

Stepping Stones Pre-school Registration form

Name of child	M / F	Date of birth	
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1. Name of parent/carer who your child lives with			
Relation to child:			
Telephone:		Mobile:	
Does this parent/ carer have parental responsibility? Please circle			Yes No

2. Name of parent/carer who your child lives with			
Relation to child:			
Telephone:		Mobile:	
Does this parent/ carer have parental responsibility? Please circle			Yes No

Address:		Postcode:	
Telephone:	Email: Please tick if you wish to receive newsletters, letters etc. by email <input type="checkbox"/>		

Details of parent (if any) that the child does not live with			
Name:		Relation to child:	
Address:			
Postcode:			
Telephone:		Mobile:	
Does this parent have legal access to your child? Please circle			Yes No
Would you like us to send correspondence such as newsletters and arrange for them to view learning Journals?			Yes No

Please provide name and age of any siblings

What date would you like your child to start?	
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All children are entitled to government funding for 15 hours childcare per week from the term after their 3rd birthday. **Some** children may be entitled to funding from the term after their 2nd birthday. **Some** children may be entitled to funding for 30 hours childcare. (To check eligibility, please see appropriate section in the prospectus)

Please complete the table below indicating which sessions you would like?

Day of the week	Start Time	End time	Number of hours attending	Total hours per week
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Please see separate form enclosed to book a Forest Schools Place

If your child is **not** yet eligible to receive funding, please indicate how you would prefer to pay your child's fees

Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Half termly <input type="checkbox"/>	Termly <input type="checkbox"/>
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Please note that all sessions must be paid for even if your child is absent unless you are able to give 4 weeks notice. This is because we have to plan each term to ensure we have the correct number of staff in for the number of children.

Please refer to 10.11 Fees Policy which can be found in the pink folder in the reception area or can be found on our website.

Has your child attended any other pre-schools/ playgroups / toddler groups etc. in the past? Please circle	Yes	No
If so, which:		
Does your child currently attend any other setting which may share the funding?		
If so, please provide name of setting, address and telephone number:		
No of hours:		

Which Infant school do you intend your child to attend? (Please note that there is a separate application procedure to enrol your child at school)

Name of School: _____ Date due to start: Sept 20____

Doctors name:

Surgery address:

Postcode:

Telephone:

Health visitors name:

Has your child been immunized against?

Please tick

Diphtheria?	Whooping Cough?	Tetanus?	Polio?	MMR?	HIB?

Is your child allergic to anything? Please circle	Yes	No
If yes, please give details:		
Is your child receiving any medication? Please circle	Yes	No
If yes, please give details		
Children help themselves to water, milk or squash at snack times. Please indicate below if there is anything that they can't have.		
Yes	<input type="text"/>	No <input type="text"/>

Does your child suffer from Please circle	Yes	No
-Asthma	Yes	No
-Eczema	Yes	No

Does your child have any special needs or disabilities? Please circle	Yes	No
If yes, please give details		

Is there any other information concerning your child, that you feel would be helpful to us?

How would you describe your child's ethnicity or cultural background?		
What is the main religion in your family if any?		
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? Please circle If the answer is yes we will discuss and agree with you how we will support your child when settling in.	Yes	No

Names and details of any professionals involved with your child

1. Name:	Agency:
Address:	
Postcode:	
Telephone:	

2. Name:	Agency:
Address:	
Postcode:	
Telephone:	

Stepping Stones Pre-school Emergency Contacts

Please give three contacts in case of emergency. This includes someone we can contact if parents/ carers are unavailable.

Name of child: _____

1. Name:	
Address:	
Postcode:	
Telephone:	Mobile:
Relationship to child:	

2. Name:	
Address:	
Postcode:	
Telephone:	Mobile:
Relationship to child:	

3. Name:	
Address:	
Postcode:	
Telephone:	Mobile:
Relationship to child:	

In the event of a serious accident or illness and being unable to contact relatives/carers on the above numbers a staff member will accompany your child to hospital in an ambulance OR take your child to the Doctors surgery opposite the pre-school.

Please sign to say you are aware and in agreement with this statement

Sign

Stepping Stones Pre-school Permission form

During the time your child attends Stepping Stones there will be occasions where we will need permission for your child to take part in certain activities. Listed below are some of these occasions; please indicate that you are aware and give permission. Please circle as appropriate and sign at the bottom.

Childs name: _____

May we take photographs to record observations of your child as part of their developmental records and as evidence for Ofsted.	Y	N
May the photographs taken be used for reporting/ promotional purposes to promote the preschool? E.g in places such as the newspaper, library, our web page or Avonway.	Y	N
We regularly invite Animal Voice into Pre-School; they bring a selection of small animals and birds; such as rabbits, hedgehogs, owls etc. May we have permission for your child to touch them (with adult supervision)? Please indicate any known allergies	Y	N
Occasionally we like to take a small group of children to the local shops, to the library, or on a nature walk (e.g along Marl Lane) may we take your child?	Y	N
Periodically we have visits from other professionals such as Health Visitors and Teachers from Fordingbridge Infant School, may we have your permission to talk to them regarding care/education issues for your child?	Y	N
In a matter of safeguarding a child there may be certain circumstances when information will be shared without parental consent. More information can be found in our Safeguarding Children policy. Please indicate that you are aware of this.	Y	N
More information regarding these instances can be found in our policies. Copies of these are kept on the notice board for you to refer to or if you would prefer a copy of them to keep please ask a member of staff. Please indicate that you are aware that copies of the policies are available to you.	Y	N
As a provider, we have to make you aware of Hampshire County Council's Privacy Notice. This is enclosed with your registration pack. Please indicate that you have read this.	Y	N
Learning journals are on-line through an application called Tapestry. This a secure website that allows staff to record day to day observations. Parents are able to view these on-line and also to comment. You will be shown how to access and use Tapestry and will be able to allocate a password so that it is secure. Are you happy for your child's progress to be recorded in this way?	Y	N
In warm weather we ask parents/ carers to provide their children with: <ul style="list-style-type: none"> • a sun hat covering as much of the face and neck as possible • suitable footwear to enable the children to move freely and safely outside (no flip flops or sandals) • suitable clothing for outdoor play (remembering hard surfaces) • sun cream applied before the children start, strong enough to protect their child for their session. If children are staying over 5 hours we will re apply sun cream. Please can parents/ carers provide the child's own sun cream to be applied. This must be marked with the child's name.		
Please indicate the whether you give permission for Stepping Stones staff to apply sun cream	Y	N

Name of parent/ carer: _____ Signature: _____

Stepping Stones child collection form

Stepping Stones will NEVER let your child leave the premises with anyone who does not have your written permission to collect them. You may like to let us know of a password that can be used to identify the person collecting.

Please list below anyone who has your permission to collect your child in your absence.
(Persons must be over 16 years of age)

Name of child: _____

1. Name:	Relationship to child:
Address:	
Postcode:	
Tel no:	
2. Name:	Relationship to child:
Address:	
Postcode:	
Tel no:	
3. Name:	Relationship to child:
Address:	
Postcode:	
Tel no:	

Password for collection is:

Name of parent/ carer: _____

Signature: _____