



LITTLE OTTERS
SLIMBRIDGE PRE-SCHOOL
REGISTRATION FORM

Please return to the School Office as soon as completed

Personal details of Child

Surname _____ Forenames _____
 Address _____ Name in use _____
 _____ Date of Birth _____
 Postcode _____ Brothers/Sisters in school? Yes/No
 Gender _____ Home Telephone No _____
 Parents/Carers _____
 Address of Mother if different from above _____

 Address of Father if different from above _____

 Email address: _____
 Ethnic Group _____ Home Language _____
 Religion _____ Country of birth _____
 Previous Playgroup/School Name & Address _____

Daytime Emergency Contacts (Local contacts only)

	1 st Contact	2 nd Contact	3 rd Contact
Name	_____	_____	_____
Relationship	_____	_____	_____
Telephone No	_____	_____	_____
Mobile No	_____	_____	_____
Address	_____	_____	_____

Please note that only those named above will be allowed to collect your child unless prior notice has been given to the pre-school staff.

ALL CONTACTS TO SIGN AND DATE THE PERMISSION TABLE BELOW:

I give permission for Slimbridge Primary School to hold and use my contact details as detailed and understand that these details will not be shared with any third party without further permission.

	NAME	SIGNATURE	DATE
1			
2			
3			

Please specify sessions in which you are interested:

Monday	09.00 - 12.00	<input type="checkbox"/>	Monday	12.00 - 3.00	<input type="checkbox"/>	Monday	9.00 - 3.00	<input type="checkbox"/>
Tuesday **	09.00 - 12.00	<input type="checkbox"/>	Tuesday	12.00 - 3.00	<input type="checkbox"/>	Tuesday	9.00 - 3.00	<input type="checkbox"/>
Wednesday	09.00 - 12.00	<input type="checkbox"/>	Wednesday	12.00 - 3.00	<input type="checkbox"/>	Wednesday	9.00 - 3.00	<input type="checkbox"/>
Thursday	09.00 - 12.00	<input type="checkbox"/>	Thursday	12.00 - 3.00	<input type="checkbox"/>	Thursday	9.00 - 3.00	<input type="checkbox"/>
Thursday**	01.00 - 3.00	<input type="checkbox"/>						
Friday	09.00 - 12.00	<input type="checkbox"/>	Friday	12.00 - 3.00	<input type="checkbox"/>	Friday	09.00 - 3.00	<input type="checkbox"/>

**These sessions are reserved for children starting school in the following September

Doctors Name _____

Doctors Address _____

Medical Information _____

Allergies _____

Name, Job Title and Tel. No. of Any Professionals Involved with the Family (eg. Health Visitor, Social Worker)

Details of any Significant Health Issues (including Special Educational Needs and/or Physical Disabilities Statement)

Details of any Special Dietary Requirements, Allergies and Significant Food and Drink Preferences

Record of Immunisations (including Dates): _____

Any Other Relevant Information: _____

Do you Consent to your Child Receiving Medical Treatment in an Emergency? Yes/No

I give Consent for my Child to be taken on Local Outings (in Slimbridge) Yes/No

I give Consent to any Image or Photograph being taken of my Child while at Slimbridge Pre-School. This may be by staff or parents for display purposes in the 'Unit', or from time to time by local or regional press or television who may be asked to cover particular events Yes/No

I give consent for observations to be made and photos to be taken of my child for their Learning Journey and Tapestry Yes/No

I hereby consent for my child to take up a place at Slimbridge Pre-School, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the Pre-School, and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the Pre-School.

I confirm that the information given above is correct and that I will inform the Pre-School of any changes.

Signature of Parent/Carer.....Date.....

Please contact Nikki Elliott, School Business Manager, if you have any questions or comments on 01453 890216 or Jo Jenkins (Playleader at Little Otters Playgroup) – email: jjenkins@slimbridge.gloucs.sch.uk (01453 890216)

Please return this form to Slimbridge Pre-School, Slimbridge Primary School, St. John's Road, Slimbridge, Glos GL2 7DD