

BROUGHTON PRE-SCHOOL  
 The Pavilion, King George V Playing Fields, Preston  
 PR3 5JA Tel: 01772 860834  
[www.broughtonpre-school.co.uk](http://www.broughtonpre-school.co.uk)

Child's Full Name .....Date of Birth.....

Address.....

.....Postcode.....

Home telephone number.....

Mother's name & mobile number.....

Father's name & mobile number.....

(please note we need at least 3 emergency numbers that can be contacted at all times while your child is at pre-school. Please provide alternative numbers below if the above 3 are not suitable)

Emergency no.....name of contact.....

Emergency no.....name of contact.....

Days attending & the starting date .....

	Mon	Tues	Weds	Thurs	Fri
8..00am-9.00am					
9.00am-11.30am					
Lunch 11.30am-12.30pm					
12.30pm-3.00pm					
3.00pm-5.30pm					

Doctors name.....Surgery.....

.....Tel. No.....

Health Visitor's Name.....Tel.No.....

Is your child involved with any outside agencies? E.g. Speech

therapists.....

In the case of an emergency do we have your permission to seek medical treatment for your child (please circle the appropriate answer) YES  
 NO

Religion.....

Specific medical/ dietary requirements/

allergies.....

.....

Should we be tasting different foods have you any concerns/objections to your child taking part in these sessions? (please circle your answer) YES NO

I \*DO/DO NOT consent to allow my child to take part in the following activities outside the building whilst under the supervision of qualified staff;

- Walk around the field, e.g. on a nature walk.
- Visit the playground area.
- Visit the post office.
- Practice road safety at the pelican crossing.

I give permission for the following adults to collect my child from pre-school apart from myself.

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

(please note, any other person not stated on this form will be refused by staff to collect your child)

I \*DO/ DO NOT give permission for observations, photographs and video recordings to be taken of my child at pre-school by staff to be used in their record of achievement/ as evidence for staff training/ as evidence for the Quality Kitemark/ to be displayed around the pre-school.

I \*DO/ DO NOT give permission for sun cream to be applied to my child by the pre-school staff.  
(\* delete as appropriate)

Signed (parent/guardian)

Date

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Personal data collected on this form will only be used for the purpose of administration as required by Broughton Pre-School. These records will be processed in order to maintain your child's record and will be held in compliance with the principles of the Data Protection Act 1998.