

Little Chicks Pre-school Registration Form

Start Date Deferred days & times

2 year old code (if applicable).....

30 hour code & NI number (if applicable).....

Child's forenames

Child's surname

Address

.....

Postcode

Home telephone number

E-mail address

Date of Birth

Mother's name

Occupation

Father's name

Address

(If different than above)

Occupation

Religion

Emergency Contact:

Name	Tel.No	Relationship
1		
2		
3		

Password

(This is to be used by anyone who has authority to collect your child)

Little Chicks Pre-school Registration Form

Family Doctor Tel. No.....

Health Visitor Tel. No.....

Social Worker Tel. No.....

Has your child been immunized against the following (please give dates):-

Diphtheria Tetanus

Polio Whooping cough

M.M.R H.I.B

Names and date of birth of any other children in the family:-

.....

When will your child start school?

Name of school?

Does your child need any special care? Yes/No

If yes what?

Is there any dietary prohibition in respect of medical or religion that the group should be aware of? Yes/No

If yes what?

Is your child allergic to anything? Yes/No

If yes what?

Has your child any special fears? Yes/No

If yes what?

Has your child any Religious Requirements? Yes/No

If yes what?

Are there any recent events that may have affected your child, e.g. moving house, new baby, parent working away from home, death of a relative? Yes/No

If yes what?

Would you agree to your child being taken out on occasional outings during the Pre-school?

Session, providing there is the adequate adult supervision? Yes/No

Little Chicks Pre-school Registration Form

Who will bring and collect your child from the Pre-School in normal circumstances?
(Please give a contact number for this person if different from previous information)

.....
Where did you find out about us? Please tick

Shropshire Star Word of mouth Parent and toddlers
Notice in shop window Shropshire magazine other please state

I have read and understood the procedures as set out in the Prospectus adopted by Little Chicks Pre-school.

I consent for emergency medical attention to be administered to my child when chaperoned by a representative from Little Chicks Pre-school

I give my consent in case of an emergency for a representative of Little Chicks Pre-school to transport my child to seek medical attention.

I consent Little Chicks Pre-school to release records and information about my child to the next provision/School that he/she attends.

I give consent for my child to have his/her photo/video taken to be used within the Pre-School e.g. in their learning journey.

I give consent for a teacher from my child's next setting to come into Little Chicks Pre-school and visit my child.

I give consent for my child to have sun cream applied when and where necessary.

Child's Name.....

Parent/Carers Name.....

SignedDated

GDPR rights for individuals

You have the right to request the deletion of your data where there is no compelling reason for its continued use. However Little Chicks Pre-school has a legal duty to keep children's and parents details for a reasonable time, Little Chicks Preschool retain these records for 3 years after leaving pre-school, children's accident and injury records for 19 years (or until the child reaches 21 years), and 22 years (or until the child reaches 24 years) for Child Protection records. This data is archived securely onsite and shredded after the legal retention period.