



Goostrey Pre-School

**Goostrey Scout Hut and Youth Centre
Main Road, Goostrey, Cheshire CW48PE**

Charity Commission No 1024467

Ofsted No EY550369

Child registration forms

Please complete all questions and update us in the future with any new contact numbers or change of address. Thank you.

Name of child: _____ Date of birth: _____

First contact:

Parent/Guardian name: _____

Address: _____

Home telephone number: _____

Mobile: _____

Work Tel: _____

Parent email: _____

Second contact

Name: _____ Relationship to child: _____

Address: _____

Home telephone number: _____

Mobile: _____

Work Tel: _____

Emergency contact (Different to above)

Name: _____ Relationship to child: _____

Address: _____

Home telephone number: _____

Mobile: _____

Work Tel: _____

Password for additional authorised adults collecting your child: _____

Doctor's name: _____ Tel no: _____

Doctor surgery: _____

Health visitor's name: _____ Tel no: _____

Has your child had their 2.5 year old check? Yes/No

Date of 2.5 year old check: _____

Medical information

Are all of your child's immunisations up to date? Yes/No

Does your child have any known allergies? Yes/No

Food intolerances? Yes/No

Dietary requirements? Yes/No

Medical conditions e.g. Asthma? Yes/No

If yes, please give details:

Is medication needed for the above? Yes/No

If yes, please give details: Additional Health Care Plan will need completing

Please note, that we will require a medication record filling out each day that your child needs to be administered medicine. It must be prescribed by a doctor, complete with the dosage label attached.

If medication is required regularly, please complete below:

Medication name: _____

Reason for medication: _____

Dosage: _____ Time of the day: _____

Parent signature: _____ Date: _____

Your child's key worker will administer medication. Or the Manager in their absence.

- Do you give permission for a trained First Aider to administer first aid to your child? Yes/No
- Do you give permission for any emergency medical treatment to be carried out on your child by a medical professional in the setting and in hospital? Yes/No

Photograph consent form

- Do you give permission for your child to have their photograph taken for the purposes of recording observations? Yes/No

Do you give permission for the following...

-Photographs to be used in Newspapers? Yes/No

-Photographs to be used on our website? Yes/No

-Photographs to be used in advertising the Pre-School? Yes/No

-Photographs to be used in emails to other parents? Yes/No

Do you consent to receiving our weekly emails? Yes/No

(These provide you with information regarding planning for the week and any other information you may require)

Other information

Are there any cultural or religious needs that your family would like Pre-School to be aware of with regards to your child? Yes/No

If yes, please provide details:

- Are you happy for a member of staff to change your child's nappy?
Yes/No
- Are you happy for a member of staff to change your child's underwear?
Yes/No
- Are you happy for a member of staff to change your child's clothes?
Yes/No

Please provide a change of clothes/underwear each session.

- Please provide nappies/pull ups/wipes and nappy bags each session if required.
- Is a member of staff allowed to apply sun cream to your child? Yes/No

(Please provide this in hot weather)

Parent agreement upon registering a child

I have read the Pre-School's policies and procedures Yes/No

(These can be found on our Website www.goostreypreschool.org.uk)

I understand that the Pre-School accepts no responsibility for any accidents which may occur in the vestibule and playground prior to Pre-School opening at 9am and closing after 3pm Yes/No

I understand that Goostrey Pre-School will keep information about my child and understand that it will be used for Pre-School purposes only Yes/No

I agree that any photographs taken by myself at Pre-School events/plays will be used only for my use and won't contain other children without parent permission
Yes/No

Parent/Guardian signature: _____

Date: _____

