**LYMPSTONE PRESCHOOL Breakfast & Afterschool Club – REGISTRATION FORM**

**Candys Field, School Hill, EX8 5JY 01395 266511**

**Admissions email:** **vicki.drinkwater@yahoo.com** **07792846555**

(LYMPSTONE PRESCHOOL IS A REGISTERED CHARITY - Charity Number: 1038447)

CHILD’S NAME……………………………………………………………… SEX……………………….. DATE OF BIRTH……………………………………………………..

PARENT/CARER HAVING PARENTAL RESPONSIBILITY FOR THE NAMED CHILD:

NAME:…………………………………………………………………………………………………….. ADDRESS:……………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………………………………………………………………….

POSTCODE………………………………………………………………………….MOBILE………………………………………………………………………………………………………..

TEL NO…………………………………………………………………………………………….EMAIL……………………………………………………………………………………………….

ANY OTHER CONTACTABLE TELEPHONE NUMBER EG PLACE OF WORK…………………………………………………………………………………

DOB…………………………………………………………………………………… National Insurance Number………………………………………………………………………

ANY OTHER PARENT/CARER HAVING PARENTAL RESPONSIBILITY FOR THE NAMED CHILD:

NAME……………………………………………………………………………………………………………………………………………………………………………………………………………

ADDRESS……………………………………………………………………………………………………………………………………………………………………………………………………..

POSTCODE…………………………………………………………………………………………………MOBILE…………………………………………………………………………………

TEL NO ………………………………………………………………………..EMAIL……………………………………………………………………………………………………………………

ANY OTHER CONTACTABLE NUMBER EG WORK………………………………………………………………………………………………………………………………

DOB……………………………………………………………………………… National Insurance Number…………………………………………………………………………….

PERSON/S THAT CHILD USUALLY RESIDES WITH…………………………………………………………………………………………………………………………

IN THE EVENT OF AN EMERGENCY AND WE ARE UNABLE TO CONTACT EITHER OF THE ABOVE PLEASE PROVIDE DETAILS OF AT LEAST ONE OTHER NAMED CARER WITH AUTHORITY TO ACT ON YOUR BEHALF EG GRANDPARENT/FRIEND:

1ST CONTACT, NAME AND NUMBER………………………………………………………………………………………………………………………………….................

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2ND CONTACT, NAME AND NUMBER………………………………………………………………………………………………………………………………………………….

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NAME(S) OF **ALL** PERSONS AUTHORISED TO COLLECT YOUR CHILD FROM CLUB

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PLEASE NOTIFY US OF ANY CHANGES. NO CHILD WILL BE RELEASED TO AN UNAUTHORISED PERSON.

NAME OF CHILD’S DOCTOR………………………………………………………………………………………………………………………………………………………………….

DOCTORS TELEPHONE NUMBER…………………………………………………………………………………………………………………………………………………………

HAS YOUR CHILD BEEN IMMUNISED AGAINST? DIPTHERIA……………………………… WHOOPING COUGH………………………..

POLIO……………………………TETANUS………………………………..MEASLES…………………………….HIBS………………………………………………………………

IS YOUR CHILD ALLERGIC TO ANYTHING?.......................................................................................................................................

HAS YOUR CHILD HAD ANY MAJOR ILLNESS OR OPERATIONS?................................................................................................

HAS YOUR CHILD ANY ONGOING HEALTH PROBLEMS?..................................................................................................................

HAS YOUR CHILD BEEN IN HOSPITAL RECENTLY?...........................................................................................................................

OUR GROUP HAS A SPECIAL NEEDS POLICY. DOES YOUR CHILD HAVE ANY SPECIAL NEEDS WHICH YOU WOULD LIKE TO DISCUSS WITH STAFF? …………………………………………………………………………………………………………………………………………………………

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CHILD’S FIRST LANGUAGE………………………………………………………………………………………………………………………………………………………………………

CHILD’S NATIONALITY:…………………………………………………………………………………………………………………………………………………………………………

CHILD’S ETHNICITY: ……………………………………………………………………………………………………………………………………………………………………………..

OTHER LANGUAGE(S) SPOKEN AT HOME…………………………………………………………………………………………………………………………………………..

SPECIAL REQUESTS/REQUIREMENTS/PREFERENCES ABOUT RELIGIOUS OBSERVANCE, FOOD, CLOTHING, HEALTH OR OTHER MATTERS WHICH WE SHOULD OBSERVE IN RELATION TO YOUR CHILD…………………………………..

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BACKGROUND INFORMATION WHICH MAY HELP US BETTER UNDERSTAND HIM/HER – ANY SPECIAL FEARS, PETS, BROTHERS AND SISTERS, ANY SPECIAL WORDS FOR (EG) TOILET, ANY RECENT FAMILY EVENTS WHICH HAVE AFFECTED THE CHILD, PREFERENCES ETC………………………………………………………………………………………………………………………………

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**OUTINGS:**

I AM WILLING FOR MY CHILD TO GO ON BRIEF LOCAL OUTINGS FROM BREAKFAST/AFTERSHOOL CLUB. I UNDERSTAND THAT SPECIFIC CONSENT WILL BE SOUGHT FOR MAJOR EXCURSIONS.

SIGNED………………………………………………………………………………………………………………………………………..(PARENT/CARER)

**PLEASE RETURN THIS FORM TO: VICKI DRINKWATER, NEW ADMINISTRATIONS AT THE ADDRESS ON THE TOP OF THIS FORM**

PLEASE NOTE THAT PAYMENT IN FULL IS PAYABLE WITHIN THE FIRST WEEK OF EACH HALF TERM FOR THE FULL HALF TERM. IF COLLECTION IS MADE EARLY THEN IT IS NOT POSSOBLE TO ‘CARRY OVER’ ANY CREDIT