

# TURVEY PRE-SCHOOL PLAYGROUP

## Registration form

### Child's details

Surname ..... Forenames.....

Name known as ..... Date of birth.....

Home address .....

.....

Post code ..... Telephone .....

### Parents' details

Name of parent/s with whom the child lives at above address:

1 ..... Mobile number .....

Email address .....

Does this parent have legal parental responsibility? (named on birth certificate) Yes/No

2 ..... Mobile number .....

Email address .....

Does this parent have legal parental responsibility? (named on birth certificate) Yes/No

Name of parent with whom the child does not live: .....

Does this parent have legal parental responsibility? (named on birth certificate) Yes/No

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

Address of this parent .....

.....

Telephone..... Mobile.....

Email address.....

### Other persons authorised to collect your child (must be aged over 16 years)

If you do not introduce them to us, they will need your password and we will need to see some ID on their first visit or we cannot let your child go with them. Please ensure you have their permission to share their details with us.

Name/relationship ..... Name/relationship .....

**NB No child will be released to unauthorised persons.**

**Emergency contact details (in addition to parents)**

*Medical emergency:* Who should we contact if your child is taken ill? Please list below contacts in the order you wish them to be used (remember your child may need collecting). Please ensure you have their permission to share their details with us.

*Other emergency (closure or evacuation):* Who should we contact to collect your child?

1 Name/relationship .....  
Daytime number..... Mobile .....

2 Name/relationship .....  
Daytime number..... Mobile .....

3 Name/relationship .....  
Daytime number..... Mobile .....

4 Name/relationship .....  
Daytime number..... Mobile .....

*Our Statutory guidance – EYFS require us to have 4 Emergency contacts on record (Sept 2025)*

**For safety and security reasons, please give a password that can be used by emergency contacts if they collect your child:**

.....

**Medical details**

Does your child have any medical condition we should be aware of? Yes/No  
(eg, diabetes, asthma, epilepsy)

Details.....

Does your child have any allergy or intolerance we should be aware of? Yes/No  
(eg, eggs, gluten, dairy, nuts)

Details .....

Name of GP .....Telephone.....

Surgery address.....

Has your child received all recommended immunisations? Yes/ No  
Is your child registered with a dentist? Yes/No

NB Staff need your written authority and instruction to give any prescribed medication. A care plan will be prepared with you if your child has an ongoing medical condition (eg, asthma).

All information regarding medical details is correct at the time of signing and I will inform Pre-school of any changes to my child’s medical history. I agree that any emergency situation should be dealt with as deemed appropriate by staff at the time, including going to hospital.

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

**About your child** (*please write on the back or a separate sheet if needed*)

Does your child have any special dietary needs/preferences? Yes/No

Details .....

Are there any special occasions or festivals you celebrate at home that your child will be taking part in and that you would like to see acknowledged while your child is in our setting?

.....

What is the main religion in your family if applicable? .....

What languages are spoken at home? .....

If English is not the main language spoken at home, will this be your child's first experience in an English-speaking environment? Yes/No

If yes, how will you support your child when settling in? Please discuss and agree a plan.

.....

Does our child have any additional/special needs/disability? Yes/No

If yes, please give full details

.....

.....

What special support will they need in our setting?

.....

What other information is it important for us to know about your child? For example, have they left you before, are there any family circumstances that may affect your child?

*NB Please tell us if any circumstances arise in the future that could affect your child.*

.....

What settling-in process would you think best for your child? Please discuss and agree a strategy.

.....

Other children in the family (please list):

Name Date of birth

Name Date of birth

Name Date of birth

### Other professionals

Do you have a health visitor? Yes/No

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

Are any other professionals involved with your child? Yes/No  
(Eg, speech/language therapist, physiotherapist, family support worker)

Name..... Role.....Telephone.....

Does your family have a social worker for any reason? Yes/No

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

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

.....

*NB If the child is on the child protection register it should be noted but no details recorded. Contact should be made with the named social worker.*

### Other settings

Please give details of any other setting (nursery,pre-school,childminder) that your child attends.

.....

Telephone number ..... Keyperson.....

Which school your child will be attending? .....

### Helping at Turvey Pre-school

Turvey Prre-school cannot operate without the help and support of parents so we really value your involvement in the pre-school. Please think about how you can help us and let us know by indicating below. Thank you.

I would like to help in the following ways (please tick)

- |  |  |
|--|--|
| <input type="checkbox"/> Join the committee                                  | <input type="checkbox"/> Help with fundraising             |
| <input type="checkbox"/> Help with small DIY jobs                            | <input type="checkbox"/> Come in to a session to play/read |
| <input type="checkbox"/> Share a particular skill or hobby with the children |  |
| <input type="checkbox"/> Other. Please tell us how you'd like to help:       |  |

## Consent

In order to carry out our work we do need to have your consent for various things and at times we may seek your consent for specific reasons; this would be done on an individual basis as needed. Please read the list below and indicate if you give consent or not to each item. Then, please sign and date at the bottom.

### We require your signed consent for the following:

- a. As part of our work with your child we will keep records to show their development during their time with us and this will be yours when your child leaves. Photographs will be taken for this reason and may also be used (unnamed) in other ways. Please indicate below your consent for photographs to be used:

In children's scrapbooks	Yes / No	On our Facebook page	Yes / No
In displays, posters, articles in local magazines	Yes / No	On our website	Yes / No

- b. It may at times be necessary and beneficial for us to share information about your child with other professionals, eg school, speech and language therapist, or to seek their advice. If your child attends, or has attended, another setting, we will contact them in an effort to ensure continuity in your child's learning and care. Yes/No

NB There may be occasion when we have to share information due to our statutory obligations.

- c. We may occasionally go for short, supervised walks around the village as part of our activities (eg, to the park, shop, look at where we live). Yes/No
- d. On outings where you are not present, we will need to take your phone number(s) off-site so we can contact you if needed. Yes/No
- e. In hot sunny weather sun cream may need to be applied or re-applied during the course of the session/day. Yes/No
- f. To keep you informed of matters relating to your child and pre-school we need to use the contact details you have given to us Yes/No
- g. In the event of emergency, we will use contact details for named individuals you have given to us Yes/No

**NB** Please make sure you have permission of individuals to share their contact details with us.

Please sign below to give your consent for the above. If you have any queries, please ask.

Signed .....

Date.....

