



**Woodham Mortimer Pre-School**

Brookhead Farm, Maldon Road, Woodham Mortimer, Maldon, Essex CM9 6GP

Telephone: 07742 228077

Website: www.woodhammortimerpreschool.org.uk

e-mail: woodhammortimerpre-school@hotmail.com

Registered Charity Number: 1060526 DfE / OFSTED Number

PSLA Membership Number: 20167

**Woodham Mortimer Pre-School Registration Form**

Please complete and return this form, together with the registration fee of £25, in advance of your child joining. This fee covers administrative costs, guarantees a place for the child and also provides them with a Pre-School Sweatshirt, T-shirt, Car Sticker and two free settling in sessions. Children entitled to Free Early Education Entitlement (i.e. in the term after they term 3 years) do not have to pay a registration fee and may buy uniform using the form attached.

Please forgive the duplication of information required on this form. We are required to keep a copy in pre-school at all times and regrettably have no access to a photocopier!

<b>Surname of Child</b>		<b>First Name</b>	
<b>Date of Birth</b>		<b>Gender:</b> Male / Female	
Name(s) and address(es) of parent(s) making the application:			
MOTHER:		FATHER:	
.....		.....	
.....		.....	
Post Code:		Post Code:	
.....		.....	
Home No.		Home No.	
.....		.....	
Mobile No.		Mobile No.	
.....		.....	
e-mail:		e-mail:	
.....		.....	

We would like our child to attend the following 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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<b>Persons authorised to collect the child (must be over the age of 16)</b>	
Name and Relationship to Child	
Name and Relationship to Child	
<i>Password to be given to a member of staff by person authorised to collect the child (other than the usual person)</i>	

Child has attended another Pre-School Yes / No (delete)

**A photocopy of your child's birth certificate must accompany your application.**

Name of child:.....

**PLEASE TICK ONE BOX ONLY**

**White**

- British - WBRI
- Irish - WIRI
- Traveller of Irish Heritage - WIRT
- Gypsy/Roma - WROM
- Albanian (excluding Kosovan) - WALB
- Italian - WITA
- Kosovan - WKOS
- Greek/Greek Cypriot - WGRE
- Turkish/Turkish Cypriot - WTUR
- White Eastern European - WEEU  
(including Bulgarian, Czech, Latvian, Lithuanian, Polish, Romanian, Russian, Slovak, Ukrainian,)
- White Western European - WWEU  
(including French, German, Spanish, Portuguese, Scandinavian)
- White other WOTW  
(Other children of White background not represented in the categories above)

**Black or Black British**

- Caribbean - BCRB  
(including Antigua and Barbuda, Bahamas, Barbados, Dominica, Grenada, Guyana, Jamaica, St Kitts and Nevis, St Lucia, St Vincent & Grenadines, Trinidad and Tobago)
- Angolan - BANN
- Congolese - BCON
- Ghanaian - BGHA
- Nigerian - BNGN
- Sierra Leonian - BSLN
- Somali - BSOM
- Sudanese - BSUD
- Other Black African - BAOF  
(including Black South African, Ethiopian, Rwandan, Ugandan, Zimbabwean)
- Any other Black background - BOTH  
(Other children of Black background not represented in the categories above, including Black Canadian, Black European, Black North American)

**Mixed/dual background**

- White and Black Caribbean - MWBC
- White and Black African - MWBA
- White and Asian - MWAS  
(including White and Bangladeshi, White and Pakistani, White and any other Asian background)
- White and any other ethnic group - MWOE
- Other mixed background - MOTM  
(Other mixed race children not represented in the categories above, including Asian and Black, Asian and Chinese, Asian and other ethnic group, Black and Chinese, Black and other ethnic group, Chinese and other ethnic group)

**Asian or Asian British**

- Indian - AIND
- Pakistani - APKN  
(including Mirpuri Pakistani, Kashmiri Pakistani and other Pakistani)
- Bangladeshi - ABAN
- Nepali - ANEP
- African Asian - AAFR  
(including East and South African Asians)
- Other Asian - AOTA  
(Other Asian children not represented in the categories above, including Kashmiri Other, Sinhalese, Sri Lankan Tamil)

**Chinese**

- Hong Kong Chinese - CHKC
- Other Chinese - COCH  
(Other Chinese children not represented in the category above including Malaysian Chinese, Singaporean Chinese, Taiwanese)

**Any other ethnic background**

- Afghanistani - OAFG
- Filipino - OFIL
- Thai - OTHA
- Vietnamese - OVIE
- Any other ethnic group\* (see below) - OOEG

**\*Any other ethnic group**

(children of ethnic backgrounds not represented in the categories above including, Palestinian, Kuwaiti, Jordanian, Saudi Arabian, Egyptian, Iranian, Iraqi, Japanese, Korean, Kurdish (from Iraq, Iran, Turkey), Central American, South American, Cuban, Belize, Lebanese, Malaysian (other than Malaysian Chinese), Moroccan, Polynesian, Fijian, Tongan, Samoan, Tahitian, Yemeni)

- I do not wish an ethnic background category to be recorded - REFU



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**PAGES 3 - 9 TO BE RETAINED IN PRE-SCHOOL**

**Basic Details**

Surname of Child ..... First Name .....

Name known as ..... Gender ..... Male / Female .....

Date of Birth ..... Copy of Birth Certificate attached Yes / No .....

**Name of Parent(s) with whom the child lives**

Parent /Carer: .....

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

Parent /Carer: .....

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

Address .....

Post Code .....

Telephone ..... Mobile .....

Daytime Emergency Contact Number .....

**Name of Parent with whom the child does not live:**

Parent /Carer: .....

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 .....

Daytime Emergency Contact Number .....

**Other person(s) with legal contact** (To be completed where those persons with parental responsibility are separated and an S8 order is in place):

Name: \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Relationship to Child \_\_\_\_\_

What are the contact arrangements that the setting needs to know about?  
\_\_\_\_\_

**Emergency contact details if parents are not available (at least 2 and should be local )**

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**

**About your child**

Has your child received the following immunisations? *(Please confirm and provide date of immunisations given)*

**Two months old**

Yes/No      Date: \_\_\_\_\_  
*(delete)*

Diphtheria, tetanus, pertussis (whooping cough),  
polio and haemophilus influenzae type b (Hib).  
Pneumococcal infection.

DTaP/IPV/Hib and  
Pneumococcal conjugate  
vaccine (PCV)

**Three months old**

Yes/No      Date: \_\_\_\_\_  
*(delete)*

Diphtheria, tetanus, pertussis (whooping cough),  
polio and haemophilus influenzae type b (Hib).  
Meningitis C (meningococcal group C).

DTaP/IPV/Hib and MenC

**Four months old** Diphtheria, tetanus, pertussis (whooping cough), DTaP/IPV/Hib and MenC  
 polio and haemophilus influenzae type b (Hib). and PCV  
 Meningitis C (meningococcal group C).  
 Pneumococcal infection.

Yes/No Date: \_\_\_\_\_  
 (delete)

**12 months old** Haemophilus influenza type b (Hib) and meningitis Hib/MenC  
 C.

Yes/No Date: \_\_\_\_\_  
 (delete)

**13 months old** Measles, mumps and rubella (German measles). MMR and PCV  
 Pneumococcal infection.

Yes/No Date: \_\_\_\_\_  
 (delete)

**Three years and four months or soon after** Diphtheria, tetanus, pertussis (whooping cough) DTaP/IPV (or dTaP/IPV) and  
 and polio. MMR  
 Measles, mumps and rubella.

Yes/No Date: \_\_\_\_\_  
 (delete)

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes / No (delete). If yes please give details in the space below

Has a risk assessment, if required, been completed? Yes/No (delete)

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. Has a health care plan and agreement to administer medicine, if required, been completed? Yes/No (delete)

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

If so, please provide details:

Are any of the following in place for the child?

Early Years Action Yes/No (delete)  
 Early Years Action Plus Yes/No (delete)  
 Statement of special educational need Yes/No (delete)

What special support will he/she require in our setting?

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

What is the main religion in your family (if applicable)? \_\_\_\_\_

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 in our setting?

What language(s) is/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 so, discuss and agree with the key person how we can work together to support your child when settling-in:

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

**Details of professionals involved with your child**

*GP*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

*Health Visitor (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

*Social Care Worker (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

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. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.*

*Any other professional who has regular contact with the child*

Name 1 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name 3 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**General parental permissions**

*Emergency treatment declaration*

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*For inhaler/Epipens only*

I give permission for a named member of staff who has been trained to administer the inhaler/Epipen or Anapen (supplied by me) to \_\_\_\_\_ (*name of child*). The named staff are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Suncream*

I give permission for staff to administer hypoallergenic suncream (supplied by me) to \_\_\_\_\_ (*name of child*) when necessary and to record its use.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Photographs*

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. These photographs are used for display and for your child's records within the setting. We may also record events and activities on video. Photographs are occasionally used for marketing purposes i.e. leaflets, local publicity and on the pre-school's own website.

I give permission for \_\_\_\_\_ (*name of child*) to have her/his photo taken, or to be videoed, as per the above conditions.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**Other helpful information about your child:**

Has your child previously attended:

Parent & Toddler Group                      Yes / No (delete)

Another Pre-School                              Yes / No (delete)

If your child attends another pre-school or nursery please provide a contact person and address if you would like us to share development information.


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 \_\_\_\_\_

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

.....

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.

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

**I have read and understood the Pre-School Policies sent out at registration (Safeguarding Children and Child Protection Policy, Information Sharing Policy, Valuing Diversity and Promoting Equality Policy, Fees and Funding Policy, Non-Payment of Fees Policy, Withdrawing a Child From Pre-School Policy, Role of the Key Person in the Setting and Settling-In Policy) and will abide by them. All the Pre-School Policies are available in a folder within Pre-School and on our website.**

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

Date \_\_\_\_\_



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### Uniform Order Form

Uniform Order Form				
Child's Name:				
Item	Size	Price Each	Quantity	Total
Sweatshirt:	2-3 years	£8.00		£
	3-4 years	£8.00		£
	5-6 years	£8.00		£
T-Shirt	2 years	£6.00		£
	3-4 years	£6.00		£
	5-6 years	£6.00		£
Welly Boot Bag		£3.00		£
Book Bag	<i>Just a few left!</i>	£3.50		£
Total Due:				£
Cheques payable to Woodham Mortimer Pre-School				

**This Policy was adopted at a meeting of the Woodham Mortimer Pre-School Committee**

**Date of Meeting**

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**Next Review Date**

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**Signed on Behalf of Woodham  
Mortimer Pre-School**

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**Name of Signatory**

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**Role of Signatory**

**Chairperson – Woodham Mortimer Pre-School Committee**