

# OWLETS PRE-SCHOOL

## Registration Form

Owlets Pre-School  
Methodist Chapel Hall  
High Street  
Langford  
SG18 9RU



Telephone: 07935784567  
Email: [owletspreschool@outlook.com](mailto:owletspreschool@outlook.com)

Charity Number: 1030866

### Childs Details

First name(s) of child:	Surname:
Full Address:	
Postcode:	
Gender:	Date of Birth:
Birth Certificate seen and copy made? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Family Details

Name of parent(s) / carer(s) with whom the child lives:
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### Contact Details

#### Contact Details 1 (including emergency information)

Parent/Carer Full Name:	Relationship to Child:
Daytime/Work Tel:	Mobile:
Home Tel:	Email:
Home Address:	
Postcode:	
Work Address:	
Postcode:	
Does this parent have parental responsibility for the child? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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### Contact Details 2 (including emergency information)

Parent/Carer Full Name:	Relationship to Child:
Daytime/Work Tel:	Mobile:
Home Tel:	Email:
Home Address:	
Postcode:	
Work Address:	
Postcode:	
Does this parent have parental responsibility for the child? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and an S8 Order is in place.*

Name:	Relationship to Child:
Daytime/Work Tel:	Mobile:
Home Tel:	Email:
What are the contact arrangements that we need to be aware of?	

### Emergency contact details if parents are not available *Emergency contacts must be local.*

Contact 1 Full Name:	Relationship to Child:
Daytime/Work Tel:	Mobile:
Home Tel:	Email:
Home Address:	
Postcode:	

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Contact 2 Full Name:	Relationship to Child:
Daytime/Work Tel:	Mobile:
Home Tel:	Email:
Home Address:	
Postcode:	

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age and MUST know the password.*

Contact 1 Full Name:	Relationship to Child:
Daytime/Work Tel:	Mobile:
Home Tel:	Email:
Home Address:	
Postcode:	

Contact 2 Full Name:	Relationship to Child:
Daytime/Work Tel:	Mobile:
Home Tel:	Email:
Home Address:	
Postcode:	

Password for the collection of child by authorised persons \_\_\_\_\_

\_\_\_\_\_



### About Your Child

The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.

Does your child have previous experience of attending a childcare setting? If so please specify:

### Health and development

Does your child have any ongoing medical conditions? If so please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

Does your child require a health care plan?

Has your child received the following immunisations?

Age	Vaccination	Yes	No	Date
Two months old	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).			
	Pneumococcal (PCV) vaccine.			
	Rotavirus vaccine.			

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Age	Vaccination	Yes	No	Date
Three months old	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).			
	Meningitis C vaccine.			
	Rotavirus, second dose.			
Four months old	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).			
	Pneumococcal (PCV) vaccine, second dose.			
Between 12 & 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.			
	MMR vaccine – mumps, measles and rubella.			
	Pneumococcal (PCV) vaccine, third dose.			
Two to three years	Flu vaccine			
Three years & four months or soon after	MMR vaccine, second dose – mumps, measles and rubella.			
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.			

Does your child have any special needs or disabilities? If so, please specify:

Does your child have any of the following in place?

- SEND action plan
- Education, Health & Care plan

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

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A child's learning difficulties and disabilities status should be recorded according to the following categories:

- No special educational need
- SEND action plan
- Education, Health and Care Plan

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.

If your child is aged three years or over, does he or she have difficulty with any of the following:

Activity	Yes	No
Speaking & communicating		
Listening & attending		
Understanding simple instructions		
Eating & drinking		
Sitting & sharing a book		
Walking & climbing		
Rolling a ball		
Holding a crayon		
Socialising with adults & other children		
Using the toilet		
Putting on their shoes & socks		

Any other concerns/information we should be aware of?

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### Two year old progress check: Children 24-36 months

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes  No

Setting completed check:

Date completed:

*As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you. A risk assessment will be completed & kept on your child's file for any known allergies &*

### Dietary Requirements

Is your child known to have any allergies or food intolerances? If so please specify:

*A risk assessment will be completed & kept on your child's file for any known allergies & intolerances.*

What are your child's dietary requirements? Please specify:

Does your child have any food preferences Please specify:

It is our usual practice to provide both a healthy snack. If this is not in-keeping with your child's dietary requirements, please discuss this with a member of staff. We ask parent/carer to supply a healthy lunch box (when applicable), to ensure that we are working in partnership to meet your child's needs.

Please refer to our Food and Drink Policy.



### ***Cultural Background***

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

What is the main religion in your family (if applicable)?

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 spoken at home, will this be your child's first experience of being in an English-speaking environment?

Does your child need a bilingual support plan?

If so, discuss & agree with the key person how we can work together to support your child when settling in:





### General Information

What is your child's usual sleep pattern?

Does your child have a pacifier i.e. dummy or thumb?

Does your child have a special toy or object they might bring with them?

What sort of things does your child enjoy doing at home, i.e. drawing or cooking?

What other information is it important for us to know about your child? For example, what they like, fears they have or any special words they use:

### Details of Professionals Involved with your child

#### GP

Name:

Telephone:

Address:

Postcode:

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### Health Visitor (if applicable)

Name:	Telephone:
Address:	
Postcode:	

### Social Care Worker (if applicable)

Name:	Telephone:
Address:	
Postcode:	

What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file*

### Dentist

Name:	Telephone:
Address:	
Postcode:	

### Any other professional who has regular contact with your child

Name:	Role:
Agency:	Telephone:
Address:	
Postcode:	



## Permissions

### *For Inhalers/auto-injectors (e.g epipens) only*

I give permission for a named member of staff who has been appropriately trained to administer the inhaler/Epipen

The named staff are:

1:

2:

3:

Signed:

Date:

Printed Name:

### *Nappies*

I give permission for nappy cream (supplied by me) to be administered to \_\_\_\_\_ when required, in accordance with manufacturers instructions.

Signed:

Date:

Printed Name:

### *Sun Cream*

I will ensure I have applied ALL DAY sun cream to my child before they attend pre-school (weather permitting)

Signed:

Date:

Printed Name:

### *Short Trips – General Outings*

Your child will have the opportunity be taken out of our setting as part of some activities. Parent/Carer permission will always be sort prior to any child being taken out of the setting

I give permission for \_\_\_\_\_ to take part in short trips or general outings. I understand that individual risk assessments are carried out for each type of trip or outing taken & are available for me to see as required. For any major outings, I understand I will be informed & my specific consent obtained.

Signed:

Date:

Printed Name:

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### ***Photographs***

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child's records within the setting. We are happy to provide duplicate photos of your child to you if requested, although this might incur a small charge to cover our cost. Photos are stored on the setting's computer only; we only store images during the period your child is with us

I give permission for \_\_\_\_\_ to have his/her photograph taken as per the above conditions.

Signed:

Date:

Printed Name:

### ***Animals***

We may occasionally have supervised visits of animals to the setting. Please state below any known allergies or aversions your child has:

Signed:

Date:

Printed Name:

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### Key Persons – Information for parents

Each child joining the setting will have a key person appointed to them your child's key person. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's key person may change as your child progresses through the setting. You will be notified of these changes. Your child's key person is your first point of contact for anything you wish to discuss about your child

Your child's key person will be \_\_\_\_\_

### To be completed by the key person / manager

Date starting at Owlets Pre-School \_\_\_\_\_

Days & times of attendance \_\_\_\_\_

Are any fees payable? If so, note here: \_\_\_\_\_

Has the settling in process been agreed? \_\_\_\_\_

If so please specify:

### Policies & Procedures

I have been provided with details of Owlets Pre-School early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent

Signed:

Date:

Printed Name:

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### Session request

Preferred start date: \_\_\_\_\_

*Please tick the sessions you would like your child to attend:*

Morning  Monday  Tuesday  Wednesday  Thursday  Friday

Afternoon  Monday  Tuesday  Wednesday  Friday

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child,**

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

If you find that you no longer need the place, please inform us as soon as possible.

Signed parent/carer (1): \_\_\_\_\_ Date: \_\_\_\_\_

Signed parent/carer (2): \_\_\_\_\_ Date: \_\_\_\_\_

**Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.**

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### Declarations

*Please sign below to indicate that the information given on this form is accurate & correct & that you will notify us of any changes as they arise.*

Parent Name:	Date:
Signed:	

Name of Key Person:	Date:
Signed:	

Name of Manager:	Date:
Signed:	

Date of 1 <sup>st</sup> Review:
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