# THE GOSLINGS PRESCHOOL REGISTRATION FORM

(This needs to be completed before your child's first day)

Start Date:

Relationship to Child:



Child's Name:			
Known as:		Date of Birth:	
Religion:		Ethnic Origin:	
First/Home Language:			
Details of any Disability:			
Access Requirements:			
Names of Parents/Person( holding Parental Responsibility:	s)		
Home Address:			
Home Telephone:			
Mobile:			
Email:			
Work Address:			
Work Telephone:			
ADDITIONAL EMERGENCY CONTACT NUMBERS			
Name:		Telephone:	
Relationship to Child:		Mobile:	
Name:		Telephone:	
Relationship to Child:		Mobile:	
Name:		Telephone:	

Mobile:

Who will usually collect y	our child from preschool:			
<b>EMERGENCY PASSWORD</b> (To give to the person authorised in an emergency situation, to pick up your child. A child will only be released to anyone who gives the password or is named on the registration form and known to the staff at The Goslings Preschool unless prior written consent is provided).				
Password:				
MEDICAL INFORMATION	ON			
Important Medical Conditions: (e.g. Allergies, Convulsions, etc.)				
Injections Received:				
Is there anything else preschool should know about your child:				
Do you have any SEN worries or concerns about your child:				
DOCTOR'S DETAILS				
Child's Doctor's Name:				
Address:				
Telephone:				
I give my consent for my cl	hild to receive any medical treatment which is urgently needed			
DENTIST DETAILS				
Child's Dentist's Name:				
Address:				
Telephone:				
I give my consent for my c	hild to receive any medical treatment which is urgently needed			

# **DIETARY INFORMATION**

Any special Dietary Requirements:	
Does your child drink semi-skimmed milk, if they need any different milk are you happy to provide, please state what they have:	

# ANY OTHER RELEVANT INFORMATION

Is your child subject to a CIN/CP plan, Does your child have a social worker/family service worker?

I understand that any other carer who suspects that a child in his/her care has been abused or neglected has a duty to report this to Social Services Department.

# PLEASE TICK WHICH SESSIONS YOU REQUIRE

Monday	т	uesday	Wednesday		Thursday		Friday	
Morning	Mori	ning	Morning		Morning		Morning	
(2.5hrs)	(2.5)	hrs)	(2.5hrs)		(2.5hrs)		(2.5hrs)	
9.15-11.45	9.15-1	11.45	9.15-11.45		9.15-11.45		9.15-11.45	
Lunch	Lun	ch	Lunch		Lunch		Lunch	
(1hr)	(1h	nr)	(1hr)		(1hr)		(1hr)	
11.45-12.45	11.45-	12.45	11.45-12.45		11.45-12.45		11.45-12.45	
Afternoon	Afteri	noon	Afternoon		Afternoon		Afternoon	
(2.5hrs)	(2.5)	hrs)	(2.5hrs)		(2.5hrs)		(2.5hrs)	
12.45-3.15	12.45	-3.15	12.45-3.15		12.45-3.15		12.45-3.15	

Invoices will be given at the start of each term and your total amount will be split over three months, you then have the option to pay in full or split over the three months to help you financially.

I understand that I may need to pay a £50.00 deposit to hold a place, this will be offset against your first payment of fees, or refunded if you are claiming Free Early Education Entitlement for your child.

If your child is to leave preschool for any reason 4 weeks written notice is required, and I understand that all fees due for the term must be paid before leaving.

I will complete the declaration form for the Free Early Education Entitlement when required, ensuring that it is completed accurately and understand that I may be asked to pay for any losses incurred by the preschool as result of a misleading claim.

I will make sure that any fees owing will be paid for before each new term begins and I am aware of charges that I may incur by delayed payments. Legal proceedings will be used in non-payment of fees and my child's place at The Goslings might not be held for the next term.

I have read and understood the The Goslings Preschool policies and procedures on the website: (www.thegoslingspreschool.com/policies-documents)

By signing this registration form you are confirming that you have read and understand all policies, including the preschool Attendance Policy which outlines collection times and notifying of absences, and the Child Protection and Safeguarding Policy which includes parent responsibilities.

Signed:	Date:
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# **GENERAL PERMISSION FORM**

In orde	er to save time completing several permission slips, we ask you	i to complete the following.
I give p	permission for my child	to participate in the following:
	Thank you prayer at snack and lunchtime	
	Halloween	
	Celebrating other cultures	
	Mothers Day and Fathers Day	
	Easter	
	Use of tablets and computer equipment	
	Nativity play	
	Food tasting and religion	
	Taken off the premises for a walk, wrist straps and hi-vis jack	ets will be provided
	Activities with pets/animals	
	Nappy changing and toileting accidents	
	If your child attends another setting, you agree to us discussi	ng any issues which we need to share
	Can we speak to outside professionals if we have any concern	ns about your child?
Please	state your Health Visitors Name:	
Signed	(Parent/Carer/Guardian):	Date:

Please could you ring preschool before 10.00am on the day, if they are unable to attend.

# PHOTOGRAPH PERMISSION FORM

Photographic evidence is an important part of recording your child's journey at The Goslings Preschool. We regularly take photographs to record the children's activities. These photographs may be used in the child's learning journey that they will receive on their last day at The Goslings Preschool, they may also be used on the website or social media.

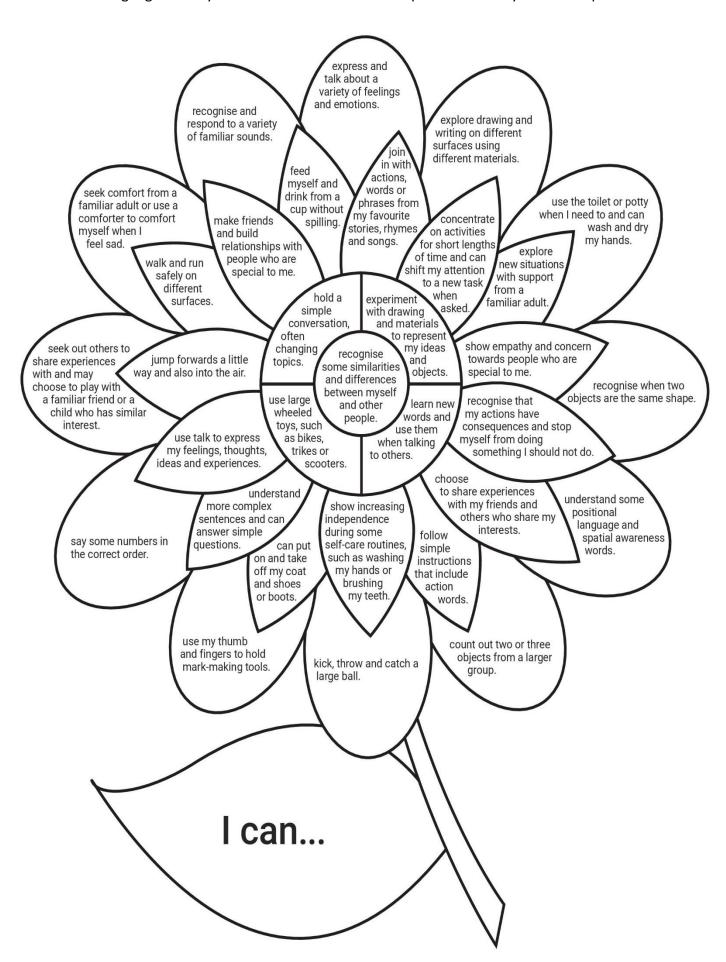
All photographs of your child are stored either in your child's learning journey or securely in our cloud based storage system, all images will be deleted once your child has left The Goslings Preschool.

Please complete the form below to indicate your permission for this:

Pleas	e circle	your answer:
YES	NO	I give consent for my child's photograph to be used in the preschool for displays.
YES	NO	I give consent for my child's photograph to be used on the preschool website.
YES	NO	I give consent for my child's photograph to be put on the Facebook page.
YES	NO	I give consent for my child's photograph to be on the newsletter or prospectus.
YES	NO	I give consent for my child's photograph being published in the press without their name.
YES	NO	I give consent for my child's photograph to be in their learning journey and to be used in another child's learning journey for any group observations.
YES	NO	I give consent for my child's keyperson to have images of my child at their home to enable them to complete their learning journey, the learning journeys are kept in a lockable box at the house of the keyperson.
YES	NO	I give consent for my child's photograph to be taken at Christmas, sports day and other events, and I understand that I <u>cannot</u> post any photos on social media with any other child in the photograph.
Child	's Name	:
Parer	nt/Carer	/Guardian Name (PRINT):
Signa	ture of	Parent/Carer/Guardian:

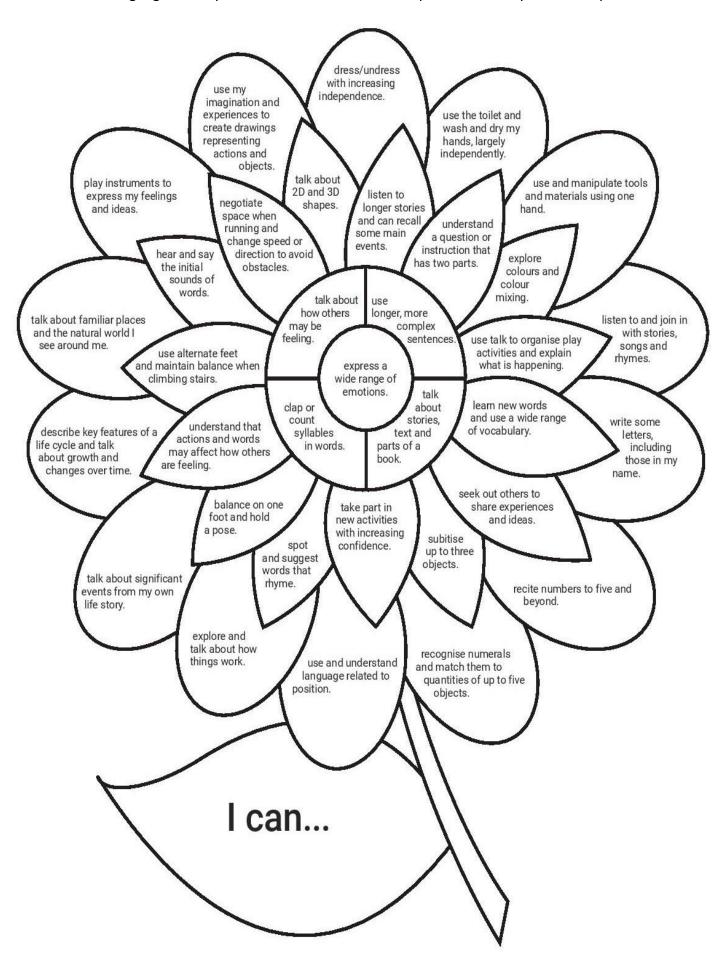
### I CAN ASSESSMENT - TWO TO THREE YEAR OLDS

Please circle or highlight what your child can do and return to preschool with your starter pack.



# I CAN ASSESSMENT - THREE TO FOUR YEAR OLDS

Please circle or highlight what your child can do and return to preschool with your starter pack.





# What makes me sparkle?

This is me in action when I'm busy, motivated and using my thinking... What makes me sparkle?

Special people I know...

This is me

This is what I have to say... (my voice)

What am I interested in?

Times of the day I find tricky:

How you might support me...

When I'm upset you can help me by...

# SUNSCREEN POLICY AND DISCLAIMER

### **SUN SAFETY**

The Goslings Preschool believes in sun safety to ensure that children and staff are protected from skin damage.

- During the summer months we require all children to bring their own labelled sunscreen and sun hat to preschool to put in their blue bags.
- It is requested that before your child arrives sunscreen has already been applied (once a day creams are recommended).
- It is our policy that we can apply a generic 5 star sunscreen for emergency use, unless you have informed us of any allergies that your child may have.
- All children shall be kept out of the sun during the middle of the day and where possible all children will be encouraged to play in the shade.
- If a child does not have sunscreen on they will not be permitted to go outside (unless you sign to say that your child does not wear sunscreen).
- Parents/Carers must be given a sunscreen consent form.
- All staff have been briefed on the correct application of sunscreen and take the upmost care to
  ensure complete coverage. Staff use different disposable gloves for each child, or wash their hands
  effectively between applications of different sunscreens.
- Sunscreen will be reapplied to all children at lunchtime, or whenever needed during the day.
- Parents should ensure that children are dressed in suitable clothing and that shoulders are covered during warmer months, sunglasses are optional.

I have read the above instructions and agree to provide sun protection for my child.

I <u>agree</u> to apply the sunscreen to my child prior to their arrival on the days as appropriate and will send in a labelled sunscreen bottle and hat.

I agree to the staff re-applying sunscreen at lunchtime and whenever needed during the day.

Child does not need Sunscreen:
Childs Name:
Signed:
Print Name:
Date: