******Lyminge Pre-School**

**Child’s Details.**

Child’s Legal name: Male / Female

Child’s preferred name (if different from above):

Child’s D.O.B:

Child’s Address:

Religion: Ethnic Origin:

First Language: Second Language:

**Parent Details.**

Name: Name:

Home Number: Home Number:

Mobile Number: Mobile Number:

Occupation: Occupation:

Place of Work: Place of Work:

Work Number: Work Number:

Email address: Email address:

Address (if different from above): Address (if different from above):

Parental responsibility: Yes / No Parental responsibility: Yes / No

**Emergency Contacts (in addition to Parental contacts)**

Name: Name:

Home Number: Home Number:

Mobile Number: Mobile Number:

Relationship to child: Relationship to child:

**Health Information.**

Doctor’s Surgery: Name of Child’s GP:

Surgery Phone Number:

Has your child had their 2 year check with the health visitor: Yes / No

Please give details of any concerns raised.

Were there any difficulties at birth:

Tick vaccines had (these are all in your child’s red book)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Measles | Mumps | Rubella | MMR | HIB | Polio | Tetanus | Diphtheria | Men C | W/cough | Pn’coccal |

Tick any illnesses had or have

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Chicken pox | Measles | Mumps | Rubella/German measles | Whooping cough | Convulsions/fits | Asthma | Glue ear |

Please give details of any allergies, medical conditions, operations or additional needs your child may have:

Please give details of any other agencies or medical professionals that are involved with your child:

Password for others that may collect your child:

Does your child attend another setting / childminder: Yes / No Where:

Print Name: Signed: Date:

Your child may be eligible for the Early Years Pupil Premium funding May we apply for this funding: Yes / No

Are you eligible for the free Early Education for 2 year olds: Yes / No

Are you eligible for the 30 hours free Early Education: Yes / No

Please tell us how you heard about Lyminge Pre-School:

**Session Attendance.**

Start Date:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | BreakfastClub8 - 9 | 9-12 | 9-1 | 12-3 | 9-3 | Twilight3-4 | Twilight3-5 | Twilight3-6 |
| Monday |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  | **Twilight****closed** | **On Fridays** | **3pm Close** |

Your child’s birth certificate and/or passport must be seen to confirm your child’s place at Lyminge Pre-School. Please be advised that this application form and offer of a place at Lyminge Pre-School is subject to our terms and conditions. By signing this document you acknowledge that you have read and fully understood and agree to our terms and conditions. Lyminge Pre-School will do it’s upmost to meet your needs with regards to session requirements.

Print Name: Sign: Date:

**Permissions and Consent.**

**Emergency Aid Consent.**

Name of Child:

In the event of illness or accident and in parental absence I hereby authorise Lyminge Pre-School to take and necessary action and to provide consent to emergency aid with regard to my child’s medical care and attention.

Print Name: Sign: Date:

**Outings Consent.**

Name of child:

I authorise Lyminge Pre-School staff to accompany my child on visits and outings away from the site of Lyminge Village Hall. To include: Local walks around the village and visits to local amenities within Lyminge.

Print Name: Sign: Date:

**Sun Cream Application.**

Name of Child:

I consent to Lyminge Pre-School staff re-applying sun cream provided by myself or Lyminge Pre-School during session times.

Print Name: Sign: Date:

**Observation and Assessment records.**

Name of Child:

Observations both written and photographic are made and recorded regularly by your child’s key person and are used for assessment and future planning purposes.

Baby’s days is the online system we use for recording your child’s progress, uploading photographs, recording observations and tracking your child’s progress. It is an amazing system and all parents receive their own password which ensures the system is protected and secure.

Please sign below to allow us to send you your personal log in details so you can get started.

I agree to all details completed on this Lyminge Pre-School registration form to be transferred to the Baby’s Days system on the understanding that all information is securely password protected and no one apart from staff at Lyminge Pre-school and myself will have access to this information.

Print Name: Sign: Date:

**Social Media Consent – Use of information and images (including photographs and video recordings)**

Name of Child:

I agree to:

MY child’s work to be used in Pre-School displays with their first name:

Print Name: Sign: Date:

My Child’s photograph being taken:

Print Name: Sign: Date:

My child’s image to be used within Pre-School with their first name: (e.g. on wall mounted displays)

Print Name: Sign: Date:

My child’s image to be used on Lyminge Pre-School’s Website without their name being used:

Print Name: Sign: Date:

My child’s image to be used on Lyminge Pre-School social medial (i.e. Facebook @Lymingepreschool) without their name being used:

Print Name: Sign: Date:

My child’s image to be played on a rolling slide show by the entrance of Lyminge Pre-School to show parents and visitors what we having been doing during our day, without using their name:

Print Name: Sign: Date:

My child’s image to be used in the media (i.e. Local newspaper with their first name:

Print Name: Sign: Date:

Thank you for taking the time to complete this registration form. We look forward to meeting your child and supporting them through their early education.

Here at Lyminge Pre-School we have high expectations of all of our children. We look forward to working with you in partnership to achieve the best outcomes for your child.