



REGISTRATION FORM



THIS FORM MUST BE RETURNED TO THE PRE SCHOOL-YOUR CHILD CANNOT START WITHOUT THIS FORM BEING FULLY COMPLETED AND RETURNED

Start Date: ____ / ____ / _____

**Bitterne Community Pre School
Bitterne CE Primary School
Peartree Avenue
Bitterne
Southampton
SO19 7RB
Telephone - 02380 422233
Email – enquiries@bitternepreschool.co.uk
Charity Number – 1029603**

Child's details

Child's first name(s) _____ Surname _____

Name known as _____

Child's full address _____

Post Code: _____

Gender _____ Date of birth _____ Birth certificate seen and copy made Yes No

Family details

Name of parent(s)/carer(s) with whom the child lives: _____

Contact details 1 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes No

Contact details 2 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____

Mobile _____

Home telephone _____

Email _____

Contact details 2 cont'd...

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes No

Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and an S8 Order is in place.*

Name _____

Address _____

Contact telephone numbers _____

Relationship to child _____

What are the contact arrangements that we need to be aware of?

Emergency contact details if parents are not available *Emergency contacts must be local.*

Contact 1 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____

Mobile _____

Contact 2 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____
Home telephone _____ Mobile _____

Persons other than parent(s) authorised to collect the child *Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, staff will check before releasing the child.*

Person 1 – Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____
Password for the collection of child by authorised persons _____

Health and development

Are your child/children's immunisations up to date Yes No (please circle)

If no please give details

Does your child have any on-going medical conditions? If so, please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

Does your child require a health care plan? Yes No

Is your child known to have any allergies or food intolerances? If so, please specify: _____

A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.

What are your child's dietary requirements? Please specify:

Does your child have any special needs or disabilities? If so, please specify:

Cultural background

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family (if applicable)?

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

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes No

Details of professionals involved with your child

GP
Name _____ Telephone _____
Address _____

Health Visitor (if applicable)
Name _____ Telephone _____
Address _____

Social Care Worker / other agencies

Name _____ Telephone _____

Address _____

General parental permissions

Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the Manager, Karen Blakeman (or authorised Deputy, Lindsay Mulhern) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed _____ Date _____

Printed name _____

Equalities monitoring form

Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>

Bangladeshi

White and Black Asian

Other please state _____

A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need

SEN action plan

Education, Health and Care Plan

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.

Parent name _____

Signed _____ Date _____