**Redwoods Forest Preschool Registration Form**

**Key Information**

Please ensure that you give as much detail about your child as possible.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Surname | |  | | | | | | | | | | | | | | | | | |
| Child’s First Name(s) | |  | | | | | | | | | | | | | | | | | |
| Known as | |  | | | | | | | | | | | | | | | | | |
| Date of Birth | |  | | | | | | | | | | | | | | | | | |
| Sex | | Boy |  | | | | | | Girl | | |  | | | | | | | |
| Religion | |  | | | | Ethnicity | | | | | |  | | | | | | | |
| First language | |  | | | | | | | | | | | | | | | | | |
| Any other language spoken | |  | | | | | | | | | | | | | | | | | |
| **Parent/Carer 1** | | Relationship to child | | | | | | | | | |  | | | | | | | |
| Parental responsibility? | | | | | | | | | | Yes | | | | | | No | |
| Name | |  | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Post Code | | | |  | | | |
| Email Address | |  | | | | | | | | | | | | | | | | | |
| Telephone Number | | Home | |  | | | | | | | Mobile | | |  | | | | | |
| Place of Work | |  | | | | | | | | | | | | | | | | | |
| Job Title | |  | | | | | | Work number. | | | |  | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Post Code | | | | |  | | |
| Telephone Number | |  | | | | | | | | Ext. | |  | | | | | | | |
| Able to collect child? | | Yes |  | | | | | | | No | |  | | | | | | | |
| **Parent/Carer 2** | | Relationship to child | | | | | | | | | |  | | | | | | | |
| Parental responsibility? | | | | | | | | | | Yes | | | | | | | No |
| Name | |  | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Post Code | | | | |  | |
| Email Address | |  | | | | | | | | | | | | | | | | | |
| Telephone Numbers | | Home | | |  | | | | | | | Mobile | | |  | | | | |
| Place of Work | |  | | | | | | | | | | | | | | | | | |
| Job Title | |  | | | | | | Work number. | | | |  | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Post Code | | | | |  | | |
| Telephone Number | |  | | | | | | | | Ext. | |  | | | | | | | |
| Able to collect child? | | Yes |  | | | | | | | No | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Do any other individuals have legal contact arrangements with the child? | | | | | | | | | | | | Yes | | | | | | No | |
| If Yes, please provide details below and a copy of relevant documentation: | | | | | | | | | | | | | | | | | | | |
| **Emergency Contacts other than Parents/Carers** | | | | | | | | | | | | | | | | | | | |
|  | Contact No. 1 | | | | | | Contact No. 2 | | | | | | | | | | | | |
| Name |  | | | | | |  | | | | | | | | | | | | |
| Relationship to  child |  | | | | | |  | | | | | | | | | | | | |
| Address |  | | | | | |  | | | | | | | | | | | | |
| Tel. No |  | | | | | |  | | | | | | | | | | | | |
| Mobile No. |  | | | | | |  | | | | | | | | | | | | |
| Password for  collecting child |  | | | | | |  | | | | | | | | | | | | |
| As security is of the utmost importance we request that you inform the Preschool of any delay or changes to collection arrangements. The person collecting your child should be known to the  Preschool and be aware of your chosen password.  **Sessions Required** (Minimum of two morning sessions per week. Snack is charged as an additional £1 per session for all children) | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Monday | Wednesday | Thursday |
| Am Session 9-12  (Funded) |  |  |  |
| Lunch Hour and afternoon session.12-2 |  |  |  |
| Start Date | S | | | |
| Does your child attend any other settings? please supply details. | S | | | |
| Is your child eligible for funding? |  | | | |

**Medical Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Doctor’s Name: |  | | | | | | |
| Address: |  | | | | | | |
| Tel. No. |  | | | | | | |
| Health Visitor’s Name: |  | | | | | | |
| Address: |  | | | | | | |
| Tel No. |  | | | | | | |
| Does your child have a Personal Child Health Record book (Red Book)  If yes, please bring to induction visit. | | | | | Yes | | No |
| Was your child born premature? | | | | | Yes | | No |
| If yes, how many weeks? |  | | | | | | |
|  | | | | | | | |
| Are there any other services involved with the child or family ? | | | | | | | |
| Family Nurse | Yes | No | Date Involvement commenced | | |  | |
| Name: |  | | | | | | |
| Contact Information and Telephone Number |  | | | | | | |
| Social Worker | Yes | No | Date Involvement commenced | | |  | |
| Name: |  | | | | | | |
| Contact Information and Telephone Number |  | | | | | | |
| Speech and Language | Yes | No | Date Involvement commenced | | |  | |
| Name: |  | | | | | | |
| Contact information and Telephone Number |  | | | | | | |
| Any other service | Date Involvement Commenced | | |  | | | |
| Main Service Provided |  | | | | | | |
| Main Contact Name |  | | | | | | |
| Contact Information and Telephone Number |  | | | | | | |

**Immunisations – Please tick if your child has been vaccinated against the following:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes | No | |  | | | Yes | | | No |
| Diphtheria |  |  | | Tetanus | | |  | | |  |
| Hib |  |  | | Mumps | | |  | | |  |
| Measles |  |  | | Rubella | | |  | | |  |
| Polio |  |  | | Whooping Cough | | |  | | |  |
| Details of other vaccinations | |  | | | | | | | | |
| Has your child had any infectious diseases? | | | | | Yes |  | | No |  | |
| If Yes, please give details | | |  | | | | | | | |
| Has your child ever been admitted to hospital? | | | | | Yes |  | | No |  | |
| If Yes, please give details | | |  | | | | | | | |

**Individual Requirements and Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Has your child ever been stung by a bee or wasp? | | | | | Yes |  | | No | | |  | | |
| If yes, have they been stung more than once and did they recover well? |  | | | | | | | | | | | | |
| Has your child any food or other allergies? | | | | | Yes |  | | No | | |  | | |
| Please give details |  | | | | | | | | | | | | |
| Are there any foods you do not want your child to have? | | | Yes | | |  | | | No | | |  | |
| Please give details | |  | | | | | | | | | | | |
| Has your child any cultural or religious requirements? | | | | Yes | | |  | | | No | | |  |
| Please give details | |  | | | | | | | | | | | |
| Do you believe your child needs any additional support with their development, or have they been identified as having any special educational needs? | |  | | | | | | | | | | | |
| Please give any further useful information about your child here: | |  | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consents** | | | | | |
| **Medical Treatment** | | | | | |
| **I hereby give consent for the staff of Redwoods to:** | | | | | |
| Administer emergency First Aid | Yes | | | No | |
| Seek emergency medical and dental attention, including hospital treatment if it is deemed necessary | Yes | | | No | |
| Administer medication | Yes | | | No | |
| Apply a plaster when necessary | Yes | | No | | |
| Apply sun cream factor 30+. I understand that it is my responsibility to provide sun cream, hat and appropriate clothing during the summer months | Yes | | No | | |
| Apply insect repellent. I understand that it is my responsibility to provide this and dress them in long sleeves and trousers when attending Preschool. | Yes | | No | | |
| Apply an antihistamine cream in the event of an allergic reaction or a relief balm. | Yes | | No | | |
| Signature…………………………………………………. Date ………………………………………… | | | | | |
|  | | | | | |
| **Outings** | | | | | |
| **I hereby give consent for the staff of Redwoods to:** | | | | | |
| Take my child on local visits and outings | | Yes | | | No |
| Go on regular Forest School walks in Nowton Park. | | Yes | | | No |
| Travel on public transport | | Yes | | | No |
| Signature…………………………………………………. Date ……………………………………… | | | | | |
|  | | | | | |
| **Photographs** | | | | | |
| **I hereby give consent for the staff of Redwoods to:** | | | | | |
| Photograph my child and for those photographs to be used in my child’s file and displays around the nursery | | Yes | | | No |
| Use photographs of my child for advertising purposes | | Yes | | | No |
| Use photographs of my child in newsletters | | Yes | | | No |
| Use photographs of my child on the nursery website | | Yes | | | No |
| Use photographs of my child for our Facebook page(Faces not used) | | Yes | | | No |
| Signature…………………………………………………. Date ………………………………………… | | | | | |
|  | | | | | |

|  |  |  |
| --- | --- | --- |
| **Sharing information** | | |
| **I hereby give consent for the staff of Redwoods to**: | | |
| Share information about my child with other agencies such as :  Speech and Language, Health Visitors, Special Educational Needs support and other settings they may attend | Yes | No |
| Signature................................................................ Date...................................................................  **Please note staff will share information without consent if they are concerned about the welfare of the child** | | |

Registration Fee

Please enclose a Registration Fee of £30 to cover registration costs.

Name of person signing (PRINT):…………………………………………………………………………

Signature:…………………………………………………… Date:…………………………………….

Office use only

Details of Placement…………………………………………………………………………………....

Date Received………………………………Date Acknowledged……………………………………

Registration Fee…………………………….Cheque ……Cash…………………...BACS………

Staff Name…………………………………………………………..Date……………..………….……

**Redwoods Forest Preschool Ltd**

**Terms and Conditions**

**Sessions:**

Morning Session = 9.00am - 12.00pm

Lunch Afternoon session = 12.00pm-2.00pm

All session requirements must be confirmed in writing.

A minimum of 2 weeks’ notice for all session changes must be given.

**Children must be registered for a minimum of 2 morning sessions per week.**

**Fee Payment**:

Fees must be paid one month in advance by the **first week of the month**.

Payment is required by Standing Order, Cheque or Internet. Details of our bank account are available on request for internet and telephone banking payments

A £10 administration fee will be charged on a weekly basis for all late payments.

Cheque payments will incur a 10% administration/handling fee.

Deposits can be paid directly to our bank. Please quote your **child’s name** so we can find the payment.

**Account no-21890255**

**Sort code-40-15-22**

**Snack**

There will be a £1 fee for each session to cover snack due to government funding not covering this cost.This money helps us provide organic home cooked snack. Plus we get to cook on a campfire at lease on week each half term and in the colder months most days.

**Holidays:**

The Preschool will be open term time only. Term dates will be issued at the beginning of the academic year. We will be open on school PD days. We will not refund holidays due to staffing and holding your space.

**Sickness/ Absence:**

Children who have, or develop, an infectious illness must be excluded from Preschool for a minimum of 48hours.

This is in the best interest of the child and the other children and complies with regulations set out by the Environmental Health Department. The Preschool must be notified of all absences.

**Sickness absence or holidays from Preschool do not qualify for a reduction in fees**.

**Notice:**

One month’s written notice, by either party, is required to terminate a child’s place at nursery. One month’s fees in lieu of notice will be charged.

Fees are still payable for the month’s notice even if the child does not attend the Preschool.

**Family Discounts:**

Where two or more children from one family attend the Preschool for two days or more per week, the oldest child will be eligible for a 10% sibling discount in their monthly fees.

**Clothing and Personal Items:**

Forest School is outdoors in all weathers. Please supply your child with the correct clothing for that day’s weather forecast. Children who are not dressed for the weather may be sent home. Please follow the kit list provided. The Preschool cannot accept responsibility for loss or damage to personal items or clothing.

A Preschool uniform is available to purchase.

Parents should supply sufficient clothing for their child‘s daily needs and a spare set of clothing in case of accidents.

Sun cream and sunhats should be supplied in the warmer months, as well as insect repellent. Waterproofs must be worn at all times.

**Severe weather.**

Forest Schools is an all-weather activity, however we will not go into the woodlands if there is high winds or a thunderstorm. We will aim to either transfer to the local hall, or take the children off site. In this instance we will contact you that morning to let you know where the meeting point is. We hope to use these opportunities to enrich their learning and will have these sessions pre-planned ready. Due to weather being unpredictable in the UK we will only be able to let you know on the morning of the session. If we do need to cancel a session no payment will be taken. Funded children are offered an additional session during that half term if they wish.

**Disclaimer.**

Forest School takes place in the surrounding woodland of Nowton Park. We work very hard to ensure your children are safe during the sessions. However Forest School is a higher risk activity. Nature can be unpredictable. Families who send their children to Forest School see the immense value in measured risks that it can offer. We at Redwoods believe children learn from being given responsibility for their own choice. This means we cannot guarantee that your children can make the correct choices each time and (minor) accidents can happen. Our trained staff, are there to assess any posed risks and step in if that risk is seen as severe. Children are supported in their learning but if any severe harm can occur we will take measures to stop this. Our staff, carry full First Aid qualifications and are there if ever needed. Nature is the best teacher and we believe the learning and joy a child can gain by spending time at Forest School far outweigh the risks. Children who spend time in nature gain many health benefits inside and out.

**Car Parking:**

There are designated parking bays for dropping off and collecting children. If these bays are full please ensure that you park your car carefully. Under no circumstances should any car be left parked in an unsuitable manner that could cause danger to children or to the general public. Please do not park in front of the hosepipe as it is in constant use.

|  |
| --- |
| **AGREEMENT**  I agree to comply with the terms and conditions set out by Redwoods Forest Preschool Ltd.  Signed…………………………………………………………Date………………….......  Name……………………………………………………………………………………...... |

**NURSERY COPY**

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|  |
| --- |
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