



Dartmouth Pre-School Registration & Permission Forms

Name of child Date of Birth.....

Name known as.....

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.....

.....

Email address.....

Telephone Mobile.....

Name of parent with whom the child does not live

1.....

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

Address of this parent.....

.....

Telephone..... mobile.....

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

Emergency contact details

Parent 1 – Work/daytime contact number.....

Parent 2 – Work/daytime contact number.....

Any other emergency contact number.....

Name.....



Personal details of your 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?

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 preschool

.....
.....

What language is 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? Yes/No (delete)

If so, discuss and agree with the Manager how we can support your child when settling in

.....
.....

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

Details.....

Does your child require special support while at preschool?

.....
.....

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

.....
.....
.....



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

Name..... Based at.....

Telephone.....

Has your child had their 2 year check with the Health Visitor? Yes/No

Has your child been immunised against the following:

Diphtheria () Whooping cough () Tetanus () Polio () Measles () Mumps ()

Rubella () Have they received the HIB Vaccine ()

Will staff be required to administer treatment or medication to your child during session times? Yes/No

You will be required to complete an ADMINISTRATION OF MEDICINE/TREATMENT form, prior to your child's first session.

Do you give permission to have hypo allergenic plasters administered if necessary? Yes/No

Do you give permission for Dartmouth Pre-school to seek emergency medical treatment for your child if necessary? Yes/No

Days you wish your child to attend Dartmouth Pre-school

Monday am () Tuesday am () Wednesday am () Thursday am () Friday am ()

Monday pm () Tuesday pm () Wednesday pm () Friday pm ()

Sessions: 9-12 then 12-3 daily except Thursday 9-12.30 only

Lunch is taken at 12 noon daily

Do you agree to put yourself forward to be a member of our parent committee and to attend the next committee meeting? Yes/No

Signed..... Date.....

Parent/ Guardian of (child's name).....

Please complete and return to Dartmouth Pre-school, Southford Schoolrooms, Southford Road, Dartmouth TQ6 9QS.



DARTMOUTH PRE-SCHOOL

SUN SAFETY PERMISSION

NAME OF CHILD

*I **give** permission for Dartmouth Pre-school to administer sun cream to my child.

*I **do not give** permission for Dartmouth Pre-school to administer sun cream to my child.

*delete as appropriate.

Signed

Date

PHOTO AND VIDEO PERMISSION

Please note that, in line with our E-Safety Policy, personal cameras may not be used to take still or moving images of the children within the Dartmouth Pre-school setting. Only dedicated school photographic equipment may be used to take images.

**** This form can only be signed by a parent with parental responsibility****

Photo and Video Permission Slip
appropriate.

**delete as

Name of Child:

**I do/do not give permission for my child's photographs and videos to be uploaded to their own and other children's personal online learning journeys.

**I understand that by signing this slip I am agreeing to protect the photographs and videos of other children at the setting, and not to post images on social networking sites.

**I do/do not give permission for my child's image to be used in marketing material, including the local press, pre-school website and Facebook page.

.....(Print Name)(Signed)

.....(Date)