

**Registration Form**

Pine Cones Pre-School accepts children from the age 3 years.

|  |  |
| --- | --- |
| **Child’s Name:** |  |
| Date of Birth: |  |
| Gender: |  |
| Address: |  |
| **Parent/Carer 1 Title/Name:** |  |
| **Relationship to Child:**  |  |
| **Parental Responsibility, YES/NO:** |  |
| Address (if different from child): |  |
| Telephone numbers:(please specify the best way to contact you) | Home:Work:Mobile: |
| Email address:  |  |
| **Parent/ Carer 2 Title/name:** |   |
| **Relationship to Child:**  |  |
| **Parental Responsibility,** **YES/NO:**  |  |
| Address (if different from child): |  |
| Telephone numbers:(please specify the best way to contact you) | Home:Work:Mobile: |
| Email address: |  |
| Emergency contact details (if you are unavailable) | Name:Contact number:Relationship to child: Name:Contact number:Relationship to child: |

**Personal details of child**

|  |  |
| --- | --- |
| Doctors Information (GP’s name, address and telephone number): |  |
| Health Visitor (Name and contact details) |  |
| Child’s first language: |  |
| Other languages spoken at home: |  |
| What is the main religion of your family: |  |
| Ethnicity:  |  |
| Does your child have a sibling at The Pines Primary? |  |

**Immunisations/Vaccinations**

|  |  |
| --- | --- |
|  | Date given: |
| Diphtheria |  |
| Tetanus |  |
| Whooping cough |  |
| Meningitis C |  |
| Polio |  |
| MMR |  |
| HIB meningitis  |  |
| Other… |  |

**Individual Needs**

|  |
| --- |
| Does your child have any known **medical conditions**, **allergies** or **dietary requirements**? If yes please state below:(This will be discussed in detail before your child starts with us) |
| Does your child require any additional support: Yes/ No (please circle) If yes please state below: |

Pre- School Sessions

Please complete the box below indicating which sessions you would like your child to attend (Please note, not all sessions are guaranteed to have a space). Please note spaces are term time only.

Preferred start date (to be agreed with setting): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday  | Thursday | Friday |
| 8.30am-1pm |  |  |  |  |  |
| 8.30am-4pm |  |  |  |  |  |
| 9am-12pm\* |  |  |  |  |  |
| 9am-1pm |  |  |  |  |  |
| 9am-3pm\* |  |  |  |  |  |
| 1pm-4pm\* |  |  |  |  |  |

\*-Funded sessions are 9am-12pm, 9am-3pm or 1pm-4pm, please speak to a member of staff or email with any queries. Please note Pre School closes at 3pm on a Friday.

Note: Children are eligible for 15 hours early years grant funding the term after their 3rd birthday. Some children may be eligible for 30 hours dependant on family circumstances the offer of 30 hours is restricted and will be offered on a first come first served basis.

Signed: ………………………………………………………

Name: ………………………………………………………

Date: ………………………………………………………

Collection Form

Security at Pine Cones Pre-School is paramount. If a parent is unable to collect we will require information about who is collecting your child at the end of the pre-school session. We will only allow your child to leave our setting with a responsible adult aged over 18 years. **Please always inform a member of staff if someone else is collecting child.**

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name of adult collecting: |  |
| Relationship to child: |  |
| Contact Telephone number: |  |
| Brief description: |  |
|  |
| Name of adult collecting: |  |
| Relationship to child: |  |
| Contact Telephone number: |  |
| Brief description: |  |

Password to be used for anyone other than parents collecting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In an emergency you may have to send someone not known to pre-school to collect your child, please give us a password that is personal to yourselves that can be used by the person collecting your child. We **will not** release your child into the care of another adult without a password being given.

**I give permission for the people named on this form to collect my child at any time.**

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

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

**Parental Permission and consent form**

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I do/ do not** given permission to seek emergency treatment or advice for my child

I **agree/disagree** to photographs and videos being taken of my child for Tapestry and use of displays.

I **agree/disagree** to my child’s photo being used on the Pine Cones Primary School and Pine Cones Pre-School website or being used by the media (including their websites) for publicity.

I **agree/disagree** to my child having their face painted.

I **agree/disagree** to Pine Cones staff applying sun cream to my child that I will provide.

I **agree/disagree** to Pine Cones Pre-School taking my child on outings in the surrounding area.

I **agree/disagree** for Pine Cones Pre-School to seek advice from outside agencies regarding your child’s learning and development (if we have concerns regarding your child we will always discuss this with you)

(In the event of a safeguarding concern, where we believe sharing information with a child’s family may cause further harm, we will refer to external agencies without seeking parental consent.)

**I agree/ disagree** to Pine Cones Pre-School to pass on my child’s learning and development records when they leave the setting.

**Privacy notice**

To comply with GDPR requirements, we need you to confirm that you are happy for us to hold records about your child. If you wish to see our privacy notice, please ask a member of staff.

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tapestry**

At Pine Cones we use Tapestry. This is an online Learning Journey for your child. We will use Tapestry to capture milestones in your child’s development and to demonstrate how we are supporting your child’s learning and development.

You will receive notifications when your child has a new observation so you will be able to log on to their Learning Journey to view, ‘like’ and if you wish, comment. You will also be able to download the app yourselves and send us photos and notes about what your child is doing at home too. This is a really great way of us all working together to contribute to the Learning Journey. It also gives us as practitioners a full picture of where your child is currently developmentally.

In order to access your child’s online Learning Journey, we will need to have your email address. Once we do you will receive an email from Tapestry inviting you to set yourself up a Tapestry account to gain access to your child’s private Learning Journey.

To help us set up your child’s account please fill in the details below.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/s Details

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permissions:

I give permission for my child to appear in the background of other children’s observations:

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