



Preschool

Maiden Erlegh Preschool

Silverdale Youth and Community Centre,
Maiden Erlegh Campus, Off Silverdale Rd,
Earley, Reading, RG6 7NG
Tel: 07867 565811

Registered Charity No: 1025503
A member of the Pre-school Learning Alliance

REGISTRATION FORM

1) Child's full name.....

2) Name by which child should be known in the group.....

3) Gender (please tick) Male.....Female.....

4) Date of Birth.....

5) Address.....

6) Home telephone..... Mobile..... Email.....

7) Full names of person/s with Parental Responsibility.....

8) Occupation.....Employer.....

9) Employer's telephone No.....

10) Other person (**not parent/guardian**) to contact in an emergency (**local only**)

Name..... Relationship to child.....

Telephone..... Mobile.....

11) What is the main language spoken at home?

12) Are there any foods your child should not be given?
.....

13) Background information which may help us to understand your child e.g. Brothers / sisters, fears etc.:
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14) Other relevant information e.g. Access or custody arrangements.....
.....

15) What is your preferred starting date?

16) Will you be entitled to 15 or 30 funded hours government funding?.....

17) Which sessions would you prefer if available?.....

18) In which Primary School Catchment do you live?

Signed..... Date.....

(Must be signed by a person with Parental responsibility, please see medical form attached for details)

Maiden Erlegh Pre-school

MEDICAL FORM

Family Doctor.....

Surgery Address..... Telephone.....

Record of Immunizations

DTaP/ IPV/ Hib and PCV and Rota*..... Date.....

(8, 12 & 16 weeks) *= 8 & 12 weeks only

Men C (12 weeks)..... Date.....

Hib/Men C (12-13 months)

MMR and PCV (12-13 months)..... Date.....

DTaP/IPV (around 3y)..... Date.....

MMR (around 3y)..... Date.....

Other (TB etc)..... Date.....

Medical Conditions: (Please circle if applicable)

Eczema Physical Disabilities Heart Problems Epilepsy Hyperactivity

Asthma Deafness Diabetes Delayed Speech

Medical Conditions other than those listed above,
Please give details.....

Details of any allergies.....

Regular medication

Please indicate any medication your child may bring to Pre-school e.g. inhalers

Please also sign the Medical Consent form, on admission to Pre-school. Staff are unable to administer ANY medication without a valid consent form.

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Is it acceptable to use sticking plasters should the need arise: Yes..... No.....

If my child is injured/ taken ill at Maiden Erlegh Pre-school,

I hereby give permission for..... (Child's name) to be given First Aid by First Aid trained staff or to be taken to a Doctor/ Hospital in an emergency and appropriately treated in the event that the Persons named on this form cannot be contacted.

Signed.....

(Must be signed by a person with Parental responsibility, please see below for details)

PLEASE NOTE:

Parental Responsibility can lie with a child's Birth Mother, Father (As long as he is named on the child's Birth certificate), Adoptive parents, named on an Adoption order or in the case of a child in Foster care, Parental responsibility normally lies either with the Local Authority or the child's Birth Mother.

Please return these forms along with the £20 administration fee (payable to Maiden Erlegh Pre-school).

Cash / Cheque please tick the relevant box