



Registration form

Childs Details:

First name(s):	Surname:
Known as:	First language:
Nationality:	Additional language:
Ethnicity:	Religion:
Gender:	Date of birth:
Who is important to me? (Inc Pets / extended family and who lives at home with them.)	

Parent 1 / Guardian details

Name:	Main carer: Yes / No
Home address:	
Postcode:	Mobile No:
Home Tel No:	
Work Tel No:	
Email address:	

Parent 2 / Guardian details

Name:	Main carer: Yes / No
Home address (if different)	
Postcode	Mobile No:
Home Tel No:	
Work Tel No:	
Email address:	

Are there siblings? Yes / No	How many?
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Who will normally collect your child from us? _____

I am happy for my child/ren to participate in supervised walks to explore Manor Fruit Farm and will supply suitable footwear and outerwear each session.

Parent / Guardian initials _____ Parent / Guardian initials _____



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Previous Care: another setting / friends / family?

Emergency Contacts

Emergency contacts are persons authorised by you to collect your child by arrangement or if, for any reason, parent/guardian 1 or 2 are not contactable in an emergency situation. Emergency contacts must be over 16 years of age. For security purposes please provide a password that should be known to any persons authorised to collect your child from the pre-school.

Contact 1:

Contact 2:

Name:	Name:
Home Tel No:	Home Tel No:
Mobile No:	Mobile No:
Relationship to child:	Relationship to child:
Password:	Password:

Please give details of any special dietary requirements:

Please give details of any allergies:

Please provide any other information that we should know about your child:

Photographs

We would like to take photographs at Incy Wincy's and these images may appear on the hall notice board, in printed material, on our website and in profiles.

To comply with the Data Protection Act 1998, we need your permission. Please initial and date below.

Conditions of Use

1. We will only use images for the purposes mentioned above.
2. We will not include personal details or names of any person without good reason and only with your expressed permission.
3. We may use group images with very general labels, eg: 'music time' 'craft activities' etc.

Parent / Guardian initials _____

Parent / Guardian initials _____



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Medical Information:

Doctors Name:		Surgery practice:	
Address:			
Postcode:		Tel No:	

Immunisations and illnesses:

Please tick the boxes below to indicate if your child has been immunised against and/or suffered from any of the illnesses listed.

	Immunised	Suffered from
Diphtheria		
Tetanus		
Whooping cough		
Polio		
HiB		
Meningitis C		
MMR		
Measles single		
Mumps single		
Rubella single		
Pneumococcal		
BCG		
Chicken Pox		
Scarlet fever		
Any other?		

Please give details of any medical conditions / treatments:

Administering Medication Consent

I/we understand that Incy Wincy's staff will administer medicine prescribed by a child's doctor, if it would be detrimental to the child's health if not given in the setting. Medication such as Calpol or Nurofen will only be given in conjunction with prescribed medication. I understand that I will complete a specific Administering Medication Form to confirm administration details.

Medical Emergency Consent

I/we give permission for a suitably qualified First Aider to administer First Aid to my child, or take my child to Accident and Emergency, or call for medical assistance and to sign on my behalf any consent forms required by medical authorities, if they are advised not to wait for my own signature. I do this knowing that every reasonable effort has been made to locate me and that my child's medical needs are paramount in this situation. A member of staff will accompany my child and take their registration and medical info with them.

Parent / Guardian initials _____



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Sharing information with other professionals

I/we understand that every child has the right to have their individual needs met. In order to do this, I give permission, when it is necessary, for staff to talk to and share information with outside agencies, other professional bodies or settings my child has attended. Wherever possible, I/we will be advised of the details being shared and with whom, except in Child Protection cases where it is judged that the child may be placed further at risk.

Sun cream application

I/we give permission for Incy Wincy's staff to apply sun cream to my child if required during the summer months. I agree to provide a suitable sun cream, labelled with my child's name. I/we understand that children should attend pre-school with sun cream already applied so the need for re-application is minimal. Incy Wincy's Pre-School will not provide sun creams, due to the possibility of allergies, under any circumstances.

Registration Form Completed By:

Parent / Guardian 1	Parent / Guardian 2
Print Name:	Print Name:
Signed:	Signed:
Date:	Date:
Relationship to child:	Relationship to child:

Office use

Start date: _____ Days req'd: _____

Offer letter sent: Post / email Date: _____ Deposit received £25 Yes / No

Please ensure that a completed Registration Form and a non-refundable registration fee of £25 (no fee required for FEET Children) is sent to the below address. Cheques made payable to Incy Wincy's.