Lympsham Pre-School Breakfast/After School Club and Holiday Club Registration Form



PERSONAL DETAILS	
Child's Surname:	
Child's First Name(s)	
Male/Female	
Date of Birth: Please attach copy of Bi	rth Certificate (Pre-school children only)
Home Address:	
Home Tel No.	
Name Parent/Carer 1	
Name Parent/Carer 2	
National Insurance No. (Occupation & Work No. E-mail address Parental Responsibility Parent/Carer 2 Mobile National Insurance No. (For Pre-school only)
Name(s) of persons auth	
Other emergency contac	cts in priority order: Name, relationship to child and phone number
1 st Person:	
2 nd Person:	
3 rd Person:	
4 th Dorson:	

MEDICAL DETAILS Name of Child's doctor					
Name of Health Visitor					
Surgery name and telephone nu	ımber:				
Is your child up to date with all	recommended inoculations?	YES/N	10		
If No, please give details					
Does your child have any known	n allergies?	YES/N	10		
Does your child require any med	dication?	YES/N	10		
Does your child have any dietar	y requirements?	YES/N	10		
If YES to any of the above please	e give details				
Is your child currently receiving	care/therapy from any of the fol	llowing	g professionals?		
Educational Psychologist Y/N	Hearing Support Services Y/N		Physiotherapist Y/N		
Ophthalmologist Y/N	Speech & Language Therapist Y/N		Audiologist Y/N		
Paediatrician Y/N	Occupational Therapist Y/N		Social Worker Y/N		
Any other medical condition or	special need that we should be a	ware	of?		
OTHER HELPFUL INFORMATION For school age children please state school attended					
Does your child attend another Pre-School? - name of setting					
Playgroup or other Early Years group?					
Please give brief details on your child's experience there e.g. A special friend, favourite activity.					
Any background information on your child, which may help in the settling-in process or to help us to understand him/her, e.g. pet's names, special toys, any dislikes/fears.					
Any recent family event, which may affect your child.					

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LYMPSHAM PRE-SCHOOL, BREAKFAST/AFTER SCHOOL AND HOLIDAY CLUB PARENT DECLARATIONS

To assist with record keeping and planning suitable activities for your child, we sometimes use recording equipment e.g. cameras for photographic records.

I give permission for routine observations and assessments to be carried out by staff members and supervised students. I understand that I have full access to these if I require.

Signed
We sometimes take the children on short trips away from the Pre-School setting e.g. to the sports field, the Manor gardens or to the shop. I give permission for my child to be taken out on short trips.
Signed
Separate permission will always be sought for longer trips away from the Pre-School setting, e.g. farm and beach visits and any trip involving car or bus journeys.
I give consent for the seeking of any necessary emergency medical advice or treatment if needed. YES/NO I give my consent for plasters/sunscreen to be applied to my child if necessary. YES/NO
Signed
I have read the Fees Policy (available on the website and in pre-school reception) I understand that a session not attended due to illness, holidays, appointments etc. cannot be exchanged for a session on another day or refunded.
4 weeks' notice in writing is required for reduction/cancellation of sessions and that sessions within the notice period will be charged for. Any request for additional sessions must be put in writing and handed to the pre-school supervisor.
I understand that sessions are invoiced monthly in arrears and payment will be made within 14 days and that failure to comply may mean my child's place being withdrawn.
Signed Date
I/We qualify for the 30hours extended entitlement funding. I consent to LYMPSHAM PRE-SCHOOL using the information supplied above for the purposes of verifying my eligibility for the extended entitlement. I understand that the information requested will be held securely and will only be shared with staff in the Local Authority who have right of access, and with Capita Children's Services. When no longer required, it will be disposed of in a matter appropriate to its sensitivity. I also understand that if I am eligible, the Local Authority will continue to check my eligibility and if they are notified that I am no longer eligible, they will inform this childcare provider. I understand if I am no longer eligible, I will have to pay for any additional hours booked in above the universal Early Years Entitlement.
30 hours eligibility code (DERN). (This is an 11 digit code beginning with 500):
Signed Date

LYMPSHAM PRE-SCHOOL DAYS OF ATTENDANCE

Ì	Prو	ferred	start	date	

We require a minimum of 2 attendances per week for Pre-school. We will try and allocate your preferred days, however this may not always be possible, and an alternative days may be advised.

(Please note that sessions for Holiday Club are bookable separately for each school holiday and need not be indicated below)

Pre-school sessions – Please tick preferred sessions

DAY	Morning Session 9AM-12PM	Morning Session with lunch 9AM-1PM	Afternoon Session 12PM-3PM	School lunch required £2.20 per day
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

Breakfast and After School sessions – Please tick sessions

DAY	Breakfast Club 7.45-	Breakfast Club 8am-9am	After School Club Please state	Afternoon Snack @ £1.10
	9am		finish time	
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

FORMS/DOCUMENTS TO BE RETURNED

- ✓ Parental Consent form for recording and use of images and videos
- √ Tapestry Consent form
- ✓ Somerset County Council Child Registration Form for Early Years Entitlement
- √ 30 hours extended entitlement consent form (if applicable)
- √ Health Care Plan (if applicable)
- ✓ `All about me' form
- √ copy of your child's birth certificate
- √ Application form for Early Years Pupil Premium

OTHER INFORMATION INCLUDED WITH THIS PACK

- ✓ Lympsham C of E Academy and Pre-School Prospectus
- ✓ Information about the Early Years Foundation Stage
- √ 30 hours free childcare what parents need to know
- ✓ Information Sharing
- √ Tapestry Parents Guide
- ✓ School Calendar

Please keep us informed of any changes to your circumstances.

Thank you for your support and co-operation.

We look forward to welcoming your child to Lympsham Pre School

Signed	(Parent/Carer)
Date	

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