

St Helen's Pre-School Little Stars



www.sthelenspreschool.co.uk

Tel. 07717216762

Registered Charity No: 1031937

Registration Form

Name of child (in full)	
Name, known as	
Date of birth	

Parents' details

Parent 1 Mother/Father	Parent 2 Mother/Father
Name:	Name:
Address	Address
Post Code	Postcode
Home Number	Home Number
Mobile Number	Mobile Number
Work Number	Work Number
E-mail address	E-mail address
Do you have parental responsibility for your child? Yes No	Do you have parental responsibility for your child? Yes No
With whom does your child live? Both parents Mother	(please circle) Father other

Emergency contact details: If your child is unwell we expect you or a representative chosen by you to come and collect your child within 30 minutes

Emergency contact when parent is unavailable. If we are unable to contact you and your child is unwell, we will contact your emergency contact and ask them to collect your child, we will ask them to present us with identification when they arrive at preschool.

Contact 1	Contact 2
Name	Name
Mobile number:	Mobile number
Relationship to the child:	Relationship to the child:

Names of brothers and sisters and their ages

Name	D.O.B.
Name	D.O.B.
Name	D.O.B.

Do you have any pets?	
Do you know anyone who come to St Helen's Preschool?	
Does your child attend any other groups or settings? (If so how often?)	
Who else cares for me? (family/friends)	

Does your child have any special dietary needs, allergies or preferences?

Doctor's Name	
Address	
Telephone Number	

Are there any professionals involved with your child?	
Health Visitor's Name:	
Telephone:	
Professional's Name:	Contact Number:
Professional's Name:	Contact Number:
Does your family have a social care worker for any reason? Yes/No	
Name	Based at:
Telephone	

What is the reason for the involvement of social care department with your family?
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Since birth has your child ever been hospitalised?

Does your child have any health/medical needs we need to be aware of?

Which of the following vaccinations/immunisations has your child received?

MMR		Polio		Diphtheria		Tetanus		Meningitis	
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Ethnic Background of your child (Please see Preschool for other codes)

White British WBRI		Kosovan		Any other black background	
White Irish WIRI		Serbian		Pakistani ABAN	
Traveller of Irish heritage WIRT		Turkish/Turkish Cypriot		Indian AIND	
Roma/Roma Gypsy WROM		White eastern European		White and Asian MWAS	
Other white background WOTH		Polish		Any other black background	
Any other mixed background		White/black Caribbean MWBC		Any other black background	
Greek/Greek Cypriot		White/black African MWBA		Chinese CHNE	
Any other mixed background MOTH		Black-African BAFR		Any other ethnic group	
White western European					

What language(s) is/are spoken at home?

Please state your child's religion (if any)
Do you celebrate any festivals or special occasions (if yes can you support us with sharing these with all our preschool children)?

Does your child have any specific needs or a disability?
Is your child in receipt of DLA (disability living allowance)
Will your child need any additional support in our setting?
 If so we will discuss with you how we can support you and your child

<p>Please share with us other information is it important for us to know about your child? <i>For example</i>, imminent house move, change in family circumstances, hospital spells, long term illness, what they like, or whether they have any fears, any special words they use, or what comforter they may need and when. All information is held in strictest confidence as documented in our policy.</p>
<p>I consent for the staff to take my child to the nearest hospital (Accident and Emergency department to be examined, treated or admitted on the understanding that I/we have been informed and are on my/our way to hospital. We will only transport your child to hospital in an ambulance.</p>

Parent 1 signature		Print name	
Parent 2 signature		Print name	
Date		On behalf of preschool	

I agree to apply sun cream to my child that will last for up to 4 hours after arrival at the preschool and indemnify St Helen's Preschool and its staff against any liability arising from reasonable exposure to the sun. *If you do not consent please inform St Helen's Preschool in writing prior to your child starting.*

Consent

I authorise St Helen's Preschool staff to apply sun cream provided (labelled with child's name), after lunch when their child is staying all day. We indemnify St Helen's Preschool and staff against any liability arising from adverse reactions to sun creams	
I/We are not aware of any allergies or skin conditions relating to my child	
I/We consent to St Helen's Preschool staff changing my child's nappy/pullups/underwear if wet or soiled and we will provide nappies and a change of clothes	
I/We consent to St Helen's Preschool staff using Aldi/Tesco (sensitive)wet wipes on my child if required	
If my child uses nappy cream (provided by you and labelled with name) I give consent for it to be used on my child	
St Helen's Preschool will provide alternative food and drink if a child has an allergy or medical condition. (All alternatives will be agreed and documented with parents prior to the child starting us). We will not provide alternatives for preferences.	
I/We consent to St Helen's Preschool using photographs of my child in local papers, advertising leaflets or posters or our own website, Facebook page and learning diaries (please cross out/delete any you do not consent to)	
I/We consent to St Helen's Preschool staff administering first aid to my child (in an emergency an ambulance will be called)	
I/We consent to notify St Helen's Preschool via email/phone/text regarding my/our child's absence including holiday, days out or illness	
I/We understand that St Helen's Preschool will hold information about our family and these are stored in paper form and on computer. (Any information stored is only shared if consent is given or if a child protection issue). St Helen's Preschool complies with Data Protection Act 1998	
I/We understand that St Helen's Preschool will accept no responsibility for loss or damage to a child's belongings.	
I/We understand that any medication is only given in accordance with our medication policy as prescribed by a doctor-a separate fully completed form, 48 hrs after first given medication	

Declaration

I/We consent to outings and/or Forest School outings in the local area.	
I/We agree that my child is fit to participate in such activities	
If I/We accompany my child on an outing I will take full responsibility.	
I/We authorise St Helen's Preschool staff to take full responsibility for my child whilst accompanied on the outing	
I/We understand that our further consent will be requested for major outings	

Child's Name	
Parent/Guardian name (printed)	
Parent/Guardian signature	
Date	

St Helen's Preschool Contract

Financial agreement between St Helen's Preschool and Parent/Guardian

Name of child	
Registration to start on	
2-year-old funding	YES/NO
3-year-old funding starts	

Please note we cannot always allocate the days requested. Places will be confirmed before your child starts preschool.

Session times Monday-Friday 9-12, Monday, Tuesday, Wednesday, Friday 12-3

Sessions not covered by the Nursery Education Grant cost **£11.70** for children over the age of 3 and **£15.15** for children under 3 years. On completion of this form please return via email to help@sthelenspreschool.co.uk or by post to 39 Crantock Drive, Almondsbury, BS324HF.

When would you like your child to start with us ? Date.....

	Monday	Tuesday	Wednesday	Thursday	Friday
9-12					
12-3		Please ask about availability	Please ask about availability	Not currently available	Please ask about availability

Terms and conditions of payment and attendance

1. PAYMENT OF ACCOUNT: Termly payable within 2 weeks of invoice. Cheques can be made payable to St Helen's Preschool. Other means of payment are also accepted cash, BACS, Internet Banking or Tax-free childcare (Government pays 20 % and you pay 80% of childcare-please ask for details)
2. Failure to comply with prompt payment will result in interest being charged. Non-granted sessions will be charged at **5% per calendar** month.
3. If we have not received payment after two months we will pursue your payment through legal channels
4. Parent/Guardian shall accept the Terms and Conditions of Business as set out as part of this agreement
5. Six weeks notice **in writing** is required to terminate or reduce sessions. Failure to do so will incur relevant six weeks costs
6. Information sharing. The Data Protection Act 1988 does not prohibit the collection and sharing of information. It does, however, provide a framework to ensure that personal information about a living individual is shared appropriately.

7. The preschool cannot undertake the care of sick/unwell children. If your child becomes unwell, you, or your nominated person will be asked to collect your child within 30 minutes.
8. Any child appearing to be suffering from any infectious disease or having suffered their last bout of sickness and diarrhoea within the preceding 48-hour period will be refused admittance (please see our Sickness policy)
9. A late collection fee of £5 is charged if late to collect your child on two occasions per half term.
10. Please note that fees are reviewed in January of each year and may increase after this (for non-granted sessions)
11. Please inform St Helen's Preschool if your child will be absent from preschool. If your child is absent from preschool for a week and we have not been informed we will contact you.
12. Emergency contact numbers need to be given to preschool so that your child can be collected within 30 minutes in case of ill health.
13. Children in receipt of Two-year-old funding will move to our usual Three-year-old funding charges when they are eligible for three-year-old funding (the term after they are three).

I acknowledge that I have read and understood the above contract and agree to abide by the rules and regulations of the preschool. This agreement shall be binding for both parties, their successors and assignees.

Signed		Parent/Guardian 1	Date
Name		Work Address: Tel:	
Signed		Parent/Guardian 2	Date
Name		Work Address Tel:	
Signed		St Helen's Preschool signature	Date

