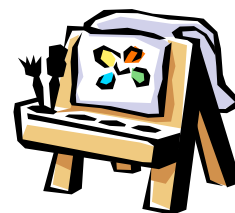
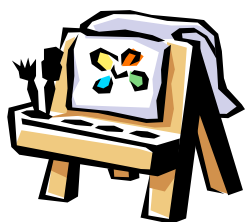


HAYLANDS PRE-SCHOOL
The Static Huts c/o St Georges Primary School
Clarence Road
PORTLAND, DORSET. DT5 2BD
01305 - 822625
www.haylandspreschool.co.uk



Child's name..... * D.O.B..... *

Name by which your child likes to be called.....

NHS number..... *

Child's first language..... *

Other languages spoken..... *

Religion..... Ethnicity (Voluntary).....

Parents name.....

Address..... *

Home Tel No..... *

NI number..... Parents D.O.B..... *

(for additional funding)

Email address..... *

Telephone number during pre-school hours..... *

Mum mobile..... * Dad mobile..... *

Child's parent are – please tick

Married and living together

Married but separated

Divorced

Unmarried and living together

Unmarried and living apart

Widowed

Legal contact..... *

Parental responsibility..... *

Upon returning this completed information, please bring in your Child's red book and birth certificate. These will be returned.

Emergency Tel No.(Grandparents/neighbour)

1 23.....

Childs Doctor.....Health visitor.....

Childs dentist

Any ongoing dental concerns.....

Has your child had their 2 ½ year development check from the health visitor? If yes, please provide us with a copy

Background information on your child which may help us to understand him/her better. E.g., special fears, brothers/sisters, pets, special word for toilet or drink etc. Also, any recent events which have affected your child.....*

Does your child drink milk, YES/NO

Has your child previously attended parent/toddler groups YES/NO

Another pre-school..... (If another pre-school, where will you be claiming your government funding)

How would you like staff to handle the first time you leave your child? (for example take your child, stay until they are settled?).....

Has your child been immunised against (please circle)

Diphtheria HIB Polio Rubella Mumps Meningitis C Tetanus Measles Whooping cough

Does your child have any allergies/additional needs/illnesses that we should be made aware of.....*

Has your child had any major operation/illnesses.....*

Has your child got any ongoing health conditions.....*

Does your child take any medication

Days of the week you would like your child to attend (**please circle**)

	9-11.30AM	11.30-12.30PM	12.30-3PM
MONDAY	MORNING	LUNCH	AFTERNOON
TUESDAY	MORNING	LUNCH	AFTERNOON
WEDNESDAY	MORNING	LUNCH	AFTERNOON
THURSDAY	MORNING	LUNCH	AFTERNOON
FRIDAY	MORNING	LUNCH	AFTERNOON

All children are entitled to 15 hours government funding the term after their 3rd birthday. Children can top these sessions up at an additional charge.

I(Parent/carer) give my permission for(child) to receive first aid for minor injuries and /or to receive advice/ treatment from a Dr/hospital/paramedic in my absence in an emergency.

We will repeatedly phone parent/carer until such time that we have contacted you to inform you of your Childs welfare.

I give permission for my Childs photograph to be used for displays YES/NO

I give permission for my Childs photograph to be used for our website YES/NO, for local newspapers YES/NO

When the warmer weather is here, we do access the outside as much as possible. Do we have your permission for sun cream to be applied? YES / NO

(You may provide your own sun cream with your Childs name on, and this will be placed in their named box at the end of each session.)

If your child is due to be picked up by someone other than yourselves, we need to be informed and a consent form signed stating who will collect your child.

On different occasions we may take the children on walks or outings which may include the use of public transport. Do we have your permission to take your child out (under correct supervision) YES / NO

If we do a trip which involves a coach trip (school leavers trip) we will then ask you to sign a separate consent form.

I give permission for face paints to be used on my child YES/NO

Would you like to be informed if your child has head lice YES / NO

Weather appropriate clothing – I will provide appropriate clothing for both the warmer and colder months YES/NO

FEES – We would like to have fees paid in advance. Would you like to pay:-

Weekly in advance

monthly in advance

Signed parent.....*

Date.....*

Manager.....*

***MUST BE COMPLETED**