

Shoreham Village



Pre-School

Registration Form

Shoreham Village Pre-School, Church Street, Shoreham, Kent. TN14 7SN Tel: 01959 525577

Once completed please return to the Pre-school supervisor along with your child's

Registration fee of £30.00 (non refundable)

I would like my child to start Pre-school on _____(date) for the following sessions (please tick) :

Key only available for children joining reception class in the following September.

			Monday	Tuesday	Wednesday	Thursday	Friday
9.00am until 12noon		£18.00					
12.20am until 3.20pm	Lunch box required	£18.00					<input type="checkbox"/>
9.00am until 3.20pm	Lunch box required	£38.50					<input type="checkbox"/>

Please note: As we are a very small setting we have little facility for children that need a sleep in the day.

When will your child start Primary School :



Family Information

Childs Full Name		Name Known as	
Date of birth		Gender	Male/ Female
Address of where the child lives: (incl. Postcode)			
E-mail address		Collection password	
Name of parent(s) / guardian with whom the child lives with		Does this person have parental responsibilty	
Home telephone number		Mobile Number	
Emergency contact daytime / work number	1	Any other emergency numbers	
	2		
Name of parent with whom the child does not live with	1	Does this person have parental responsibilty	
Address of where child lives (incl. Postcode)		Does this person have legal access to the child	
Person authorised to collect the child (over 16 years of age)	1 Relationship:	Telephone Number Mobile Number	
Person authorised to collect the child (over 16 years of age)	2 Relationship:	Telephone Number Mobile Number	
Child's Ethnic Background		Main Religion	
Language most commonly skoken in child's home		Will this be your child's first experience of an English environment	

Does your child have any special needs or disabilities	
Are any of following in place for the child	Early Years Action Early Years Action Plus Statement of special educational needs
Name of professionals involved with child:	
Name 1:	Role:
Agency:	Telephone:
Name 2:	Role:
Agency:	Telephone:

Medical Information

Doctor's Name		Doctor's Telephone Number	
Doctor's Address			
Allergies		Details of how the allergy effects them	
Has your child been admitted to hospital		Reason	
Ongoing health problems		Can we put a plaster on your child	
Ongoing medicines		Does you child want milk, water or either at snack time	
Emergency treatment consent:	I agree / do not agree to the person in charge giving consent on my behalf to any medical treatment should the need arise. Including Anaesthetic.	Please sign:	
Has your child had chicken pox			

Other Information

Has your child previously attended any parent/toddler groups, pre-school's or nursery's?	Yes	No
If so which ones:		
1	2	3

Other Information

Copies of certain records from my child's time at Shoreham Village Pre-school will be passed onto thr Primary School they will be attending (please sign)	Can we feature photo's of your child on the website (please sign)
Intimate Care : I give permisson for CRB (Criminal Records Bureau) checked members of staff to change my child's clothing or nappies (please sign)	We like to take photo's of the children in Pre-school which are for use in your child's scrap book (please sign)
Special requests / requirements about religious observance, food, clothing, health or other matters which we should observe while your child is in our Pre-school:	

We operate a keyworker scheme, which means that each member of staff has a group of children for whom they have specific responsibilities. The key person also makes regular observations of the child which assists in ensuring that the pre-school curriculum is planned to include activities at their level, thus helping the child to achieve their full potential during their time with us. Please sign to say that you agree to regular observations being made of your child and records being kept. (Please sign)

I have seen/ read and agree / disagree with the Pre-schools policies. (please sign)

I am / am not willing for my child to go on brief outings from pre-school. I understand that specific consent will be sort for major excursions. (please sign)

Date form was completed Parent / Carer signature (please sign)

Pre-school supervisor (please sign)