

**Registration Form**

**Personal Details**

|  |  |
| --- | --- |
| Child’s Full Name:  |  |
| Child’s Date of Birth:  |  | Boy/Girl: |
| Home Address: |  |
| Post code: |  |
| Religion: |  |
| Ethnic Monitoring:  |  |
| Child’s preferred name if different from above: |  |

|  |  |  |
| --- | --- | --- |
|  | **Parent/Carer 1** | **Parent/Carer 1** |
| Full Name: |  |  |
| Home Address: |  |  |
| Postcode: |  |  |
| Telephone Number: |  |  |
| Mobile Number: |  |  |
| Email: |  |  |
| Profession/Employment: |  |  |
| Parental Responsibility? Y/N: |  |  |

|  |  |
| --- | --- |
| Primary language spoken at home. |  |
| Additional languages spoken at home. |  |
| Which Primary School do you hope to attend? |  |
| Do you/your family have any special interests/skills that may be appropriate to share with the children at pre school (ie. music, art, dance, sport, language) |  |
| Please provide details of other people in your household, names, ages and relationship to the child. |  |
| Has your child got legal status? If yes, what is the legal status: social service care order, residential order, child lives with another parent, court order etc. Please state: |  |

**Collection Permission**

Please provide the details of friends/family members/Childminders who will collect your child from pre school.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name  | Relationship to child  | Contact number  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

Please provide a collection password

|  |
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|  |

**Session Requirements**

Please indicate the sessions you would prefer your child to attend.

Pavilion is a term time only pre school, operating for 38 weeks of the year.

Preschool sessions are available from Monday to Friday from 09:00-12:00 and 12:15-15:00.

We now offer session blocks.

These blocks can either be full time, mornings, afternoons or 2 and a half days.

Please number in order of preference the sessions blocks you would like

|  |  |
| --- | --- |
| Full Time (Mon-Fri 9am-3pm) |  |
| Morning place (Mon-Fri 9am-12pm) |  |
| Afternoon place (Mon-Fri 12.15-3pm) |  |
| 2.5 day place (Mon,Tue 9am-3pm, Wed 9am-12pm) |  |
| 2.5 day place (Wed 12.15pm, Thu Fri (9am-3pm) |  |

Ideal starting date:

|  |
| --- |
|  |

*Session availability will be confirmed to you on completion of registration and approval of a Pre School/Parent agreement. A copy of our Admissions Policy is available on request.*

**Fees/Funding:**

Please refer to our Pricing Policy. For children eligible for 3 & 4 year old nursery education funding of 15 hours for 38 weeks, Pavilion will apply for this with Liverpool City Council upon completion of a “Funding Agreement”. For families eligible for an additional 15 hours of 3 & 4 yr old childcare funding, **you** must apply for this independently and provide Pavilion with your eligibility code before the start of term for which you are claiming. Parents who may be using a company voucher scheme please indicate which scheme you will be using.

Please tick below which funding you will be claiming:

|  |  |
| --- | --- |
| * 15 hours funding
 | * 30 hours funding
 |

For 30 hours claims please complete below:

|  |  |  |
| --- | --- | --- |
| 30 Hours Eligibility Code  | National Insurance Number (of parent claiming) | Name and Date of Birth of Parent Claiming 30 hours |
|  |  |  |

Name of Voucher scheme (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Image Consent**

Photography: During your child’s time at Pavilion photographs will be taken of your child by our staff team which are used to record their learning and development. Please indicate below your agreement/consent.

|  |  |  |
| --- | --- | --- |
| **Type of use**  | **I agree**  | **I do not agree**  |
| Recording Observations (Statutory Requirement)  |  |  |
| Display internally  |  |  |
| Staff Course Work  |  |  |
| Pre School Photo Album. Used to demonstrate activities at pre school to staff, local authority, Ofsted, prospective parents.  |  |  |
| Printed Media (to promote the pre-school) |  |  |
| Pre School Website  |  |  |

*Please note that names of children will not be used in any printed or digital media. We do not use children's images/faces on any of our pre school social media sites. When leaving Pavilion you will be given your individual child’s ‘Learning Journey’ containing all images printed.*

I give consent for my child’s images to be used as indicated above.

|  |
| --- |
| Signed/Date |

**Privacy Notice**

Here at Pavilion Pre School we take your privacy seriously and we will only use your personal information in relation to your registered child’s development and learning during their time at Pavilion Pre School. We are required by law to maintain records and obtain and share information (with parents, carers, other professionals working with a child, the police, social services and Ofsted) to ensure the safe and efficient management of the pre-school and to help ensure the needs of the children are met. This is a statutory requirement from Ofsted as well as Liverpool City Council Early Years Funding.This information is confidential and held securely and only accessible and available to those who have a professional right to see it.

Please ensure you have been given a copy of your **Privacy Notice** and have signed that you have read and understood this.

|  |  |
| --- | --- |
| Signed by Staff  |  |
| Signed by Parent  |  |

**Medical Details**

|  |  |
| --- | --- |
| Name and Address of GP: |  |
| Name of Health Visitor: |  |
| Does your child suffer from any allergies? If yes please provide full details. |  |
| Does your child have dietary/religious requirements? |  |
| Does your child have any medical conditions that we need to be aware of? |  |
| Does your child take any regular medication? |  |
| Does your child have any additional needs? |  |
| Please provide any information you may feel is relevant to your child at pre-school in regard to you/your partners health or your family circumstances |  |

**I consent to my child receiving any necessary emergency medical treatment**

|  |
| --- |
| **Signed/Date** |

|  |
| --- |
| I will inform the pre school if my child is unwell or receiving medication. I agree to my child’s exclusion on medical grounds when appropriate. Please refer to a copy of our Medicine and Infectious Diseases Policy. |
| Signed/Date |

|  |
| --- |
| **Other notes that may be relevant to your child's registration:**  |

**Emergency Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CONTACT 1** | **CONTACT 2** | **CONTACT 3** |
| Name  |  |  |  |
| Relationship to child  |  |  |  |
| Mobile |  |  |  |
| Work  |  |  |  |
| Home  |  |  |  |

*For office use only*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Date form received* |  | *Staff Initials* |  | * *Birth Certificate seen*
 | * *Proof of Address*
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