



Froxfield Pre-School Registration Form

Child's Details

First Name:	Surname:	
Preferred Name:	Gender:	Date of Birth:
Address:		Postcode:

Parent/Carer Details 1

Title:	First Name:	Surname:
Home tel no:	Mobile tel no:	
Work tel no:	Email:	
Address if different from child:		

Parent/Carer Details 2

Title:	First Name:	Surname:
Home tel no:	Mobile tel no:	
Work tel no:	Email:	
Address if different from child:		

Sibling Details

Name	Age

Emergency contact details (other than parents)

Title:	First Name	Surname:
Telephone:	Relationship to child:	

Second Emergency contact details (other than parents)

Title:	First Name	Surname:
Telephone:	Relationship to child:	

Details of people authorised to collect your child (must be over 16)

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Sessions Attending

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 – 12:00					
12:00 – 3:00					

Start Date: _____

Medical Details

Name of child's Doctor:
Doctor's Telephone:
Surgery Address:

Is your child up to date with their injections? (please circle) YES / NO

Does your child have any medical conditions? (please circle) YES / NO

If 'yes' please give details _____

Does your child require any regular medication? (please circle) YES / NO

If 'yes' a separate form will need to be filled prior to starting at Froxfield Pre-School.

Does your child have any non-dietary allergies? (inc animals, please circle) YES / NO

If 'yes' please give details _____

Does your child have any dietary allergies/intolerances? (please circle) YES / NO

If 'yes' please give details _____

Does your child have any special needs or disabilities? (please circle) YES / NO

Please use this box to provide us with any additional information that you feel we should be made aware of in relation to your child.

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Has your child attended any other nursery or pre-school setting? YES / NO

If 'yes' please give details _____

Permissions

Do you give permission for your child to go on local outings in Froxfield, to places such as the shop, post office and church? (please circle) YES / NO

Do you give permission for your child to have full access to appropriate play equipment on the Recreation Ground? (please circle) YES / NO

Do you give permission for your child to have full access to play equipment and facilities on the Froxfield CE Primary School site? (please circle)? YES / NO

First Aid Consent & Medication

I give my permission for First Aid to be carried out on my child by a trained First-Aider. I also give my permission for the use of (please circle)

Plasters (non allergic) YES / NO

Antiseptic wipes (minor grazes, stings, burns etc) YES / NO

I consent to any emergency medical treatment necessary during the running of Froxfield Pre-School. I authorise Froxfield Pre-School staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health & safety. I also give consent for the staff at Froxfield Pre-School to apply high factor sun cream which I will supply and which will be labelled.

Parent/Carer signature _____ Dated: _____

Print Name _____

TERMS & CONDITIONS

- Froxfield Pre-School does not accept any responsibility for the loss of property.
- If your child is unwell, they must not attend pre-school. Please inform the school or pre-school staff before 9AM on that particular day
- Parent/carer agrees to inform the pre-school of any change to your child's medical or dietary requirements.
- Parents/carer agrees to inform the pre-school of any change to your child's care or welfare.
- Parent/carer agrees to inform the pre-school manager of any changes in emergency contact details.
- Froxfield Pre-School will provide snacks for all children in attendance and this cost is included in our fees.
- A deposit of £100 is payable upon registration to secure your place.
- Non-funded hours are charged at £6.50 per hour.
- Fees for booked sessions are payable regardless of attendance.

I have read and understood the above terms & conditions relating to Froxfield Pre-School and agree to adhere to them.

Parent/Carer signature

Dated:

Print Name