



Mini Moo's Preschool

Registration Form

**Basic Details**

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name known as: \_\_\_\_\_

Name of parent/s with whom the child lives with:

1. \_\_\_\_\_

Does this parent have Parental Responsibility? Yes/No (delete)

2. \_\_\_\_\_

Does this parent have Parental Responsibility? Yes/No (delete)

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of parent with whom the child does not live with:

Does this parent have Parental Responsibility? Yes/No (delete)

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Does this parent have Legal Access to the child? Yes/No

Do the parent/carers require additional support from either staff or other agencies? Yes/No

E.g., support with reading, writing, mental/health concerns and or additional language support.

Details of support needed:

\_\_\_\_\_

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**Emergency Contact Details**

Parent 1 - Work/daytime Contact Number: \_\_\_\_\_

\_\_\_\_\_

Parent 2 - Work/daytime Contact Number: \_\_\_\_\_

\_\_\_\_\_

Any other Emergency Contact Details:

Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Persons Authorised to Collect the child (Must be over 16 years of age)**

1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Personal Details of the Child:**

Does your child have any Special Dietary Needs or Preferences? Yes/No  
(Delete)

Details: \_\_\_\_\_

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How would you describe your child's Ethnicity or Cultural Background?

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What is the main religion in your Family? \_\_\_\_\_

Are there any festivals or special occasions celebrated in your Culture that your child will be taking part in and that you would like to see acknowledged and celebrated while they are in our preschool?

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Please state your Ethnicity: \_\_\_\_\_

What Language(s) is/are spoken at home: \_\_\_\_\_

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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 (

If so discuss and agree with the Manager how we will support your child in the setting: \_\_\_\_\_

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What immunisations has your child received and on what date:

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Does your child have any special needs or disabilities? Yes/No (delete)

Details: \_\_\_\_\_

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What special support will he/she require whilst at preschool?

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What other information is it important for us to know about your child? For example, what they like or what fears they may have, any special words they use or what comforter they may need and when:

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Do you or your child have any preferred pronouns that you would like staff to use. If so which pronouns do you prefer?:

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Names of Professionals involved with your child (If any)

Name: \_\_\_\_\_ Role \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Role \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Role \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have a Health Visitor? Yes/No (delete)

Name of Health Visitor: \_\_\_\_\_

Centre based at: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Do you give consent for us to contact the Health Visitor? Yes/No (delete)

If no please state the reason: \_\_\_\_\_

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Does your family have a Social Care Worker for any reason? Yes/No (delete)

Name of Social Worker: \_\_\_\_\_

Centre based at: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

What is the reason for the involvement of the Social Care Department with your family? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Days and times of attendance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What is required before commencing a place at preschool:**

You are required to complete this form in full and bring it into preschool.

You are required to pay a **Refundable Deposit of £100.00**. This will be returned to you when your child leaves the setting providing all invoices are paid up to date.

You will also be required to provide us with your child's **Birth Certificate** so that we can photocopy it for any funding.

Name of Manager: Jackie Meredith

Has the settling in process been agreed? Yes/No (Delete)

Details: \_\_\_\_\_

\_\_\_\_\_

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**Please delete as necessary**

I/We DO/DO NOT consent for my child to be taken out as part of our daily activities of the setting. I/We understand that our further consent will be requested for major outings.

I/We DO/DO NOT consent for staff to take my/our child to the nearest Accident and Emergency Unit to be examined, treated or admitted as necessary on the understanding that I/We have been informed and are on my/our way to hospital.

Signed By:

Parent 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Date: \_\_\_\_\_

Managers Signature: \_\_\_\_\_

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