

**REGISTERED CHARITY NUMBER: 1015403**

St Andrews School Site, Station Road, Congresbury, Bristol, BS49 5DX. Tel: 01934 707262/782327

http://www.congresburypreschool.org.uk email: congresburypreschool@aol.co.uk

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| **Registration Details For Congresbury Community Pre-School** |
| **Name of child (in full):** |
| **Date Of Birth:** |
| **Proof of ID (passport/birth certificate) attached - □** |
| **Name child is known as (if different from above):** |
| **Name/s of parent/s or carer/s with whom child lives and contact details:** |
| **Name (1):** | **Name (2**): |
| Mobile:  | Mobile:  |
| Email:  | Email:  |
| Date of birth: | Date of birth: |
| National Insurance Number | National Insurance Number |
| **Does this parent/carer have parental responsibility?** YES/NO (delete) | **Does this parent/carer have parental responsibility?** YES/NO (delete) |
| **Child’s home Address:**  | **Home contact details:** |
| **Postcode:** | Home Tel: |
| Work Tel No: |
| Other: |
| **Name and address of parent whom child does not live with ( if applicable):** | **Does this parent have legal access to child?****YES/NO (delete)** |
| Name:Address: | If NO, we will need legal proof. (If this parent is to be denied access) Please speak to and advise the Pre-school Manager of situation. |
| **Additional contact details of persons authorised to collect your child and/or/ in case of an emergency. (a password will be required if the person collecting your child is not on this form)**  |
| **(1)** Name: | **(2)** Name: |
| Relationship to child: | Relationship to child: |
| Home phone and/or Mobile: | Home phone and/or Mobile: |
|  |  |
| **(3)** Name: | **(4)** Name: |
| Relationship to child: | Relationship to child: |
| Home phone and/or Mobile: | Home phone and/or Mobile: |
| **Does our child attend any other Pre-school settings/Nursery/Childminders?** If yes please give details as it is a requirement of the Early Years Foundation Stage (EYFS) that we share information regarding your child’s development. This enables us all to work together to support your child.*For funding purposes please let us know immediately if you change the number of sessions your child attends at another setting.* |
| **Name and address of setting** | **Name of Key person**  |
|  |  |
| **Telephone Number:** |
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| **Days and sessions attending:** |
| **If you claim government funding for your child at the above setting please circle which type:** 2 year old, Universal 3 year old, 30 hours extended |
| **Personal details of your child:**  |
| Please let us know any other information about your child such as: What likes and fears they may have? Do they use any special words or names, or need to have a comforter? This information is really important as it will help us to support your child’s needs and interests. (attach an additional sheet of paper if you need more space) |
| **What other family members (or pets) live at home with you and your child?** |
|  |
| **Do you have any hobbies, interests or occupations that you and your child would like to share with us at Pre-school?** |
| **2** |
| **Was your child premature, were there any complications at birth. Has your child had any long periods of illness? This information is crucial in supporting your child in their development. Please give details or speak to a member of staff**. |
|  |
| **Does your child have any specific needs or disability? Yes / No (delete) If yes please give details** |
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| **Does your child have any health problems that we need to be aware of?** (eg. asthma, eczema) **If yes please give details.** |
| **Do you think your child will require any additional support whilst at Pre-school?** **(**eg. With speech, toileting, mobility, snack time**) Yes / No (delete) If yes please give details** |
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| **Does your child have any specific dietary requirements: allergies, intolerances or cultural preferences?** **Yes / No (delete) If yes please give details** |
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| **How would you describe your child's ethnicity or cultural background?**  |
| Please specify |
| **Are there any specific festivals or celebrations that your family would like to share with us?** We strive to be an inclusive setting and value your contributions towards achieving this aim.  |
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| **What languages are spoken at home?** |
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| **If English is not the first language spoken at home, will this be your child’s first experience of being in an English-speaking environment? Yes/No (delete)** |
| If yes, please comment below or speak with the Manager or Inclusion coordinator as to how we can best support you and your child when they start at our Pre-school.3 |
| **Names of other professionals involved with your child** |
| **Doctor/GP:** | **Health Visitor:** |
| Name: | Name: |
| Surgery Address: | Based at: |
| Telephone No: | Telephone No: |
| **Social Worker:** | **Other professional(s) involved with your child?** |
| Name: | Name: |
| Based at: | Based at: |
| Telephone No: | Telephone No: |
| I understand that Congresbury Community Pre-school work in Partnership with North Somerset Children’s Centres and I agree to share the information supplied on this form with them. I understand that they will keep the information I have provided electronically and will keep me informed of future events and services. If you do not wish your information to be shared with the Children’s Centres please put a cross in this boxSigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Sessions**Please tick which sessions you would like your child to attend. (see fees poster in lobby regarding wrap around care and lunches)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Wrap around** |  | **Morning session** |  | **LUNCH** | **Hot lunch** | **Packed lunch** | **Afternoon session** |  | **Wrap around** |  |
| Monday | 8-9 |  | 9-12 |  | 12-12.30 |  |  | 12-3 |  | 3-6 |  |
| Tuesday | 8-9 |  | 9-12 |  | 12-12.30 |  |  | 12-3 |  | 3-6 |  |
| Wednesday | 8-9 |  | 9-12 |  | 12-12.30 |  |  | 12-3 |  | 3-6 |  |
| Thursday | 8-9 |  | 9-12 |  | 12-12.30 |  |  | 12-3 |  | 3-6 |  |
| Friday | 8-9 |  | 9-12 |  | 12-12.30 |  |  | 12-3 |  | 3-6 |  |

All 3 year old children receive 15 hours funded childcare per week. If you are eligible and have applied for either 2 year old funding or the 30 hour funding for 3 year olds please let us have a copy of your confirmation letter or email as we need the details in order to claim the funding.4 |
| **Consent and Agreement**Please see our policies on safeguarding, confidentiality, funding and parental involvement. A policies file is on display in the lobby and on our website, alternatively copies are available upon request. |
|  I/we consent for my child to be taken out and off site as part of the daily activities at Congresbury Community Pre-school. I understand that further consent will be requested for major outings (out of the village). I/we consent for staff to accompany my child to the nearest Accident and Emergency unit to be examined and treated or admitted as necessary on the understanding that I am informed as soon as possible, and I can make my way to the hospital. I/we consent to information regarding my child being shared with other professionals in order for staff to obtain guidance and/or additional funding to support my child’s development. (You are always welcome to email, phone or speak to the Manager or your Child’s Key person should you have any concerns or wish to share information regarding your child.) I/we have read a copy of the Fee Policy. I/we understand that we will be required to pay for all sessions at Pre-school which are not funded by North Somerset. Our fees are reviewed every 3 months. A term’s notice will be given for any change in fees. (We send invoices out at the end of each term, payment is required during the first week of new term) The cost of ‘ad hoc’ sessions/lunches (subject to spaces being available) will need to be signed for and will be added to the following term’s invoice. Pre-school requires 4 weeks’ notice if you are taking your child out of pre-school for holidays or other reasons. Failure to do this will mean you will be charged for sessions (this will include snack and lunch fees). Sessions will still be charged if a child is unable to attend pre-school due to sickness (including snack and lunch fees). Snacks are charged at 50p per day and invoiced every term. I am aware that my Child will need to bring a packed lunch if staying all day 9am – 3pm. I understand there is the option of a hot school meal for £3.50 a day and that for £2.50 children can stay for lunch (12-12.30) to add an additional half hour to a morning or before an afternoon session. They will need to bring a packed lunch. You will be sent an invoice for lunches and snacks and every term.   I/we have read a copy of the Privacy Notice provided and understand the circumstances in which information might be shared without my consent.   |
| **At least 1 parent needs to sign this declaration** |
| Parent (1) | Parent (2) |
| Print Name: | Print Name: |
| Sign: | Sign: |
| Date: | Date: |
| **To be completed by the Manager/Key person with Parent when child has started.** |
| **Child’s Start date:** | **Key person:** |
| **Days and sessions:** |  |
| **Any additional terms or conditions agreed:** | **Manager/Leader** **print name:** |
| **Sign name:** |
| **Date:** |

5