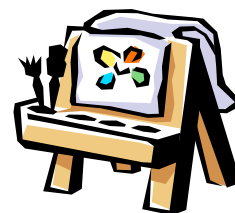
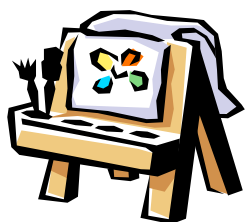


HAYLANDS PRE-SCHOOL
The Static Huts c/o St Georges Primary School
Clarence Road
PORTLAND, DORSET. DT5 2BD
01305 - 822625
www.haylandspreschool.co.uk



CHILDS NAME.....* D.O.B.....*

NAME BY WHICH YOUR CHILD LIKES TO BE CALLED.....

NHS NUMBER.....*

CHILD'S FIRST LANGUAGE.....*

OTHER LANGUAGES SPOKEN.....*

RELIGION.....ETNICITY (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 PARENTS ARE-PLEASE TICK

MARRIED AND LIVING TOGETHER
MARRIED BUT SEPERATED
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 NOT BE KEPT IN THE BUILDING

EMERGENCY TEL NO.(GRANDPARENTS/NEIGHBOUR)

1 2 3.....

CHILD'S DOCTOR.....HEALTH VISITOR.....

ADDRESS & TEL NO

.....

BACKGROUND INFORMATION ON YOUR CHILD, WHICH MAY HELP US TO UNDERSTAND HIM/HER BETTER - E.G. SPECIAL FEARS, BROTHERS/SISTERS, PETS, SPECIAL WORDS FOR TOILET OR DRINK ETC. 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 IMUNISED 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 ILLNESSES/OPERATIONS..... *

HAS YOUR CHILD GOT ANY ONGOING HEALTH CONDITIONS..... *

DOES YOUR CHILD TAKE ANY MEDICATION.....*

DAYS OF THE WEEK YOU WOULD PREFER 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 FUNDED SESSIONS THE TERM AFTER THEIR 3RD BIRTHDAY. CHILDREN ARE ABLE TO 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 DOCTOR/HOSPITAL/AMBULANCE IN MY ABSENCE IN AN EMERGENCY.

WE WILL REPEATEDLY PHONE PARENT/CARER UNTIL SUCH TIME THAT WE HAVE CONTACTED YOU TO LET YOU KNOW YOUR CHILD'S WELFARE.

I GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE USED FOR DISPLAYS YES/NO

I GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE USED FOR OUR WEBSITE YES/NO FOR LOCAL NEWSPAPERS YES/NO

WHEN THE WARMER WEATHER IS HERE WE DO LET THE CHILDREN PLAY OUT IN THE GARDEN, DO WE HAVE YOUR PERMISSION FOR SUN CREAM TO BE APPLIED YES / NO (YOU MAY PROVIDE YOUR OWN SUN CREAM WITH YOUR CHILD'S NAME ON AND THIS WILL BE PLACED IN THEIR BOX AT THE END OF EACH SESSION).

IF YOUR CHILD IS DUE TO BE PICKED UP BY SOMEBODY OTHER THAN YOURSELVES WE NEED TO BE INFORMED AND A CONSENT FORM TO BE SIGNED TO SAY WHO WILL BE COLLECTING YOUR CHILD.

ON DIFFERENT OCCASIONS WE MAY TAKE THE CHILDREN ON WALKS OR OUTINGS. DO WE HAVE YOUR PERMISSION TO TAKE YOUR CHILD OUT UNDER CORRECT SUPERVISION OF COURSE. YES / NO

IF WHEN WE DO A DAY TRIP WHICH INVOLVES A COACH TRIP WE WILL THEN ASK YOU TO SIGN A SEPARATE CONSENT FORM.

I GIVE PERMISSION FOR FACE PAINTS TO BE USED ON MY CHILD'S FACE 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 SUMMER MONTHS AND WINTER MONTHS YES/NO

FEES - WE 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**