

North Bushey Pre-School – Registration Pack

Contact details:
North Bushey Pre-School
Pre-school Office – 07834 081455



Email – info@northbusheypreschool.uk
Web – www.northbusheypreschool.co.uk

PRE-SCHOOL REGISTRATION PACK

Childs Details	
Child's Full Name	
Date of Birth	Male/Female

Starting Sessions and Lunch Time Club AGREED					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session					
Afternoon Session					
Lunchtime Club					

Ethnic Origin of Child (please circle)			
White British	Asian British/ Asian Indian/ Asian Pakistani/ Asian Other	Mixed/dual background	Black British/ Black African/Black Caribbean/ Black other
Greek or Greek Cypriot	Turkish or Turkish Heritage	Polish	White European/ White Other
Any other Ethnic group (please state)	Gypsy/ Roma or Traveller of Irish Heritage	Chinese	Prefer not to provide

Nationality of child (please circle)							
African	Albanian	American	Australian	Brazilian	British	Canadian	Chinese
Dual Nationality	Dutch	French	German	Indian	Irish	Japanese	Polish
Portuguese	Romanian	Spanish	Turkish	Other: Please state			

Languages	
Main Language spoken at home	
Other Languages spoken at home	

Emergency Contact Details	
Parent 1 – Preferred daytime contact number	Name: Number:
Parent 2 – Preferred daytime contact number	Name: Number:

Any other Emergency Contact Details (Not Parent). Please supply at least one emergency contact.	
Name: Mr/Mrs/Miss/Ms	
Relationship to child:	
Telephone:	
Mobile:	
Name: Mr/Mrs/Miss/Ms	
Relationship to child:	
Telephone:	
Mobile:	
Name: Mr/Mrs/Miss/Ms	
Relationship to child:	
Telephone:	
Mobile:	

Should your child ever need to be collected by a person unknown to us, the following password **must** be quoted. Please **do not** make this password be known to your child

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Child's NHS Number

NHS Number	
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Dietary Preference of child (please circle)

No dairy products	No Strawberries	No Wheat	No Fish	No Bananas	No Pork	Lactose intolerant	No eggs
Vegetarian	Vegan	Halal only	No gluten	No gelatine	Any other please state:		

Religion of child (please circle)

None	Baptist	Buddhist	Catholic	Christian	Church of England
Greek Orthodox	Hindu	Islam	Jehovah Witness	Jewish	Methodist
Muslim	Shinto	Sikh	Prefer not to say	Other:	

Medical Information about your child

Does your child have any additional needs? Please supply brief information. We will contact you for more details.	YES/NO
Does your child have any medical conditions? Please give brief information. We will contact you for more details	YES/NO
Does your child have any allergies? Please give brief information. We will contact you for more details	YES/NO

Has your child received the following immunisations? Please confirm and provide date of immunisations given.

Medical Information IMMUNISATIONS			
Age	Vaccine		Date of jab
Two months old	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	YES / NO	Date:
	Pneumococcal (PCV) vaccine.	YES / NO	Date:
	Rotavirus vaccine.	YES / NO	Date:
Three Months old	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	YES / NO	Date:
	Meningitis C vaccine	YES / NO	Date:
	Rotavirus, second dose	YES / NO	Date:
Four Months Old	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	YES / NO	Date:
	Pneumococcal (PCV) vaccine, second dose	YES / NO	Date:
Between 12 and 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.	YES / NO	Date:
	MMR Vaccine – mumps, measles and rubella	YES / NO	Date:
	Pneumococcal (PCV) vaccine, third dose	YES / NO	Date:
Two to three years old	Flu Vaccine	YES / NO	Date:
Three years and four months old or sooner	MMR vaccine, second dose – mumps, measles and rubella.	YES / NO	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	YES / NO	Date:

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Doctors and other professional information	
Family Doctors name and address and telephone	Doctors name: Address: Post Code Telephone
Health Visitor (if applicable_	Health Visitors name: Address: Post Code Telephone
Social Care Worker (if applicable)	Social Care Workers name: Address: Post Code Telephone

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. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file

Do you give permission for your child to be taken to the doctor or hospital in an emergency **YES / NO**

Does your child have, or has had, any involvement with outside professional agencies not mentioned above e.g. speech and language, paediatrician?

YES/NO – if yes please give details

Do you give us permission to share reports, if necessary, with outside professional agencies? - This includes Social Services, Speech and Language therapists, Health Visitors, schools your child will be going to when they leave us - **YES/NO**

Photo/Video Consent

North Bushey Pre-school will have pre-school equipment to take photos and videos of the children which will be kept in the premises only and be used only for their learning journals, pieces of work or for displays within the pre-school premises. Photos or videos of the children will NOT be used outside the pre-school (unless written consent from parents is obtained) and will under no circumstance, be put on the internet or used outside the pre-school premises.

When we hold events such as nativity plays, we hope to allow parents to take photos of their own child, but solely for personal use and should not be put on internet sites such as Facebook etc. If anyone has a problem with this please let a member of staff know or put a note on this form when you return it.

I agree for photos/videos of my child taken by a member of staff at North Bushey Pre-school to be used solely as outlined above

YES/NO

Parent Signature

Please note: We will also need a copy of your child’s birth certificate before they start with us. Thank you.

Consent for applying of sun cream

As our weather is unpredictable please remember to apply sun cream on your children before their pre-school session when necessary as we always have outdoor play. We are aware that at hand washing time even water proof sun cream can be removed from hands, arms and faces and we are happy to re-apply cream to those areas as necessary. If you would like us to do so please provide cream (marked with child’s name) in their bags which will be hanging on their named pegs and indicate your agreement by completing and signing the permission slip below.

I hereby give my permission for the Staff of North Bushey Pre-school to apply sun cream when necessary to my child

YES/NO

Parent Signature

Optional Uniform

If you would like to order any uniform, you can pick from a great range and a good price by ordering online as follows:

1. Go to tesco.com/ues
2. Put North Bushey Pre-school in the search section
3. Have fun shopping!

There are loads of different items for you to choose at good prices too! We get 5% of everything you buy enabling us to buy more toys and equipment for the school. You can also get your club card vouchers!

Authorisation

I/we have been provided with details of the North Bushey Pre-school’s policies and procedures or where they can be accessed.

I/we also understand that if required, my /our child will be taken by staff to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary, on the understanding that I/we have been informed and are on our way to the hospital.

Parent 1 Signature	
Parent 1 Signature	
Key Person Signature	
Pre-school Leader Signature	
Date	