

The Pavilion, King George V Playing Fields, Broughton, Preston. PR3 5JA

Telephone number: 01772 860834

www.broughtonpreschool.co.uk

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

Address where child resides .........................................................................................................

...................................................................................................................Postcode..........................

Home telephone number..................................................................................................................

Mother’s name, Address (if different from above) & mobile number

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Father’s name, Address (if different from above) & mobile number

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...........................................................................................................................................................................Who has legal contact with the child?……………………………....................................................................

Who has parental responsibility for the child?……………………….........................…................................

(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.........................................................

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

I UNDERSTAND and AGREE THAT **ONLY** adults listed on my child’s admission form will be allowed to collect my child.

I understand that pre-school requires at 3 emergency numbers and I agree to informing them of changes to mobile numbers etc.

Days attending & the starting date ..............................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Weds | Thurs | Fri |
| 7.45am-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 or has he/she learning difficulties ?

Outside agencies involved are:-....................................................................................

Please indicate below the status that your child is recorded at should your child have learning difficulties:-

|  |  |
| --- | --- |
| No special needs |  |
| Early years action |  |
| Early years action plus |  |
| Statement |  |

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 \*DO/ DO NOT give permission for my child to walk around the local community with the pre-school staff to:

* Visit the local police station
* Visit the local shop/ garage
* Deliver a letter.
* Visit the local high school/ duck pond

Signed …………………………………………………………………………….. Date …………………………………………..

I wish/ do not wish my child to be able to use knifes and hammers when supported by knowledgeable practitioners at pre-school on a 1:1 basis

Signed ……………………………………………………………………………… Date …………………………………………….

I do/ do not wish for my child’s photograph to be included in the learning journey file of other children at Broughton Pre-school (i.e. when children complete activities together)

Signed ……………………………………………………………………………….Date …………………………………………………

I do/ do not give permission for suitable pictures of my child to be used on the pre-school website. If at any point I feel that I would like to have the pictures removed I will inform the pre-school straight away.

Signed …………………………………………………………………………….… Date …………………………………………….

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

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

.**Name, address and telephone number if different from parents is;-**

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(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 learning journey/ as evidence for staff training/ as evidence for the Quality Kitemark/ to be displayed around the pre-school.

I understand that these images stored during my child’s time at pre-school.

(\* delete as appropriate.)

Signed …………………………………………………………………………….. Date …………………………………………..

E-mail address ……………………………………………………………………………………………………………………………………..

**Ethnicity (voluntary)**

Please tick the appropriate box

|  |  |  |  |
| --- | --- | --- | --- |
| White British |  | Indian |  |
| White Irish |  | Pakistani |  |
| Gypsy/Roma |  | Bangladeshi |  |
| Traveller of Irish Heritage |  | Any other Asian Background |  |
| Any other white background |  | African |  |
| White and Caribbean |  | Caribbean |  |
| White and Asian |  | Any other Black Background |  |
| White and Black African |  | Chinese |  |
| Any other mixed background |  | Any other ethnic Background |  |
|  |  | Rather not disclose |  |

**Parental Agreement Form**

I understand and agree with the aims and ethos of Broughton Pre-School

I understand and agree that fees are paid on a half termly basis and if not paid by the date stated 10% of the total bill be added.

I understand and agree that 4 weeks notice must be given if I wish to withdraw my child from pre-school

I understand and agree that payment is still required if my child is absent ( due to holidays/illness etc.)

I understand and agree that I will liaise with the pre-school staff regarding my child’s learning and development through informal and formal discussions. I will also have an active role in contributing to my child’s learning journey file.

**We have to inform all parents that we are obliged to relay any concerns that we have about a child at pre-school to the relevant authorities.**

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.