



REGISTRATION FORM

Child's name (in full)

Name to be called Date of Birth

Home address

Postcode Contact number

Contact email address

Mother / Carer's full name

Father / Carer's full name

Address (if different from above)

Address (if different from above)

Mobile number

Mobile number

Email address

Email address

Employer's name and address

Employer's name and address

Employer's telephone number

Employer's telephone number

Emergency Contact

If neither parent / carer is available, please provide the details of two people we can contact in the event of an emergency:

Name

Name

Address

Address

Contact number

Contact number

Signed

Date

I (insert Parent/Carer's name) agree that Mount Carmel Pre-School may share any relevant information and any safeguarding issues with other professionals if a need arises. If you require any further information, please see a staff member or read our 'Information Share' policy and procedure in the 'Policy and Procedure File' located in the back room.

Signed Date

For security reasons, if anyone other than those stated on this form needs to collect your child, we will require a password. Please provide a memorable password. This will be kept confidential.

Please name anyone else who has legal contact and parental responsibility with the child stated on this form.

Medical Information

Child's doctor

Address

Telephone number

Please list any known medical problems (including asthma/eczema) that your child has:

Please list any additional needs:

Is your child up to date with immunisations (such as Tetanus, MMR, Polio)?

Does your child have any allergies?

Does your child have any dietary requirements?

Does your child have any special dietary, religious or cultural requirements?

Consent

I give consent for staff to authorise any medical treatment my child may need if I cannot be contacted, and for my child to go directly to hospital should it be necessary.

Signed Date

I understand that I have to pay my fees even if my child does not attend their allocated sessions and the Pre-school is open. I agree to give four term time weeks notice if I cancel my child's place and pay for those weeks.

Signed Date

As part of our daily activities, we occasionally take photographs of the children working and playing for display purposes. I **agree / do not agree** to allow my child to be photographed.

Signed Date

I understand that my child will not be admitted into Pre-School if they have a contagious condition.

Signed Date

I agree to my child being taken on walks under Pre-School supervision with a maximum ratio of one adult to three children.

Signed Date

I agree to my child attending all services and visits alongside the children of Mount Carmel First School.

Signed Date