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Registered Charity 1062788

www.peterpanpreschool.org

**REGISTRATION FORM PETER PAN PRE-SCHOOL**

Name of child Date of birth

Name known as Gender (male or female)

Date of Admission

Allergies Yes/No Type of Allergy

Name of Parent(s) with whom the child lives

1.

Does this parent have parental responsibility? Yes/No (delete)

2.

Does this parent have parental responsibility? Yes/No (delete)

Address

Telephone Mobile

Email

Name of parent with whom the child does not live

Does this parent have parental responsibility? Yes/No (delete)

Address

Telephone Mobile

Email

Does this parent have legal access to the child? Yes/No (delete)

Revised 2023 1.

**Emergency contact details**

Parent 1 – Work/daytime contact number

Parent 2 – Work/daytime contact number

**We require two other emergency contact numbers**

Name

Telephone Mobile

Name

Telephone Mobile

**Persons authorised to collect the child must be over the age of 18. (if we have not seen the person authorised to pick up, we require a full description of them and they must know the password)**

**PASSWORD**

Name Relationship to child

Telephone Mobile

Name Relationship to child

Telephone Mobile

**Personal details of child**

Does your child have any special dietary needs or preferences? Yes/No (delete)

How would you describe your child’s ethnicity or cultural background?

What is the main religion in your family?

Revised 2023 2.

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

What language(s) is/are spoken at home?

If English is not the main language at home, will this be your child’s first experience of being in an English-speaking environment? Yes/No (delete)

If so, discuss and agree with the key person how you will support your child when settling-in:

Does your child have any special needs or disabilities? Yes/No (delete)

Details

Statements of special educational need Yes/No (delete)

What special support will he/she require in our setting?

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when. Please expand on the All about My Child Form put key points here.

**Does your child have any medical conditions that we need to know about or will require support or a care plan?**

Details

 Revised 2023 3.

**Names of professionals involved with child**

Details

Do you have a health visitor? Yes/No (delete)

Name Based at

Telephone

Does your family have a social care worker for any reason? Yes/No (delete)

Name Based at

Telephone

What is the reason for the involvement of the social care department with your family?

NB If the child has a protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child’s file.

Does your child attend another setting? Yes/No (delete)

Name of setting Name of Key Person

Telephone

If yes, do you give permission for us to share information about your child with the other setting? Yes/No (delete)

Revised 2023

 4.

**To be completed by the Key person/manager**

Date starting at setting

Days and times of attendance

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 9:15 – 12:15 |  |  |  |  |  |
| 9:15-14:15 |  |  |  |  |  |
| 9:00 – 15:00(30 Hours) |  |  |  |  |  |

Any fees payable? If so, note here £6.00 per hour plus £1.00 per day for snack unless funded

Name of Key Person

Name of back up key person

Has the settling-in process been agreed? Yes/No (delete)

If so, details

**Parents please sign below: Thank you**

Signed by

**Parent 1 Parent 2**

**Print Name Print Name**

Key Person Manager

Date Date or first review

 WIHIN FIRST HALF

 TERM

Revised 2023

 5.

PARENTS DETAILS (ONLY TO BE FILLED IN IF PARENT IS EMPLOYED BY ARMY)

PLACE OF WORK

TITLE RANK

FIRST NAME

SURNAME

REGIMENTAL NUMBER

**PLEASE BRING COMPLETED FORM AND BIRTH CERTIFICATE TO OFFICE**

Revised 2023 6.