



# Jack and Jill Pre-School

Bewsey Barns Community Centre, Old Hall Road, Old Hall, Warrington, WA5 9PA

Email: jackandjillwarrington@outlook.com Tel: 07513734288

Website: jacknjillpreschool.co.uk

**Registered Charity: 1034780**

## Preschool Registration Form.

Child's Full Name:	
Known as:	
Address:	
Date of Birth:	
Parent's Name:	
Address (if different from above):	
Telephone number:	Email address (for preschool correspondence)
Does this parent have parental responsibility?	YES/NO <small>(delete)</small>
If the child <b>does not</b> live with this parent does the parent have legal access to the child?	YES/NO <small>(delete)</small>
Parent's Name:	
Address:	
Telephone Number:	Email address (for preschool correspondence)
Does this parent have parental responsibility?	YES/NO <small>(delete)</small>
If the child <b>does not</b> live with this parent does the parent have legal access to the child?	YES/NO <small>(delete)</small>
Emergency contact details (during Preschool hours):	

Parent's place of work:	
Work address:	
Work Telephone number:	Mobile number:
Parent's place of work:	
Work address:	
Work telephone number:	Mobile number:
Any other emergency contact details e.g grandparents, childminder etc	
1) Name:	
Address:	Telephone number:
Relationship to child:	
2) Name:	
Address:	Telephone number:
Relationship to child:	
Persons authorised to collect my child (must be over 16):	
1) Name:	
Address:	Telephone number:
Relationship to child:	
Signature of authorised person:	
2) Name:	
Address:	Telephone number:
Relationship to child:	
Signature of authorised person:	
Does your child have any special needs or disability?	
	YES/NO <small>(delete)</small>
If YES what support will they need at Preschool?	
Does your child have special dietary needs or preferences?	
	YES/NO <small>(delete)</small>

Are your child's vaccinations up to date?	YES/NO <small>(delete)</small>
Does your child have any known allergies?	YES/NO <small>(delete)</small>
If YES, please give details: e,g is it just through digest or touch also etc	
Does your child take regular medication?	YES/NO <small>(delete)</small>
If YES,please give details:	
Doctor's Name and address:	
Telephone number:	
Health Visitor's Name and address:	
Telephone number:	
Name of any professionals involved with your child (include name, agency, role and telephone number):	
Does your family have a social care worker for any reason?	YES/NO <small>(delete)</small>
If YES please give details (name, based at, telephone number):	
Has your child or do they attend another setting (Preschool/ nursery/ childminder?)	YES/NO <small>(delete)</small>
If YES, please give details:	
If YES, have we received a learning journal/EYFS profile from the other setting?	YES/NO <small>(delete)</small>
How would you describe your child's ethnicity or cultural background? <small>(optional)</small>	
What is the main religion in your family? <small>(optional)</small>	
Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated whilst they	

are attending Preschool?

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?

YES/NO (delete)

If YES, please discuss with your child's key worker as to how we can support your child.

Is there any other information that is important for us to know about your child? (e.g soothers, comforters, favourite toy or book, nap time etc)

Consents (please delete as necessary)

I / we do / do not consent for my / our child to be taken out as part of the daily activities of Preschools (walks etc). I / we understand that further consent will be requested for major outings.

I / we do / do not consent for my / our child to be photographed and videoed during play for Preschool albums and used in Preschool publicity (including the Preschool's website and closed Facebook page).

I / we do / do not consent for Preschool staff to seek emergency medical advice or treatment for my / our child and / or take my child to the nearest A & E unit to be examined, treated or admitted as necessary, on the understanding that every attempt has been made to contact us or that we have been informed and on our way to the hospital. A member of Jack & Jill Preschool staff will accompany my child and stay with them until our arrival.

I / we do / do not consent for staff to apply hypoallergenic sun cream (supplied by us / me) to my /our child when necessary.

I have been provided with details of Jack & Jill Preschool early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.