

Totterdown Preschool Registration Form Deepcut

Child's Details

Surname:		First names(s):			
Known as:	Gender:			M	lale / Female
Date of Birth:		Nationality	/ :		
Ethnicity:		Religion:			
Home language(s): 1	1)		2)		
Name of family					
member(s) child					
lives with:					
Mathaula /Guandian Data	-:I-				
Mother's /Guardian Deta	aiis				
Name (inc title):				Parent Yes / N	al responsibility:
Address (inc post code):					
Home telephone:		Mobile:			
Email address:			•		
Occupation:		Work teleph	ono:		
Employer's name:		Сетері	one.		
Work address:					
Mother's next of kin:		Conta	ct Numb	or:	
Widther Streat of kill.		Conta	ict Nullib	CI.	
Father's /Guardian Detai	ils				
Name (inc title):				Parent Yes / N	al responsibility:
Address (inc post code):			I		
Home telephone:		Mobile:			
Email address:			•		
Occupation:		Work teleph	one:		
Employer's name:		СССРІ	one.		
Work address:					



Father's next of kin:

Contact Number:

Emergency Contact

An emergency contact should be persons authorised by yourselves to collect your child by means of an arrangement or if, for any reason either parent / guardian are out of reach. Emergency contacts must be above the age of 16. For security purposes please ensure a photograph is provided to Totterdown Preschool in advance or a password is known to the authorised persons.

Contact 1

Name (inc title):		
Address (inc post		
code):		
Home telephone:	Mobile:	
Email address:		
Relationship to child:		
Password:		

Contact 2

Name (inc title):		
Address (inc post		
code):		
Home telephone:	Mobile:	
Email address:		
Relationship to child:		
Password:		

Charges

Totterdown Preschool fees are set at a competitive level in order to achieve and retain highly qualified staff, which include an Early Years qualified teacher, to provide high staff ratios and to maintain a sustainable and well -equipped setting. Totterdown Preschool welcomes Early Years Free Entitlement funding vouchers both the universal 15 hours and the extended 15 hours, as well as FEET funded children.

Any sessions that are above and beyond this free entitlement are as follows:

Charges are as follows:

A 3- hour morning session will cost £16.50, and a full day will cost £33. This equates to £5.50 per hour.

An early drop off at 8.00am is charged at £5.00 Lunch club at £5.50, only for morning children.



There will also be an additional consumable charge at £3 a session, £6 per day (this includes fruit, cooking, celebratory and festival foods etc as well as hygiene supplies and sundries). This equates to you paying £1 for every hour that your child attends with us. If your child wishes to take part in one of our outside provider classes, this incurs an additional charge. These charges are reviewed yearly.

Payments should be made half termly preferably via standing order. By prior arrangement fees can also be paid monthly and by cheque if necessary. A non-refundable registration fee of £35 is payable once the registration form has been completed. Please refer to Totterdown Preschool terms and conditions for a detailed outline of all fee structures, invoicing arrangements and payment conditions.

For all places please indicate the sessions that are preferred on the table below:

	Price	Monday	Tuesday	Wednesday	Thursday	Friday
Whole day	£33					
8.30 – 2.30	155					
Morning	£16.50					
8.30 – 11.30	110.50					
Lunch Club 11.30 – 12.30	£5.50					
Early Drop Off	£5					
8.00 - 8.30	13					

We will endeavour to accommodate your preferences, however in line with our admissions policy if this is not possible we will try to provide an alternative.

Start Date

Preferred start date:	
Child's age at start date:	
If your child is due their 2 year check please advise us of the date	

Present Child Care				
•	arly Yea	ars settings/ e	xternal agenci	another preschool or nursery es to liaise with each other, in e for your child.
Medical Details				
Contact name:				
Address (inc post code):				
Telephone number:			Mobile:	
Medical Practice Name:				
Doctors Name: Address (inc post code):				
Practice telephone:				
Childs resting temperatur	re			
Immunisations Is your child up to date wi			Yes / No	
If no please provide furthe	er detai	IS		

Does your child have any special medical or dietary needs?

Yes / No If yes please provide details



Previous Care

Does your child suffer from any allergies?			
Yes / No			
Please provide further details			
Food and Treats			
I give permission for my child to eat treats brococcasions, and to sample different foods and sany allergies (as identified my child's registraticare will be taken to ensure that only appropri	nacks. I understand that staff will be aware of on form) my child might suffer from and that		
Signed:	Date:		
Print name:			
Does your child have any pre-existing medical	conditions and / or require treatment?		
Please provide further details			
Administering Medication			
I understand that Totterdown Preschool staff will only administer medicine prescribed by a			
child's doctor, where it would be detrimental to the child's health if not given in the setting. This means that medicine such as Calpol will not be administered to the children. I			
understand that I will need to complete a specific Medication Form prior to the			
administering of any medication at Totterdown Preschool.			
Signed:	Date:		
Print name:			

I give permission for a suitably qualified First Aider to administer First Aid to my child, or take my child to Accident and Emergency, or call for medical assistance and to sign on my



behalf any consent forms required by medical authorities, if they know that it would not be advisable to wait for my own signature. I do this knowing that every reasonable effort has been made to locate me and that my child's medical needs are paramount in this situation.

Please note that in the event of your child being injured or taken ill whilst at Totterdown Preschool, a member of staff would immediately attempt to contact the child's Mother, Father or carer. If unable to make contact, staff would then try the emergency contacts you have nominated. If a child needs to go to hospital than an ambulance will be called. A member of staff will accompany the child and take the child's profile with them.

Signed:	Date:		
Print name:			
Does your child have any special needs or a di	isability?		
Yes / No			
Please provide further details			
What special support will he / she require in our setting?			
Outings Consent			
I give permission for my child to be taken out for supervised walks and play sessions in and around Totterdown Preschool grounds as part of our daily activities. This may include a visit to the field, park, local school or local shops. Further consent will be requested for any additional outings.			
Signed:	Date:		
Print name:			



Photography and Observations

I understand that in line with Early Years Requirements, my child will be observed and monitored as part of their developmental journey. This will include taking photographs and videos. All records will be kept strictly confidential but will be accessible to parents and guardians. I give permission for my child to be observed, photographed and videoed as part of their learning. I also give permission for photographs to be used for displays, newsletters, website, training and every day running of Totterdown Preschool. Where images are used on our Preschool social media pages, faces will always be blurred out so children are unidentifiable.

Please indicate by circling which of the following you would be happy for us to use

Record keeping website displays newsletters newspaper training purposes

Social media

Signed:	Date:
Print name:	

Email / SMS contact

Totterdown Preschool would like to be able to contact parents via email and SMS, if you are happy for us to do this please sign here

Email address:	
Mobile number:	
Signature:	
Print name:	

Are there any other professionals involved with your child? For example have you received support from Children's/social services, Early Help team, Speech and Language professionals etc

Yes / No

Please provide further details





In order to safeguard your child, there may be times when we need to share information with other agencies Please indicate your preference below and sign. By signing /initial below you agree to these terms.

Schools during transition:	Y/ N	Sign/ initial:
Other settings that children may attend:	Y/ N	Sign/ initial:
New settings that children may move to:	Y/ N	Sign/ initial:
Speech and language team:	Y/ N	Sign/ initial:
Children's services:	Y/ N	Sign/ initial:
Early help:	Y/ N	Sign/ initial:
Family support workers:	Y/ N	Sign/ initial:
Outreach workers:	Y/ N	Sign/ initial:
Health visitors:	Y/ N	Sign/ initial:
Social workers:	Y/ N	Sign/ initial:
Family centre teams:	Y/ N	Sign/ initial:
Doctors:	Y/ N	Sign/ initial:
One stop referral:	Y/ N	Sign/ initial:
SEND advisory team:	Y/ N	Sign/ initial:
Supporting children's team:	Y/ N	Sign/ initial:
Children's referrals:	Y/ N	Sign/ initial:
Date:		

I hereby freely give consent for my data to be processed for the above purposes. I understand that I have the right to withdraw my consent for you to have the data at any time and that I have the right to lodge a complaint with the Information Commissioner's Office.

Signed:	Date:
Print name:	
Signed by	
Print name	
Date	
Please return the completed Registration Form Terms and Conditions and a non-refundable re to Totterdown Preschool), to	
Totterdown Preschool,	
Deepcut Village Centre,	
89 Swordsman Road,	
Deepcut,	
Camberley	
GU16 6BW	