

Little Lambs Preschool

REGISTRATION FORM

Birth Certificate seen (staff use)

Child's Details			
Name			
Name at preschool			
D.O.B,		M/F	
Address & postcode			
First language		Other language(s)	
Any allergies?		Any health problems?	
Any additional needs? ¹			
Chosen password			(Please notify us of any changes. No child will be released to an unauthorized person).
Parent / Carer Details			
Parent Name(s)		Contact number	
Parent Alternative numbers			
Email Address			
Who does the child normally live with?		Who has parental responsibility?	
Emergency contact(s) <i>Please ensure they are local</i>			
Name(s)		Contact Number	
Permissions			
<input type="checkbox"/>	I/we give permission for Little Lambs to seek any necessary emergency medical advice or treatment in the future. We understand Little Lambs will always seek to inform us or our emergency contacts (if medically possible) prior to any action being taken		
<input type="checkbox"/>	I/we give permission for Little Lambs to administer calpol if running a high temperature (a phone call will be made before administering)		
<input type="checkbox"/>	I/we give permission for my child to use antibacterial gel and soap		
<input type="checkbox"/>	I/we understand that photographs are taken during session and we consent to our/my child's photo being taken		
<input type="checkbox"/>	I/we understand that these photos will be used on the pre-school website and may be used to enhance displays in the setting.		

PLEASE LET US KNOW OF ANY CHANGES TO INFORMATION WHILST YOUR CHILD ATTENDS OUR SETTING

¹ Our Group has a special needs policy. Does your child have any special needs which you would like to discuss with staff? Are there any agencies involved with your child eg Speech & language, Physio, Portage.

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Doctor Information			
Name			
Contact number		Postcode	
Has your child been immunised against:	Measles <input type="checkbox"/>	Rubella <input type="checkbox"/>	Tetanus <input type="checkbox"/>
	Mumps <input type="checkbox"/>	Meningitis C <input type="checkbox"/>	Whooping Cough <input type="checkbox"/>
		Diphtheria <input type="checkbox"/>	
Background information			
Please provide any background information to help us support your child e.g. dietary requirements, any special fears, siblings, pets, any special words for (e.g.) the toilet, any recent family events which have affected the child. Please include if they attend any other setting. <i>(This information will be kept confidential)</i>			
Pre-school contract			
<i>Parents are asked to read and sign the statement below as an expression of shared commitment</i>			
Shared Record Keeping			
<input type="checkbox"/>	I/we will contribute to the record of our child's development working with staff to identify and meet our child's educational, personal and social needs.		
Fees			
<input type="checkbox"/>	I/we will pay fees in the amounts and at the time specified by the pre-school. I/we are aware that fees are still payable even through periods of children's sickness or absence.		
Punctuality			
<input type="checkbox"/>	I/we will try not to be late in collecting the child at the end of the session, we will notify staff if we encounter a delay.		
Signed			(parent/ carer)
Date			

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Please could you tick the ethnicity of your child		
<input type="checkbox"/>	WBRI	White-British
<input type="checkbox"/>	WIRI	White-Irish
<input type="checkbox"/>	WIRT	Traveler of Irish Heritage
<input type="checkbox"/>	WROM	Gypsy/Roma
<input type="checkbox"/>	WOTH	White any other background
<input type="checkbox"/>	MWBC	Mixed - White and Black Caribbean
<input type="checkbox"/>	MWBA	Mixed - White and Black African
<input type="checkbox"/>	MWAS	Mixed - White and Asian
<input type="checkbox"/>	MOTH	Mixed- Any other mixed background
<input type="checkbox"/>	AIND	Asian or Asian British - Indian
<input type="checkbox"/>	APKN	Asian or Asian British - Pakistani
<input type="checkbox"/>	ABAN	Asian or Asian British - Bangladeshi
<input type="checkbox"/>	AOTH	Asian or Asian British - Any other Asian background
<input type="checkbox"/>	BCRB	Black or Black British - Caribbean
<input type="checkbox"/>	BAFR	Black or Black British - African
<input type="checkbox"/>	BOTH	Black or Black British - Any other Black background
<input type="checkbox"/>	CHNE	Chinese
<input type="checkbox"/>	OOTH	Any other Ethnic Group
<input type="checkbox"/>	REFU	Refused