/Address/Tel. No. _____

Name of Child: _____

Dentist's Name/Address/Tel. No. _____

Child's National Health Number _____

Child's Health Problems/Special Needs/Dietary needs etc. _____

Has your child been vaccinated against the following (please circle where applicable)

Diphtheria	1	2	3	4 (pre-school booster)
Whooping Cough	1	2	3	
Tetanus	1	2	3	
Mumps/Measles/Rubella	1	2	3	
Polio	1	2	3	
H.I.B.	1	2	3	

Sessions preferred (please circle where applicable, we suggest a minimum of 2)

Monday Morning	Monday Afternoon	Wednesday Morning	Wednesday Afternoon	Thursday Morning	Thursday Afternoon
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Who will collect your child from Pre-school? Please give their name, relationship to the child and contact telephone number (if not entered above):

Monday _____

Wednesday _____

Thursday _____

Any changes to these instructions to be authorised by _____

Date Child is expected to start Primary School _____

Name and address of Primary School _____

Name(s) and date(s) of birth of younger sibling(s) _____

Name of Child: _____

Key Person: _____ -

I accept the allocated key person and give my permission for the collection of observations, assessments, reports, photographs and my child's work in a folder (their Learning Journey) to document and assist my child's development. This "Learning Journey" will be given to me when my child leaves pre-school.

I understand that this information is confidential between me, the key person and supervisor **BUT** understand that it will be shared with other settings and the child's nominated key person there, if the child attends more than one setting or moves on to another setting.

It might also be shared with the child's reception class teacher before the child starts attending school and should be available to the teacher when the child starts going to school.

Signed Parent/Guardian _____ Date _____

I have read and agree with the procedures and policies in the Parent Handbook and understand that I am required to give a half term's notice or pay the fees due for the half term if I do not my child leaves Preschool. I understand that during my child's time at pre-school I will always be informed in writing or emailed about additions and changes to the procedures and policies.

Please notify me of additions or changes _____ in writing _____ by email _____

Signed Parent/Guardian _____ Date _____

I do/do not agree with the policy regarding photographs taken in the setting, at outings/visits and at the end of term.

Signed Parent/Guardian _____ Date _____

I do/do not consent to my child going on outings with the pre-school.

Signed Parent/Guardian _____ Date _____

I do/do not give my permission for first aid treatment to be carried on my child by any member of Pre-School duty staff if he/she is injured during a Pre-School session.

Signed Parent/Guardian _____ Date _____

Gift Aid Declaration

I would like all donations I have made to the Acton Bridge Pre-School since April 6 2000, and all donations I make from this date of declaration, until I notify you otherwise, to be treated as Gift Aid donations.

Signed Parent/Guardian _____ Date _____