

Clanfield Pre-school
Clanfield Primary School
Main Street
Clanfield
Oxon
OX18 2SP
01367 810365

www.clanfield-preschool.org.uk

Registered Charity No: 1119060

Registration Form

Child's full name: _____

Address: _____

Home Telephone No: _____ Date of Birth: _____

E-mail address: _____

Mother's name: _____ Work tel. No: _____ Mobile tel: _____

Place of work: _____ Alternative contact no: _____

Father's name: _____ Work tel. No: _____ Mobile tel: _____

Place of work: _____ Alternative contact no: _____

Alternative emergency contact: 1. _____ Relationship to child _____

2. _____ Relationship to child _____

Child's doctor: _____ Tel. No: _____

Doctor's address: _____

Main language used: _____

Any other language: _____

Nationality: _____

Religion: _____

Details of any cultural or religious observances the Pre-school practitioners should take into account when caring for the child, (e.g. Diet, dress, religious holidays etc)

Any ongoing medical conditions - (e.g. Eczema, asthma etc.)
Please give details of actions necessary for your child-

Does your child have any allergies?

At what stage of toilet training is your child? (E.g. In pull ups)

Favourite songs/stories/rhymes: _____

Names of important people to the child: _____

Please give details of your child's development (e.g. confidence, speech etc.)

We will observe your child to assess their development, but as the child's primary educators, any information you give us before your child starts, will help a great deal-enabling us to help your child to settle as quickly as possible.

I give permission for the Pre-school to seek any necessary emergency medical advice or treatment from a qualified health professional, for my child.

Signed: _____ Date: _____

I give permission for the First aid qualified staff to give treatment to my child, including applying plasters.

Signed: _____ Date: _____

I give permission for the Pre-school to take photographs of my child in the setting, for display within the pre-school, on the website and to show development in my child's profile.

Signed: _____ Date: _____

I give permission for my child's name, address and date of birth to be held on disc for Pre-school administration purposes. These details may also be passed onto the relevant Primary School.

Signed: _____ Date: _____

I give permission for Pre-school staff to apply the sun cream that I provide, to my child, as needed in sunny weather.

I have read and understood the admission policy and prospectus.

Signed: _____ Date: _____