

Ascott-u-Wychwood

Pre-school



Name of Child..... Date of Birth.....

Name known as.....

Address.....

.....

Parent Details	Mother	Father
Name		
Address		
Home Telephone Number		
Mobile Number		
Work Number		
Email Address		
Parental Responsibility	Yes / No	Yes / No

***CONTACT DETAILS:**

To fulfil the provisions of the Education Regulations, the preschool is required to keep records that include the name and address of every person considered, in law, to be the parent of the child. Please note this includes: mother, married father – even if separated or divorced from the mother; unmarried father if parental responsibility has been obtained either by formal written agreement of the mother or by court order; any person who has a residence order in relation to the child; any person who has actual care of the child.

Emergency contact details (please provide 2 other contacts)	Contact one	Contact two
Name		
Telephone number		
Relationship to child		

Doctor's Details		
Name		
Surgery Address		
Telephone Number		

Medical Details			
List of immunisations			
Known allergies			
Medical Conditions eg asthma, diabetes, epilepsy			
Special Educational Needs Requirements or Disability			
Special Dietary Requirements			
Snacktime Requirement	Milk	Water	Either (please circle)

In the event of an emergency, would you give consent for your doctor to treat your child if you were unobtainable?

Please delete – yes / no.

Please sign.....

Has your child had a 2 year check with the Health Visitor? Please delete – yes /no

Child's ethnicity or cultural background?.....

What is the main religion in your family?

Are there any religious or cultural requirements for your child?.....

I give permission for my child to go on walks and outings with supervision.

Please delete - yes / no.

Please sign.....

I give permission for my child to have their photo taken for preschool use only.

Please delete - yes / no.

Please sign.....

We would like to include pictures on our website of the children engaging in activities. We take the issue of child safety very seriously and the identity of the child will be protected. For example, we would not show a picture with a child's name against it.

I give permission for photos and digital images of my child to be published on the pre-school website.

Please delete - yes / no.

Please sign.....

I give my permission for my child's name to be printed in the newsletter.

Please delete - yes / no.

Please sign.....

I give permission for my child to have observations recorded for preschool use only.

Please delete – yes / no.

Please sign.....

I give permission for my phone number to be circulated amongst pre school parents.

Please delete – yes / no

Please sign.....

Does your child attend another setting?

If yes please give details.....
.....

I give permission to share details with my child's other setting.

Please delete – yes / no

Please sign.....

Approximate date I would like my child to start.....

Signed.....

Name (block capitals please)

.....

Dated.....

To be completed by member of staff

Date application received.....

Starting date.....

Days of attendance.....

Name of key person.....

Has the settling in process been discussed?.....



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Charity Reg: 1036951 Ofsted Early Years: 133471*

