



Woodham Mortimer Pre-School  
Woodham Mortimer Village Hall, Post Office Road, Woodham Mortimer, Maldon, Essex CM9 6SX  
Telephone: 07742 228077  
Website: www.woodhammortimerpreschool.org.uk  
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Registered Charity Number: 1060526 DFES / OFSTED Number 650168 / PSLA Membership Number: 20167

## Woodham Mortimer Pre-School Registration Form

### Basic Details

Surname of Child \_\_\_\_\_ First Name \_\_\_\_\_

Name known as \_\_\_\_\_ Gender Male / Female

Date of Birth \_\_\_\_\_

Name of Parent(s) with whom the child lives

Parent 1. \_\_\_\_\_

Does this parent have parental responsibility? Yes / No (please delete)

Parent 2. \_\_\_\_\_

Does this parent have parental responsibility? Yes / No (please delete)

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Name of Parent with whom the child does not live:

Does this parent have parental responsibility? Yes / No (please delete)

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

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Where did you hear about Woodham Mortimer Pre-School? \_\_\_\_\_

## Emergency Contact Details

Parent 1. Daytime Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Parent 2. Daytime Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

### **Emergency contact details at least 2 (these should be different from the parents)**

Name and Relationship to Child \_\_\_\_\_

Daytime Number \_\_\_\_\_ Mobile \_\_\_\_\_

Name and Relationship to Child \_\_\_\_\_

Daytime Number \_\_\_\_\_ Mobile \_\_\_\_\_

### **Persons authorised to collect the child (must be over the age of 16)**

Name and Relationship to Child \_\_\_\_\_

Daytime Number \_\_\_\_\_ Mobile \_\_\_\_\_

Name and Relationship to Child \_\_\_\_\_

Daytime Number \_\_\_\_\_ Mobile \_\_\_\_\_

***Password to be given to a member of staff by person authorised to collect the child (other than the usual person)*** \_\_\_\_\_

### **Personal Details of Child**

Does your child have any special dietary needs or preferences? Yes / No (delete). If yes please give details in the space below

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

What is the main religion in your family? .....

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 at Woodham Mortimer Pre-School?

What languages 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 Yes, please discuss and agree with the key person how you will support your child when settling in.

We have a Special Needs Policy and a Special Education Need Co-Ordinator (SENCO).

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

If yes, please give details below

Are any of the following in place for the child?

Early Years Action Plan \_\_\_\_\_ Yes / No (delete)

Early Years Action Plan Plus \_\_\_\_\_ Yes / No (delete)

Statement of Special Educational Need \_\_\_\_\_ Yes / No (delete)

What support will he / she require at Woodham Mortimer Pre-School?

What other information is it important for us to know about your child? For example, what activities they like or what fears they may have (eg. loud noise / animal), any special words they use or what comforter / teddy they may need and when.

**Names of professionals involved with the child**

Name 1	
Role	
Agency	
Telephone	

Name 2	
Role	
Agency	
Telephone	

Name 3	
Role	
Agency	
Telephone	

Do you have a health visitor?

Yes / No (delete)

Name	
Based at	
Telephone	

Do you have a social care worker for any reason?

Yes / No (delete)

Name	
Based at	
Telephone	

What is the reason for the involvement of the social care department with your family?

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**Medical Details:**

GP Name and Address \_\_\_\_\_  
\_\_\_\_\_ Tel No \_\_\_\_\_

**I give permission for staff to seek emergency treatment for my child if I cannot be contacted:**

Name \_\_\_\_\_ Signature \_\_\_\_\_

**Immunisations:**

Diphtheria	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	Polio	<input type="checkbox"/>
HiB	<input type="checkbox"/>	MMR	<input type="checkbox"/>	MenC	<input type="checkbox"/>	Pneumo	<input type="checkbox"/>

Medical History: Please give any relevant medical information plus treatment eg.

Asthma inhalers use, any allergies etc. \_\_\_\_\_

A separate form is available for you to complete, if staff need to administer any regular medication prescribed by your doctor for your child while he / she is at pre-school

Other helpful information about your child:

Has your child previously attended:

Parent & Toddler Group      Yes / No (delete)

Another Pre-School      Yes / No (delete)

Does your Child:

Have their name shortened in any way \_\_\_\_\_

Use a special word when referring to the toilet \_\_\_\_\_

Have any brothers or sisters (names) \_\_\_\_\_

Name of the primary school your child is expected to attend and their start date

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As part of the transition into primary school, we would like to give a written report of your child's development to the school. If you have any objection, please let us know.

**I give permission for Woodham Mortimer Pre-School permission to discuss your child and share information with any other setting he / she attends.**

Name \_\_\_\_\_ Signature \_\_\_\_\_

**I also give permission for photographs of my child to be taken and used on the Woodham Mortimer Pre-School Website, printed information (eg. Newsletters) / local publicity and also for parents and carers to take photographs and/or videos at special occasions such as sports day and the Christmas Nativity.**

Name \_\_\_\_\_ Signature \_\_\_\_\_

**I have read and understood the Pre-School Policies and will abide by them.**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**To Be Completed By the Key Person / Practice Manager**

Start Date .....

Sessions

Mon am	Tues am	Tues pm	Tues all day	Weds am	Thurs am	Thurs pm	Thurs all day	Fri am
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Key Person .....

Back-up Key Person .....

Has settling in process been agreed Yes / No (delete)

If Yes, give details below: