

Braunston Pre-School Registration

About your child	
Name	Address
Date of birth	
Contact telephone	
Ethnic origin	Religion
First language spoken	Second language spoken
About you	
Mother	
Name	Address
Contact telephone	
Email	
Father	

Name	Address
Contact telephone	
Email	
Guardian	
Name	Address
Contact telephone	
Email	
Emergency contact's details	
Name	Address
Contact telephone	
Email	
Medical information about your child	
Doctor and / or practice	Health visitor
Medical conditions	
Special medication	Dietary needs
Allergies	Other

Will you provide an inhaler for asthma?	
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External activity and photography consent

We sometimes take the children out for walks / visits around the village. To do this we need the consent of each child's parent / guardian. Please delete the following as applicable.

I would / would not be willing for my child to take part.

Parent's / Guardian's signature: _____ Date: _____

As part of our recording systems, and occasionally for publicity purposes, we need to take photographs of the children at their activities. Please delete the following as applicable.

I would / would not be willing for my child to be photographed.

Parent's / Guardian's signature: _____ Date: _____

Medical consent

Please indicate whether you consent to our staff obtaining advice and treatment for your child in the event of an emergency.

I give my consent / do not give my consent for the staff of Braunston Pre-school to obtain emergency medical **advice** in the event of an emergency.

I give my consent / do not give my consent for the staff of Braunston Pre-school to obtain emergency medical **treatment** in the event of an emergency.

Parent's / Guardian's signature: _____ Date: _____

Policy pack confirmation

We have a policy pack which we require all parents / guardians to read. Please sign below to confirm that you have read and accepted our policies.

Parent's / Guardian's signature: _____ Date: _____

Collection of child

Child's name

Confidential password

The child above will usually be collected by ...

Name

Relationship to child

Or by ...

Name

Relationship to child

Parent's / Guardian's signature: _____ Date: _____

Staff signature: _____ Date: _____