

**ST MATTHIAS PRE-SCHOOL AND CHILDCARE CENTRE  
REGISTRATION FORM**

**PERSONAL DETAILS OF CHILD**

Full name	
Home Address	
Date of Birth	Male/Female
Birth Certificate number	

**YOUR CONTACT DETAILS**

Full name			
Please provide contact details and tick which is your preferred contact telephone number			
Home		<input type="checkbox"/>	Your relationship to child
Mobile		<input type="checkbox"/>	
Work		<input type="checkbox"/>	
E-mail address			

**START DATE**

Please indicate your preferred start date	Month	Year	Or ASAP <input type="checkbox"/>
Will your child be eligible for government funding on your preferred start date?	<input type="checkbox"/> Yes – 2 year funding	<input type="checkbox"/> Yes – 3-4 yr funding (15 hours) <input type="checkbox"/> Yes 3-4 yr funding (30 hours)	<input type="checkbox"/> No
		If you are eligible for the 30 hours free childcare we will need your N.I Number for validation purposes.	

For more information on funding visit <http://www.torbay.gov.uk/children-and-families/childcare/>

**SESSIONS** Please indicate which regular sessions you wish your child to attend

		Mon	Tue	Wed	Thu	Fri
Breakfast club	08.15am - 08.45am					
Pre-school morning	08.45am - 11.45am					
Pre-school lunch	11.45am - 12.15pm					
Pre-school afternoon	12.15pm - 15.15pm					

After School club	15.00pm - 17.30pm	n/a	n/a			
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### RECORD OF INFORMATION

Child name: (as on Birth certificate)	
Date of Birth:	
Ethnic origin:	
Language spoken:	
Home address:	
Home number: Mobile number:	
Parent/Carer 1 name:	
Does this person have parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Place of work:	
Telephone number:	
Parent/Carer 2 name: (if applicable)	
Does this person have parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this parent live at the same address? If NO please enter address	
Place of work:	
Telephone number:	
Emergency contact Full name, relationship to child and contact number	
Name of person/people who can collect child (Include surnames and relationship to the child)	

Password	
All people collecting the child must be able to give this password when asked	

Child's Doctor:	
Doctors address:	
Doctors telephone number:	
Health Visitors name and contact number:	
Has your child had a 2yr old check?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Immunisations up to date?	
Any special Diet, Allergies, Health Problems:	
Any Birthmarks?	

**PERMISSIONS**

**1. Photographs**

I give my permission for photographs to be taken of my child whilst at Breakfast club, Pre-School and After School club and to be used for the following.

(Please sign each type of permission, you are happy to give)

Displays on Site: \_\_\_\_\_ Website: \_\_\_\_\_

Prospectus: \_\_\_\_\_ Local Press: \_\_\_\_\_

Facebook Page: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

**2. Emergency Hospital Treatment**

In case of an accident where we are unable to contact yourselves, please give your permission for emergency hospital treatment:-

Signature: \_\_\_\_\_ Name (Capitals): \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

### **3. Information Sharing**

From time to time the Pre-School/clubs may need to share information about your child. Where possible, we will ask your permission first. Sometimes however, we will be required to do this without your knowledge, where this meets the Torbay Local Safeguarding Children Board Guidelines. (Please see our policy on 'Information Sharing')

Please sign to confirm you are aware of the above statement.

Signature: \_\_\_\_\_ Name (Capitals): \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

### **4. Off Site Visits**

I understand that Pre-School or the Clubs would like to take my child on off-site visits. I give my permission for local off site trips to take place in accordance with up-to-date terms, conditions and risk assessments. Any trips that differ from the 'norm' will require separate written permission.

Signature: \_\_\_\_\_ Name (Capitals): \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

*By signing below, I consent to my family's details being stored with St. Matthias Church Pre-School and Child Care Centre in compliance with the Data Protection Act 1998.*

*I understand information about me and my family will only ever be shared outside of the childcare setting if me or my partner (if applicable) have given consent beforehand. The only exception to this is when the setting has reason to believe my child is at risk.*

Signature: \_\_\_\_\_ Name (Capitals): \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Child \_\_\_\_\_