



St. Joseph's Preschool  
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## **St. Joseph's Preschool Application & Registration Form**

### **Child's details**

Child's first name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Name known as \_\_\_\_\_

Child's full address \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Birth certificate seen Yes/No (*delete*)

### **Family details**

Name of parent(s)/carer(s) with whom the child lives: \_\_\_\_\_

#### *Contact details 1 (including emergency information):*

Parent/carers full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Does this parent have parental responsibility for the child? Yes/No (*delete*)

Does this parent have legal access to the child? Yes/No (*delete*)

#### *Contact details 2 (including emergency information):*

Parent/carers full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address

Does this parent have parental responsibility for the child? Yes/No (*delete*)

Does this parent have legal access to the child? Yes/No

*Contact details 3 (including emergency information):*

Parent/carer full name

Relationship to child

Daytime/work telephone

Mobile

Home telephone

Email

Home address

Work address

Does this parent have parental responsibility for the child? Yes/No (*delete*)

Does this parent have legal access to the child? Yes/No (*delete*)

**Other person(s) with legal contact** *To be completed where those persons with parental responsibility are separated and an S8 Order is in place*

Name

Address

Contact telephone numbers

Relationship to child

What are the contact arrangements that the setting needs to know about?

**Emergency contact details if parents are not available** *Emergency contacts must be local*

*Contact 1 - Name*

Daytime/work telephone

Home telephone

Mobile

Address

Relationship to child

*Contact 2 - Name*

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age*

*Person 1 – Name* \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

*Person 2 - Name* \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Password for the collection of child by authorised person \_\_\_\_\_

**About your child**

Has your child received the following immunisations?

*(Please confirm and provide date of immunisations given)*

<b>Two months old</b>		Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Pneumococcal infection.	DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)
Yes/No (delete)	Date :		
<b>Three months old</b>		Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C).	DTaP/IPV/Hib and MenC
Yes/No (delete)	Date :		
<b>Four months old</b>		Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C). Pneumococcal infection.	DTaP/IPV/Hib and MenC and PCV
Yes/No (delete)	Date :		
<b>12 months old</b>		Haemophilus influenza type b (Hib) and meningitis C.	Hib/MenC

Yes/No (delete)	Date :		
		<b>13 months old</b>	Measles, mumps and rubella (German measles). Pneumococcal infection. MMR and PCV
		<b>Three years and four months or soon after</b>	Diphtheria, tetanus, pertussis (whooping cough) and polio. Measles, mumps and rubella. DTaP/IPV (or dTaP/IPV) and MMR

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No (delete)

**IT IS ESSENTIAL THAT YOU TELL US IF YOUR CHILD HAS AN EPIPEN OR INHALER AND/OR SUFFERS FROM ANY SEVERE REACTIONS.**

If so, please provide details:

Does your child attend another setting/childminder as well as St. Joseph's Preschool? Yes/No

If 'Yes' please give the name, address and telephone number of the childminder/setting (under the EYFS Requirements we are required to share regular information with children's other settings):

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If your child has previously, or is still, attending another early years' setting (including a childminder), has a risk assessment, if required, been completed? Yes/No (delete)

Has a health care plan and agreement to administer medicine, if required, been completed? Yes/No (delete)

Does your child have any special needs or disabilities? Yes/No (delete)

If so, please provide details:

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Are any of the following in place for the child?

Early Years Action Yes/No (*delete*)

Early Years Action Plus Yes/No (*delete*)

Statement of special educational need Yes/No (*delete*)

What special support will he/she require in our setting?

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family (if applicable)?

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 while he/she is in our setting?

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 so, discuss and agree with the Teacher how we can work together to support your child when settling-in:

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

**Details of professionals involved with your child**

*GP*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

*Health Visitor (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

*Social Care Worker (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.*

*Any other professional who has regular contact with the child*

Name 1 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name 3 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**General parental permissions**

*Emergency treatment declaration*

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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### Short trip - general outings

Your child will be taken out of the setting as part of the daily activities. The venues used are detailed here:

Brampton Park, Portishead Lake grounds, Portishead Marina, Local Nursing Homes

I give permission for \_\_\_\_\_ (name of child) to take part in short trips or general outings. I understand that individual risk assessments are carried out for each **type** of trip or outing taken and are available for me to see as required. For any major outings, I understand I will be informed and my specific consent obtained.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Calpol

I give permission for staff to administer the paracetamol based product Calpol to : \_\_\_\_\_

\_\_\_\_\_  
(name of child)

in the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the setting's procedures on the administration of medicines. Setting's procedure: Children's paracetamol (un-prescribed) is administered only for children with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child. The Teacher (key person) is responsible for the correct administration of medication to children for whom they are the key person.

This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, a senior teacher is responsible for the overseeing of administering medication.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Photographs

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their activities at the nursery school, school concert and on school trips. These photographs are used for display, in photo albums and for your child's records within the setting. We may also record events and activities on video. These may be used at open evenings and afternoons. Photos/videos are stored on the setting's computer only; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use.

Please tick the following boxes as agreement for their use:

- |  |  |
|--|--|
| <input type="checkbox"/> Nursery display and profile | <input type="checkbox"/> Our website secure area                               |
| <input type="checkbox"/> Publicity                   | <input type="checkbox"/> Our website open area (incl' preschool facebook page) |

I give permission \_\_\_\_\_ (name of child) to have her/his photo taken, or to be  
for \_\_\_\_\_  
videoed, as per the above conditions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Special Responsibility Teacher (Key Person) - Information for parents**

Each child joining the setting will have a Special Responsibility Teacher (Key Person) appointed to them. It will be the Special Responsibility Teacher's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's Special Responsibility Teacher may change as your child progresses through the setting. You will be notified of these changes. Your child's Special Responsibility Teacher is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be \_\_\_\_\_ Allocated once sessions are known

Has the settling-in process been agreed? Yes/No (*delete*)

If so, detail:



## Policies and procedures

Please sign below to confirm that you have been provided with and read the Setting's policies and procedures, (on the website or on request hard copies available to read in the setting) including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **Days / Sessions Required**; - please circle

Mondays - Morning Session / Lunch / Afternoon Session

Tuesdays - Morning Session / Lunch / Afternoon Session

Wednesdays - Morning Session / Lunch / Afternoon Session

Thursdays - Morning Session / Lunch / Afternoon Session

Fridays - Morning Session / Lunch / Afternoon Session

Should you need to change these sessions, please submit a Change of Session/s Form and return to [PreSchool@Staff.St-Josephs.N-Somerset.Sch.Uk](mailto:PreSchool@Staff.St-Josephs.N-Somerset.Sch.Uk) in order for your PreSchool fees to be updated.

Adhoc sessions may be available on request. Reduction in sessions will need 4 weeks notice.

Should your Funding claim need submitting or changing please send in a new, signed Parent Declaration Form.

Please sign below to indicate that the information given on this form is accurate and correct, you understand all of the above and that you will notify us of any changes as they arise.

Parent 1  
Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent 2  
Signed \_\_\_\_\_ Date \_\_\_\_\_

SRT (Nursery) \_\_\_\_\_

Signed

Date

Manager

Signed

Date

Date of first review

A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need

Early Years Action

Early Years Action Plus

Statement
