



Pinner Parish Pre-School | St. John The Baptist Church Hall | Church Lane | Pinner | Middlesex | HA5 3AA
 Telephone: 07949 363325 | E-mail pinnerparishpreschool@hotmail.co.uk

REGISTRATION FORM

GENERAL INFORMATION			
Surname		First name	
Date of birth		Middle name	
Child known as			
Name of parent/guardian(s) with whom the child lives:			
1. _____			
Relationship to child: _____			
Does this person have parental responsibility? Yes / No (delete)			
2. _____			
Relationship to child: _____			
Does this person have parental responsibility? Yes / No (delete)			
Address (including postcode)			
Telephone		Mobile	
E-mail address			
Name of the parent with whom the child <u>does not</u> live:			

Relationship to child: _____			
Address of this parent: _____			

Does this person have legal access to the child? Yes / No (delete)			
EMERGENCY CONTACT DETAILS			
Parent 1 – Work/daytime contact number: _____			
Parent 2 – Work/daytime contact number: _____			
Any other emergency contact numbers:			
Name: _____ Tel: _____ Mob: _____			
Name: _____ Tel: _____ Mob: _____			

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

Name: _____ Relationship to child: _____

Telephone: _____ Mobile: _____

Name: _____ Relationship to child: _____

Telephone: _____ Mobile: _____

ABOUT YOUR CHILD**Red Book Checked** Yes/No (delete)**Immunisation Record** Yes/No (delete)**Health Visitor Name****Address****Has your Child's Health Visitor carried out the 2 year Progress Check?** Yes/No (delete)**Does your child have any special dietary needs or preferences?** Yes / No (delete)

If yes, please specify:

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

If yes, please specify:

What special support will he/she require at pre-school?

Does your child have any known allergies? Yes / No (delete)

If yes, please specify:

What stage of potty training has your child reached?**Does your child have any special toy or comforter?** Yes / No (delete)

If yes, please specify:

Any details important for us to know about your child? E.g. What they like, any fears they may have, or special words they use?**How would you describe your child's ethnicity or cultural background?****Your child's Ethnicity Code**

WBRI	White, British	WIRI	White, Irish
WIRT	Traveller of Irish Heritage	WROM	Gypsy/Roma
WOTH	White, any Other White Background	MWBC	Mixed, White and Black Caribbean
MWBA	Mixed, White and Black African	MWAS	Mixed, White and Asian
MOTH	Mixed, any Other Mixed Background	AIND	Asian or Asian British, Indian
APKN	Asian or Asian British, Pakistani	ABAN	Asian or Asian British, Bangladeshi
AOTH	Asian or Asian British, any Other Asian Background	BCRB	Black, Black British, Caribbean
BAFR	Black or Black British African	BOTH	Black or Black British, any Other Black Background
CHNE	Chinese	OOth	Any Other Ethnic Background
REFU	Did not wish to be recorded		

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 pre-school?	
What language(s) is/are spoken at home?	
<p>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)</p> <p>If yes, discuss and agree with the key person how you will support your child when settling-in:</p>	
Doctor's name	
Doctor's address	
Doctor's telephone	
<p>Is your child on constant medication? Yes / No (delete)</p> <p>If yes, please specify:</p>	
<p>In the event of an accident during the pre-school session your child may require hospital treatment. Should this situation occur please sign the consent form below to enable your child to be treated by hospital staff.</p> <p>I _____ (block capitals) authorise the hospital to administer any necessary treatment required for my child _____ (block capitals)</p> <p>Signed: _____ Date: _____</p>	