Admin Use Only

	Signed	
Evidence		
Passport	Birth Cert.	Other
Policies		
2year old check		

62REGISTERED CHARITY NO. 1025899

in partnership with Devon County Council

The Old School Room, High Street, Swimbridge, EX32 0PR

SWIMBRIDGE PRE-SCHOOL REGISTRATION FORM

DETAILS OF CHILD

Full name of child		
Address POSTCODE:		
Date of Birth	Male/Female	Preferred name/known as

PARENT CONTACT DETAILS

Full Name Parent/Main Carer (1)		
Address (if different from above) POSTCODE:		
Work:	Email:	
Home:	Mobile:	
Relationship to the child?		
Does this person have legal parental responsibility for the child?	Yes No	

Full Name Parent/Main Carer (2)		
Address (if different from above) POSTCODE:		
Work:	Email:	
Home:	Mobile:	
Relationship to the child?		
Does this person have legal parental responsibility for the child?	Yes No	

ADDITIONAL INFORMATION

Ethnicity:		Languages spoken at home:
Religion:		
Are there any special occasions or festivals celebrated at home?		
Are there any activities you would like your child to be withdrawn from?		

DOCTOR'S DETAILS

Doctor's Name
Address:
Tel. No.

HEALTH VISITOR

Name:	Tel. No.

Has your child/family been involved with Social Services?	Yes No
Do you have a Social Worker or Support Worker?	Yes No

ANY KNOWN ALLERGIES / DIETARY REQUIREMENTS / MEDICAL CONDITIONS

Any known allergies?(food, animals, plasters)	Yes / No	If yes, please give details.
Any dietary requirements or preferences?	Yes / No	If yes, please give details.
Any medical conditions (asthma, speech or hearing difficulties, eczema) Yes / No If yes, please give details.		
Are your child's immunisations up to date?	Yes / No	
Does your child have any special needs or disability?	Yes / No	If yes, please give details.

Has your child had any of the following childhood illnesses? Tick all that apply.

Measles	Mumps	G/Measles	W/Cough	Chicken Pox	Scarlet Fever	Febrile Convulsions

WHO ELSE IS AUTHORISED TO COLLECT YOUR CHILD

It is important that Swimbridge Pre-School is informed of anyone else besides named parents/ guardians, who are authorised to collect your child. Children will only be released into the care of authorised adults.

First Emergency Contact Should Parent(s) Be Unavailable:

Name:	Relationship to Child:
Home Tel:	Mobile:

Other Authorised Adults

	Tel. No.
Name:	Mobile:
Relationship to Child:	Home Tel:

(Please state how related to the child - friend, family, neighbour etc)

Name:	Mobile:
Relationship to Child:	Home Tel:

(Please state how related to the child - friend, family, neighbour etc)

Name:	Mobile:
Relationship to Child:	Home Tel:

(Please state how related to the child - friend, family, neighbour etc)

PRE-SCHOOL SESSIONS

Please tick which sessions you would like your child to attend. These can be increased at a later date.

MONDAY AM	9am – 12pm	
MONDAY PM	12pm -3pm	
TUESDAY AM	9am -12pm	
TUESDAY PM	12am - 3pm	
WEDNESDAY AM	9am - 12pm	
WEDNESDAY PM	12pm – 3pm	
THURSDAY AM	9am – 12pm	
THURSDAY PM	12pm – 3pm	
FRIDAY AM	9am - 12pm	
FRIDAY PM	12am - 3pm	

What date would you like your child to commence his/her sessions?

……

I have completed all the necessary sections of this registration form.

Signed:

Signature of Parent/Carer (1)	Date:
Signature of Parent/Carer (2)	Date:

Please notify the pre-school immediately of any changes in circumstances relating to the information you have completed in this registration form.

Privacy Notice:
Swimbridge Preschool is committed to processing and controlling data about children and families in accordance with GDPR regulations and guidelines and in the interest of data subject in a lawful manner. We do not share information about children with any third party without consent unless the law and our policies allow us to do so. Where it is legally required or as necessary (and it complies with data protection law) we may share personal information about children with outside agencies such as Ofsted/Devon County Council/Early Help/Children's Centre.

Please sign to say that you have read and agreed with the above Privacy Notice:

Signature of Parent/Carer (1)	**Date:**
Signature of Parent/Carer (2)	**Date:**

Please return this registration form to:
Swimbridge Pre-school, The Old School Room, High Street, Swimbridge, EX32 0PR.

We will contact you by email or telephone to confirm arrangements.
THANK YOU