

# Parkway Pre-School

Christchurch Community Centre, 110 Parkway, Welwyn Garden City, Herts. AL8 6HN

## Registration Form

|                                                                                                                                                                    |                |                                           |               |          |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------|----------|--------|
| Child's Name                                                                                                                                                       | Preferred Name | Surname                                   | Date of Birth |          |        |
|                                                                                                                                                                    |                |                                           |               |          |        |
| Gender                                                                                                                                                             | NHS Number     | DFE Ethnic Code*                          | Home Language |          |        |
|                                                                                                                                                                    |                |                                           |               |          |        |
| Address                                                                                                                                                            |                | Town                                      | Postcode      |          |        |
|                                                                                                                                                                    |                |                                           |               |          |        |
| Parent Name 1                                                                                                                                                      | Surname        | Tel                                       | Mobile        |          |        |
|                                                                                                                                                                    |                |                                           |               |          |        |
| Do you have parental responsibility for this child?                                                                                                                |                | Yes                                       | No            |          |        |
| Parent Name 2                                                                                                                                                      | Surname        | Tel                                       | Mobile        |          |        |
|                                                                                                                                                                    |                |                                           |               |          |        |
| Do you have parental responsibility for this child?                                                                                                                |                | Yes                                       | No            |          |        |
| Parent 1 Email                                                                                                                                                     |                | Parent 2 Email                            |               |          |        |
|                                                                                                                                                                    |                |                                           |               |          |        |
| Who does the child usually live with?                                                                                                                              |                |                                           |               |          |        |
| Carer/Childminder                                                                                                                                                  | Tel            | Mobile                                    |               |          |        |
|                                                                                                                                                                    |                |                                           |               |          |        |
| Emergency Contacts Excluding Parents                                                                                                                               |                |                                           |               |          |        |
| Emergency contact 1                                                                                                                                                | Tel            | Mobile                                    | Relationship  |          |        |
|                                                                                                                                                                    |                |                                           |               |          |        |
| Emergency contact 2                                                                                                                                                | Tel            | Mobile                                    | Relationship  |          |        |
|                                                                                                                                                                    |                |                                           |               |          |        |
| Please indicate your preferred start date                                                                                                                          |                |                                           |               |          |        |
| Starting Term                                                                                                                                                      | Year           | Start Date                                | Or ASAP       |          |        |
|                                                                                                                                                                    |                |                                           |               |          |        |
| Please indicate which sessions you would prefer.                                                                                                                   |                |                                           |               |          |        |
| 9:00 – 12:00                                                                                                                                                       | Monday         | Tuesday                                   | Wednesday     | Thursday | Friday |
| 9:00 – 15:00                                                                                                                                                       | Monday         | Tuesday                                   | Wednesday     | Thursday | N/A    |
| Supported Families code: 15 hours for 2-year-old<br>Working Families code: 30 hours for 2- 4-year-olds<br>Please also provide parents' NI Numbers for All children |                | Funding Code:<br>NI Number:<br>NI Number: |               |          |        |

|                                                                                                                                                                                                    |                                                                       |                                        |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|-----------------|
| Funding: If my child is funded, I will be sharing this funding with another setting/carer as follows                                                                                               |                                                                       |                                        |                 |
| Setting/Carer                                                                                                                                                                                      | Tel/Mobile                                                            | Parkway Hours/Week                     | Away Hours/Week |
|                                                                                                                                                                                                    |                                                                       |                                        |                 |
| Does your child have any special needs or disabilities?                                                                                                                                            | What (if any) special support will your child require in our setting? |                                        |                 |
| Yes/No If yes please provide details below.                                                                                                                                                        |                                                                       |                                        |                 |
| Was your child born prematurely? (If yes, please state term)                                                                                                                                       |                                                                       |                                        |                 |
| Professionals working with your family (e.g. Speech & Language, Physiotherapist, CDC, Social Services)                                                                                             |                                                                       |                                        |                 |
| Name<br>Agency<br>Role<br>Telephone no                                                                                                                                                             |                                                                       | Name<br>Agency<br>Role<br>Telephone no |                 |
| Consent – to grant or deny permission please select as appropriate:                                                                                                                                |                                                                       |                                        |                 |
| I give permission for an online Footsteps learning journey to be created and maintained for my child.                                                                                              |                                                                       |                                        | Yes No          |
| I give permission for photos/videos of my child to be used in this learning journal, on the understanding that they may also appear as part of a group photo or video in other children's journals |                                                                       |                                        | Yes No          |
| I consent for recognisable photos of my child to be used within the setting as part of normal practice, such as in the pre-school birthday book and name cards                                     |                                                                       |                                        | Yes No          |
| I consent for recognisable photos of my child to appear on the Parkway pre-school website.                                                                                                         |                                                                       |                                        | Yes No          |
| I give permission for suncream to be applied to my child. In the event of any allergies, I will supply appropriate suncream.                                                                       |                                                                       |                                        | Yes No          |

|                                                                                |  |      |  |
|--------------------------------------------------------------------------------|--|------|--|
| Agreements                                                                     |  |      |  |
| I have completed all sections of the registration form.                        |  |      |  |
| Parent Signature                                                               |  | Date |  |
| I have read and hereby agree to the Terms and Conditions of Parkway Pre-School |  |      |  |
| Parent Signature                                                               |  | Date |  |

|                                                                                                                                                                                                                          |  |      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|
| Medical Data                                                                                                                                                                                                             |  |      |  |
| Allergies/Food Intolerance                                                                                                                                                                                               |  |      |  |
| Special Medication                                                                                                                                                                                                       |  |      |  |
| Emergency Medical Consent                                                                                                                                                                                                |  |      |  |
| I hereby give my consent for the staff of Parkway Pre-School to authorise the provision of emergency medical treatment for my child on the understanding that they will do everything possible to contact me beforehand. |  |      |  |
| Parent Signature                                                                                                                                                                                                         |  | Date |  |

## TERMS and CONDITIONS

### Registration

To register your child for a place at Parkway Pre-School you will need to complete our Registration Form.

### Fees

Attendance fees are calculated on a sessional basis and exclude bank holidays. They are charged termly in advance and can be paid online. There is also a registration fee of £25. This does not apply if your child will be attending sessions covered by government funding.

If you are unable to pay the full fee in advance, we will accept half-termly payments, beginning at the start of each half-term. No discounts or refunds are available for holiday or sickness absence, special events that replace the normal session (usually held on a Friday), or closure due to unforeseeable conditions (e.g. adverse weather). Please also be aware that sessions are not transferable - an absent child cannot give their session to another child or swap it for another day. We ask for a voluntary contribution per session towards consumables once your child is funded. Please note a full day equates to two sessions.

### Funding

When your child becomes eligible for funding you will be required to define your claim on a Parent Declaration Form which we will send to you. We accept 15/30-hour funding, (If you are eligible). You will need to show us your child's birth certificate to enable us to claim the funding. Please feel free to contact us if you need help understanding the funding system, as it can get complicated.

### Notice

We require 6 weeks' notice in writing if you wish to cancel your place at the pre-school or reduce the sessions allocated. Any refund will be calculated accordingly. If you are claiming funding, you may cancel without notice, but you will need to complete a Leaving Certificate to take your remaining funding elsewhere.

### Lunch club

**Lunch club is available Monday to Thursday, between 12 -1pm** at a cost of £7 per hour.

### \* DFE Ethnic Codes

|      |                             |
|------|-----------------------------|
| AOTH | Any Other Asian Background  |
| BOTH | Any Other Black Background  |
| OOTh | Any Other Ethnic Group      |
| MOTH | Any Other Mixed Background  |
| WOTW | Any Other White Background  |
| ABAN | Bangladeshi                 |
| BAFR | Black African               |
| BCRB | Black Caribbean             |
| CHNE | Chinese                     |
| WROM | Gypsy/Roma                  |
| AIND | Indian                      |
| APKN | Pakistani                   |
| WIRT | Traveller of Irish Heritage |
| WBRI | White British               |
| WIRI | White Irish                 |
| MWAS | White and Asian             |
| MWBA | White and Black African     |
| WMBC | White and Black Caribbean   |
| RFEU | Refused                     |