



For Office Use:

Date issued .....  
Date received .....  
Birth Cert no. ....  
Proof of address .....  
Seen on .....  
By .....

## Registration form

### Child's Details:

First name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Name known as \_\_\_\_\_

Child's full address \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_

### Family details

Name of parent(s)/carer(s) with whom the child lives: \_\_\_\_\_

### Contact details 1:

Parent/carer full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Work address \_\_\_\_\_

Does this parent have parental responsibility for the child? **Yes/No** (*delete*)

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

### Contact details 2:

Parent/carer full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Does this parent have legal access to the child? **Yes/No**

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**Emergency contact details (if parents are not available)** *Emergency contacts must be local*

Contact 1 - Name \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Contact 2 - Name \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

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

Person 1 – Name \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Person 2 – Name \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

**If someone other than a parent is collecting your child, please ensure they know the password you designate below and you enter their details in our collection book.**

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

**Your child's Doctor:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Does any other professional (including a social worker) have contact with your child? **Yes/No** (*delete*)

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_ (you will be contacted by our Pre-School Manager).

Are your child's immunisations up to date? **Yes/No** (*delete*)

If your child is between 24-36m, has a 2 yr old progress check been completed? **Yes/No** (*delete*)

Completed by \_\_\_\_\_ Date Completed \_\_\_\_\_

We will complete a progress check on your child between 24-36 months, we will ask you to be involved in the check and will discuss it with you.

Does your child have any known medical conditions, special needs or disabilities? **Yes/No** (*delete*)

If so please provide details \_\_\_\_\_

\_\_\_\_\_ Is a SEN/Education action plan in place for your child? **Y/N/n/a** (*delete*)

Has a health care plan and agreement to administer medicine been completed? **Y/N/n/a** (*delete*)

If yes please provide details \_\_\_\_\_

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

If so please provide details \_\_\_\_\_

If your child has allergies, these will be prominently displayed within our setting. Please sign below to agree this information can be displayed.

Signed (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

## General parental permissions

### Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact the parent/carer, followed by the emergency contacts. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

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

### Suncream

I give permission for a member of staff to administer sun cream which has been supplied by yourself.

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

### 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/tablets 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 may also record events and activities on video. Photos/videos are stored on the setting's tablets only; once they have been printed or uploaded to online learning journals they are deleted each half term. Observations and photographs may be used for staff training internally and externally. If used externally for accredited courses all information will remain confidential and only child initials will be used. If we would like to use any image of your child for publicity or marketing purposes, we will always seek your written consent for each image we intend to use. '

I give permission for \_\_\_\_\_ to have his/her photo taken, or videoed, as per the above conditions.

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

### Short Trip – general outings

Your child will be taken out as part of the daily activities. Venues used could include Mackie House senior citizen residence or Stock Primary School however this list is not exhaustive.

I give permission for \_\_\_\_\_ (name of child) 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 and are available for me to see as required. For any planned outings, I understand I will be informed and my specific consent obtained.

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

## Equalities monitoring form

Childs name: \_\_\_\_\_

Ethnicity, where collected, should be recorded according to the following categories:

### White – British

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background


### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background


### Mixed – White and Black Caribbean

- White and Black Caribbean
- White and Asian
- Any other mixed background


### Black or Black British

- Caribbean
- African
- Any other Black background


### Chinese

- Chinese

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### Any other ethnic background

- Please state \_\_\_\_\_

Religion \_\_\_\_\_

### Cultural Background

Are there any festivals or celebrations that you would like to us consider acknowledging/celebrating whilst your child is at Pre-School. If so, please provide details below

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What languages are spoken at home ? \_\_\_\_\_

If English is not spoken at home, will this be your child's first experience of being in an English-speaking environment?

Yes/No (delete)

To all Parents / Carers

**Getting involved with Stock Pre-School**

We love our parents to get involved with our Pre-School and there are many varied ways in which you can do this:

1. Membership of the Pre-School

If you have a child attending Stock Pre-School then you are eligible to become a 'Family Member' of the Pre-School. Membership of the Pre-School is free and entitles you to attend and vote at our Annual General Meeting (AGM), a great way to be pro-actively involved and up to date with what is happening at the Pre-School. Further details can be found in our Memorandum and Articles of Association on [www.stockpreschool.org.uk](http://www.stockpreschool.org.uk). Please tick the box below to become a Member of the Pre-School.

	Please accept this as confirmation of my/our application for Family Membership of Stock Pre-School (registered charity No: 1125535) established as a Company limited by guarantee.
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2. Pre-School Committee

As a registered charity, run by an elected management committee of volunteer parents, we are always looking for new committee members who want to be part of the decision-making processes to ensure our Pre-School remains a nurturing, fun, stimulating and of course Ofsted 'Outstanding' Pre-School.

Committee members are elected at our AGM each year, which is usually held in December, and serve for a term of one year before standing down or being re-elected. Committee members are registered Directors of the Pre-School and are required to be registered with Ofsted, Companies House and The Charity Commission.

Although becoming a Committee member may sound a bit onerous, it really is the best way to become involved and to have a say about how the Pre-School is run. We match your interests and skills with various positions in the committee, for example if you are more suited to looking at finances you could be our Treasurer and help ensure our Finances are well-managed, or if you like arranging social events you could join our Fundraising team and focus on that. Being a committee member does require volunteering your time but you may well learn some new skills on the way and we do have fun too!

Please tick the box below if you are interested in finding out more about the committee

	Please note than I am interested in learning more about the committee/joining the committee and understand you will contact me.
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3. Pre-School Supporters

If you would like to help out on a more informal and ad-hoc basis, such as in the run up to a fundraising event or at the event itself, then please become a Supporter who are a pool of parents we ask to help out as and when required.

	I would like to be a Supporter and help out with fundraising events.
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4. Other help

If you have a skill or experience you could share with the Pre-School please let us know. For example, we've previously had parents coming in and running dance classes, reading stories, and talking about being a Policeman. Other parents have supported us by helping with our plumbing or building maintenance needs.

	I have a skill or interest that I would like to share with the Pre-School and understand the Pre-School will contact me regarding this.
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We do appreciate that time is precious for all of our parents, but we really need your help so please tick **all** of the boxes that are applicable to you. Finally, please remember that we welcome you joining in any of your child's sessions at any time and we ask that you continue to support our fundraising events.

**Thank you for getting involved with Stock Pre-School**

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Name \_\_\_\_\_

Signature \_\_\_\_\_

Childs Name \_\_\_\_\_

# Stock Pre-School Uniform Order Form

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

I wish to order T-Shirts/Sweatshirts:				
	Size	Price	Quantity	Total £
T-Shirt	2-3 years	£4.50		
	3-4 years	£4.50		
	5-6 years	£4.50		
Sweatshirt	3-4 years	£8.50		
	5-6 years	£8.50		
				<b>Total to pay £</b>
Payment can be made by online banking				
<b>Stock Pre-School</b> account no. 65847240 sort code 08-92-99 <b>The Co-operative Bank</b>				
or by cheque - payable to 'Stock Pre-School'				
<b>Please quote your child's name as a reference for all online payments, and write their name on the reverse of any cheques sent to us.</b>				



## GIFT AID DECLARATION - making your donations go further

The Gift Aid scheme allows Stock Pre-School to claim 25p from the Government for every £1 you donate to us.

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I want Stock Pre-School, registered charity number 1125535, to reclaim tax on any donations I have made to them in the past 6 years, and any donations I make to them in the future. I understand that the amount they claim back must not exceed the tax I have paid, and I will advise them if my address changes.

Name .....

Child's name .....

Address .....

please include postcode

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Signed .....

Date .....

