



**BRINKWORTH BUTTERFLIES
PRE – SCHOOL**

APPLICATION & REGISTRATION FORM

CHILD'S DETAILS

Child's full name	
Known As ?	
Date of Birth	
Home Address	
Post Code	
Home Telephone No.	

PARENT / GUARDIAN'S DETAILS

Mother's /Guardian's Name	
Daytime Contact Address (If different from above)	
Contact Telephone No. Mobile No. Email:	

Father's /Guardian's Name	
Daytime Contact Address	
Contact Telephone No. Mobile No.	

HEALTH DETAILS

Doctor's Name	
Surgery Address	
Surgery Telephone No.	
Health Visitor's Name	
Contact Telephone No Address	

Please list all immunisations & dates			
Does your child have any known allergies? If yes please give details & necessary action:	YES	NO	
Does your child have any special dietary requirements? If yes please give details:	YES	NO	
Does your child suffer from any medical condition; had any major illnesses/operations or recent hospital admission? If yes please give details:	YES	NO	
Is your child classified as having 'Special Needs'? If yes please give details:	YES	NO	

(ADDITIONAL SPACE ON PAGE 6 IF NEEDED)

EMERGENCY TREATMENT PERMISSION

In the event of an emergency please contact: (In order of priority)

1.Name	
Address	
Contact No	
Relationship to child	

2.Name	
Address	
Contact No	
Relationship to child	

3.Name	
Address	
Contact No	
Relationship to child	

I do / do not give my full consent for emergency treatment to be administered to my child in my absence, if it is deemed necessary by a medical professional including Ambulance personnel.

Signed: Relationship to child:	Date:
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CONSENT :

Medication & Creams:

Medication will only be given if we have received prior written permission from the parent. If the administration of the medication requires technical/medical knowledge then individual training for the staff will be provided by a qualified health professional specific to your child. Please discuss individual matters in confidence with the Supervisor.

I do / do not give my permission for staff to put sun cream on my child when going outside

NB If none provided by you the Pre-School creams will be used

Signed:

Date:

Pre-School Outings:

On occasions we take the children on trips, these are always planned in advance and you will be given notice and asked to sign a permission slip. However this signature gives recorded consent.

I do / do not give my permission for _____(name of child) to be taken on outings

Signed:

Date:

Photographs, videos & Web site:

We would on occasion like to take photographs or videos to record the children whilst at pre-school and may wish to include these on the pre-school official web site. We will give you notice and ask you to sign a permission slip beforehand. Under the Data Protection Act 1998 we need to have your consent in order to do this.

I do / do not give my permission for _____(name of child) to have their photograph/video taken whilst at pre-school and for use on the pre-school web site.

Signed:

Date:

Health Visitors:

We have regular visits from the local Health Visitors, which we will advise you of in advance. You are welcome to come in person to discuss your child or if asked we can talk to them on your behalf.

I do / do not give permission for a Health Visitor to attend to my child

Signed:

Date:

Record Keeping:

We aim to help all children work towards achieving the 'Early Learning Goals' as outlined by the national standards. In order to fulfil part of the criteria we need to maintain developmental records for your child. We will share all record keeping with you on a regular basis, via your child's key-worker and you are welcome to view them at any time.

I do/ do not give permission for this record keeping process to occur

Signed:

Date:



CONSENT FOR LIAISON WITH OUTSIDE AGENCIES

Every child has the right to have their individual needs met. In order to do this it may sometimes be necessary for us to talk to and share information with outside agencies e.g. Health Visitors. local schools. Speech Therapist, School Start, Area SENCos, other settings attended. or other agencies.

The role of Area SENCo is to support this setting with the inclusion of your child by providing advice and by sharing information with other agencies. Wherever possible we will always discuss with you first any information that needs to be shared.

Whilst your child is attending: *Brinkworth Butterflies* the staff will be monitoring and assessing your child's progress.

External agencies are welcome to visit our setting,

Declaration

- I do/do not give my permission for: *Julie Chivers* (role) *Senco* to contact outside agencies.
- Please state any agencies that you do not wish us to

Contact.....

- I understand that by contacting other agencies the setting is working in partnership with me as parent/guardian to meet the needs of

(Childs Name)..... d.o.b.....

Signature of parent/guardian

Print name..... Date.....

Wiltshire Child Protection Statement.
 As a provider of day care registered with OFSTED, I am required to follow the child Protection procedures agreed **through** the Area child Protection Committee in Wiltshire.

As a provider involved in the care of your child, I will try at all times to share v/ith you any concerns I may have. However, I do have a duty to refer to Social services if I suspect that child abuse may be an issue. My first concern will always be the welfare of your child I have a copy of the Child Protection in Wiltshire procedures and Guidance for you to see if you wish. You may also see our own Child Protection Policy and Procedures.

CUSTODY & COLLECTION ARRANGEMENTS

The pre-school will not release a child to anyone other than the authorised persons unless we have been given prior written notification to do so.

Authorised person(s) to collect your child		
Adults name	Contact Tel No	Password
I understand that should I wish for anyone else to collect my child from pre-school, I need to notify you in writing beforehand.		
Sign:	Date:	
Is there anyone who does not have legal access to your child? If yes please give details:	Yes	No

DAY CARE & CHILD PROTECTION

As Brinkworth Butterflies pre-School is a registered body with Social Services, we are required to follow the child protection procedures agreed through the Wiltshire Area Child Protection Committee. As a pre-school involved in the care of your child, we will try at all times, to share with you any concerns we may have. However, we do have a duty to refer to social services if we suspect that child abuse may be an issue. Our primary concern will always be the welfare of your child. The pre-school holds a copy of the Child Protection in Wiltshire Procedures & Guidance for you to see if you wish.

I the undersigned, acknowledge the above child protection statement	
Sign:	Date:

GENERAL INFORMATION

Please give details of any other information you feel will help your child to settle into Pre-school / staff need to be aware of e.g. further information from previous sections and level of toilet training/other Day Care facilities attended etc.

DECLARATION

I understand that all the above information provide by me will be treated in strict confidence I have read, understood and agree as indicated with all the details. I acknowledge receipt of the Brinkworth Butterflies Pre-School Welcome Booklet and agree to adhere to the procedures laid down within it.

Signature	Name	Date

PLEASE COMPLETE THE ATTACHED FEES 1 FORM AND RETURN WITH YOUR APPLICATION