**LYMPSTONE PRE-SCHOOL – 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…………………………………………………………………………….

I CONSENT TO A COPY OF MY CHILD’S BIRTH CERTIFICATE TO BE STORED WITHIN THEIR FILE

SIGNED……………………………………………..PRINT…………………………………………………RELATIONSHIP TO CHILD……………………………………..

**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 PRESCHOOL:

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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?** ………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**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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LYMPSTONE PRE-SCHOOL IS A REGISTERED CHARITY AND NOT FOR PROFIT ORGANISATION. OUR PRE-SCHOOL OFFERS SUPPORT SERVICES AS OUTLINED IN THE WELCOME PACK WHICH WILL BE SENT TO YOU DURING THE TERM BEFORE YOUR CHILD STARTS WITH US. THE WORK OF THE GROUP CANNOT BE FULLY EFFECTIVE UNLESS PRE-SCHOOL AND PARENTS WORK TOGETHER IN THE CHILD’S INTERESTS.

**PARENT PARTICIPATION:**

I/WE WILL JOIN IN THE LIFE OF THE PRE-SCHOOL FOR AS LONG AS OUR CHILD ATTENDS. I/WE WOULD BE PARTICULARLY INTERESTED IN:

HELPING DURING OCCASSIONAL SESSIONS……………………………WORKING ON THE COMMITTEE……………………………

MAKING/MENDING THE EQUIPMENT…………………………………………….TAKING PART IN OUTINGS…………………………………..

HELPING WITH FUNDRAISING……………………………………………………….OTHER (PLEASE SPECIFY)………………………………………….

**OUTINGS:**

**I AM WILLING FOR MY CHILD TO GO ON BRIEF LOCAL OUTINGS FROM PRE-SCHOOL. I UNDERSTAND THAT SPECIFIC CONSENT WILL BE SOUGHT FOR MAJOR EXCURSIONS.**

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

PLEASE PRINT NAME………………………………………………………………………………………………………………………………………………….

**ARE YOU REGISTERED WITH A LOCAL CHILDREN’S CENTRE?** …………………………………………………………………..

NAME OF CHILDREN’S CENTRE…………………………………………………………………………………………………………………………………

**HAS YOUR CHILD HAD THEIR 2 YEAR DEVELOPMENT REVIEW CHECK WITH THEIR HEALTH VISITOR?**

 YES/NO/NOT SURE

**HAS YOUR CHILD HAD THEIR 2 YEAR PROGRESS CHECK WITHIN APRESCHOOL/NURSERY/CHILDMINDER?**

YES/NO/NOT SURE

**CONSENT TO SHARE:** I UNDERSTAND THAT THE INFORMATION PROVIDED IN THIS FORM WILL BE USED TO CREATE A PERSONAL FILE FOR MY CHILD AND WILL BE STORED IN A SECURELY LOCKED FACILITY WITHIN THE SETTING. INFORMATION FROM THIS FILE MAY BE KEPT FOR UP TO 21 YEARS TO COMPLY WITH CURRENT LEGISLATION GUIDELINES AND MAY BE SHARED (WITH ADDITIONAL CONSENT WHERE REQUIRED) BETWEEN OUTSIDE AGENCIES (ie HEALTH TEAM/DCC) ANDWITH OTHER SETTINGS ATTENDED WHERE REQUIRED AND ON A LAWFUL BASIS AS PER GDPR REGULATIONS. I AGREE FOR THE INFORMATION TO SHARED IN ACCORDANCE TO THE DATA PROTECTION ACT AND RECOGNISE THAT IT WILL BE STORED IN COMPLIANCE TO THIS LEGISLATION.

-------------------------------------- (SIGNED) NAME/RELATIONSHIP TO CHILD-----------------------------------------

**IF YOU ARE NOT REGISTERED WITH A CHILDREN’S CENTRE, PLEASE CONTACT MOORFIELD ROAD, EXMOUTH EX8 3QW 01395 226 789 TO REGISTER YOUR DETAILS**

**PLEASE RETURN THIS FORM (along with your child’s red book and a form of ID) TO: VICKI DRINKWATER, NEW ADMINISTRATIONS AT THE ADDRESS ON THE TOP OF THIS FORM**

***WE LOOK FORWARD TO YOUR CHILD STARTING WITH US AT PRE-SCHOOL!***

*Please advise (tick) of the sessions you would be interested in for you child.*

*(We will try our utmost to accommodate preferences where possible)*

 **M T W T F**

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***BREAKFAST (8-9am)***

***AM SESSION (9-11.30am)***

***LUNCH CLUB (11.30-12.30pm)***

***PM SESSION (12.30-3pm)***

***AFTER SCHOOL CLUB (4/5/6pm)***