

Top Place Preschool

Derby Road Baptist Church, Derby Road, Watford WD17 2LZ

Tel: 07842519294/07944402240 Email: admin@topplace-preschool.co.uk

Registration Form

Child's Last Name:	Child's First Name:	DOB	Boy/Girl
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Home Address:	Ethnic Origin
	Home Phone Religion

Mother's Name:	Email Address:	Mobile No
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Father's Name:	Email Address:	Mobile No
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Doctor's Name:
Address :
Phone No :

Name any other agencies involved with the child e.g Health worker, Speech and Language therapist, Physiotherapist etc. Please specify.	Tick Any of the following Vaccinations had				
	Diphtheria	Measles	Mumps	Rubella	MMR 3
	W/Cough	HIB	Polio	Tetanus	

Allowed the following permissions without having to contact you first. Enter Yes or No	Calpol	Photographs
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Plasters	Outings	Sun Cream	Nappy Cream	Hair Check	Antihistamine
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Any known allergies, asthma, epilepsy, diabetes, other?
Any problems with hearing: YES/NO (If 'YES' Explain)
Any problems with speech: YES/NO (If 'YES' Explain)
Any special needs / disability – What support/ equipment will help:

Any hospital admissions / operations – YES/ NO
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Continuous medication/treatment YES/NO (Please attach letter from GP stating medication and dosage) Ye
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Any other Special Medical Condition we should know:

What are your child's favourite activities, toys etc?

Any other Information:

Breakfast Club

Mon	Tue	Wed	Thu	Fri

I will like my son or daughter to attend the following sessions (Please tick appropriately)

Mon Am	Mon Pm	Tue Am	Tue Pm	Wed Am	Wed Pm	Thu Am	Thu Pm	Fri Am	Fri Pm

Lunch

Mon	Tue	Wed	Thu	Fri

Proposed Start Date

Settling in period

Signature Date

I Enclose £25 Non- refundable Registration Fee Date

FEES MAY BE PAID MONTHLY, HALF TERMLY OR TERMLY. YOU ARE REQUIRED TO PAY FOR YOUR CHILD'S PLACE EVEN IF HE/SHE IS ABSENT FOR ANY REASON.

Parental Responsibility Form

Is the Child living with the parents above? YES _____ NO _____

If you have answered NO, please write the name and address of the parent/carer the child lives with.

Parent/ Carer's Name:

Relationship to child:

Address

.....

Postcode:

Home Tel: Mobile Tel:

Work Tel: Email:

How many children are in the family.....

What number is this child in the family.....

What is your home Language.....

Other Languages Spoken

Has the child previously attended a setting?.....

If 'YES'

Name of previous setting.....

Address of Previous Setting.....

Post Code.....

Email Address.....

Tel No.....

Contact Person.....

(Please attach copies of any assessments /reports from the setting)

Consent to Treatment

In the event of an accident while your child is in the care of the pre-school every attempt will be made to contact a parent/guardian.

Should this not prove possible any immediate treatment which may be required will be given by a member of staff, corporate doctor or a local hospital, whichever is the most appropriate.

I.....hereby give consent for any immediate
(please print name)

Medical treatment to be given to my child (name).....

Signed.....Parents/Guardian

Date.....

Consent to administer Calpol

Name of child.....

Reason for medication: High temperature, cold, etc

To be taken as necessary, the dose and frequency according to the direction on the bottle.

I authorize Top Place Pre-School staff to administer Calpol to my child.

Parent/Guardian's Signature:.....

Date:

CONSENT TO LEAVE PRESCHOOL PREMESIS

I hereby give permission for
to leave the premises of Top Place Preschool. I grant permission for my child to
Be taken on outings and walks in the surrounding area.

My consent is given to Top Place Pre- School to take my child on outings which
may be situated outside a one mile radius of the Pre-School.

Parents Signature..... Date.....

CONSENT TO OTHER NAMED PERSON

Name of child.....

I hereby give permission to.....

who is the other named person to pick up From the Pre-
School. I must inform the manager and give a positive identity of
the person, such as photograph and/or a password.

Parents Signature..... Date.....

CONSENT TO TAKE PICTURE

I hereby give permission to the Preschool to take pictures of
.....on events birthdays, outings and daily activities,
observations, assessments, learning journals and displays at the setting.

Parents Signature..... Date.....

CONSENT TO TRANSFER INFORMATION

Ihereby give the Preschool the permission to send my child's record to the next setting.

Parents Signature..... Date.....

CONSENT TO LIASE WITH OTHER PROFESSIONALS

I hereby give the Preschool permission to liaise

with other professionals involved with my child and share reports/information to best support him/her.

Parent's Signature..... Date.....

Top Place Pre-School

How we use your information

Top Place is committed to ensuring that your privacy is protected and security of any personal information received from you is maintained. Should we ask you to provide certain information by which you and your child can be identified, you can be assured that it will only be used in accordance with this privacy statement. We strictly adhere to the requirements of the data protection legislation in the UK.

Top Place Preschool will use the personal information we collect for the purpose disclosed at the time of collection, or otherwise as set out in our privacy Policy. We will not use your personal information for any other purpose without first seeking your consent, unless authorised or required by law. Any of the information we collect from you may be used in the following ways:

- For administrative purposes
- Photographs will be used for learning journal, setting wall displays.

We may also collect and share other types of personal information during the course of dealing with other professionals like speech and language therapist, children's centre etc if your child need additional support.

Further information on how we use your data can be viewed in our Data Protection Policy online and /or at the setting