



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
e-mail: woodhammortimerpre-school@hotmail.com
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

Please give at least 2 Emergency contact details (these should be different from the parents)

Name and Relationship to Child

Daytime Number Mobile

Address

Signature

Name and Relationship to Child

Daytime Number Mobile

Address

Signature

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

Name Signature

Relationship to Child

Daytime Number Mobile

Address

Name Signature

Relationship to Child

Daytime Number Mobile

Address

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.

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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?

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. use of asthma inhalers and any allergies including food, animals, sunscreen etc.

If staff need to administer any regular medication prescribed by your doctor for your child while he / she is at Pre-School, you will need to complete a separate form.

Other helpful information about your child:

Has your child previously attended:

Parent & Toddler Group Yes / No (delete)

Another Pre-School / Nursery or Childminder Yes / No (delete)

If they still attend, please provide details of the Pre-School, Nursery or Childminder below to enable us to share information:

Nursery Name and Contact	
Address	
Telephone	

Pre-School Name and Contact	
Address	
Telephone	

Childminder Name	
Address	
Telephone	

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 to discuss my 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: