



## 10.4 Bowes Pre-School Enrolment Form

Date you would like the child to start Bowes Pre-School: .....

Full name of child:.....

Preferred name used: .....

Date of Birth: .....

Full Address: .....

..... Post Code.....

Home Tel No (inc code):.....

Email Address (for Pre-School Correspondence):.....

.....

Main Language: ..... National Insurance No.....

Position in Family:.....

Name of Siblings: .....

Children are provided with snack each day in Pre-School. Does your child have any known food allergies or intolerances? Yes/No

If yes, please provide specific details: .....

.....

Does your child have any other known allergies?: .....

.....

.....

Details of anything your child uses as comfort:.....

.....

Details of any habits or fears which your child has: .....

.....  
.....

Does your child have any other special needs or information that you would like Pre-School staff to be aware of (this may be physical, cultural or religious)?: .....

.....  
.....  
.....

**Contact Details of Parent/Guardian during Pre-School Hours**

**Mother's details**

Title:..... Name:.....

Occupation: .....

Contact/Work Address:.....

..... Post code:.....

Work Tel No (inc code): .....

Mobile No:.....

**Father's details**

Title:..... Name:.....

Occupation: .....

Contact/Work Address:.....

..... Post code:.....

Work Tel No (inc code): .....

Mobile No:.....

**Emergency Contact Details:**

Please give the name and telephone number of two adults, known to the child, who you give prior permission for us to contact and who may collect your child if we are unable to contact you.

Name:	Name:
Address:	Address:
Tel No.	Tel No.
Relationship to Child:	Relationship to Child:

Details of others who may bring or collect your child from Pre-School:

Name:	Telephone No.	Relationship to Child:

If needed, we can also allow others to collect your child from Pre-School then this must be confirmed by you over the telephone. If they are unknown to the Pre-School staff, we will need you to give the person a password and inform us of the same password so that we can ensure we are allowing your child to leave with the correct person.

In some cases there may be people who you do NOT wish to collect your child, please give details below:-

Name:	Relationship to Child:

**Legal Contact/Parental Responsibility  
(please complete this section – it is an OFSTED requirement)**

Who has Legal Contact for your child?

Name: .....

Name: .....

Who has Parental Responsibility for your child?

Name: .....

Name: .....

**Medical Details:**

Family Doctor

Name: .....

Address:.....

.....

.....

Telephone No (inc code):.....

Name of your Health Visitor – this is required in order to arrange a two-year integrated review:.....

Is your child up to date with the following vaccinations?

	<b>Yes</b>	<b>No</b>
Diphtheria		
Tetanus		
Measles		
Mumps Rubella		
MMR		
Meningitis		
Whooping Cough		
Polio		
HIB		

Does your child or any other family member (including siblings, parents and grandparents) suffer from any of the following?

	<b>Child</b>	<b>Relative</b>	<b>No</b>
Asthma			
Fits or Convulsions/Epilepsy			
Dyslexia			
Dyspraxia			
Speech problems			
Sight problems			
Hearing problems			
Autism			
Physical impairment			
Ear infections			
Other issues, please detail below:			

## Pre-School Declarations of Consent

### Medical Consent

I agree to the qualified first aid person ensuring that my child received the most appropriate care and treatment should a medical/dental emergency arise. I agree to the qualified first aid person authorising the emergency services staff and hospital staff to administer essential treatment until my arrival.

I agree to the registered first aid person accompanying my child to hospital in my absence.

I understand I will be informed of an emergency or accident as soon as possible after the event.

Name of Parent/Carer 1:.....

Signature of Parent/Carer 1: .....

Date: .....

Name of Parent/Carer 2:.....

Signature of Parent/Carer 2: .....

Date: .....

I do not agree to the declaration above and would prefer the following procedures to be carried out in the event of an emergency:

.....

.....

.....

Signature of Parent/Carer 1: .....

Signature of Parent/Carer 2: .....

In the case of minor accidents plasters are sometimes used. Please state if your child has any known allergies to plasters or if you would prefer that staff did not put plasters on your child:

.....

.....

New regulations state that any medicines supplied by parents, that Pre-School are required to give to a child, must only be medicines prescribed by a Doctor or other Medical Professional. Therefore, over the counter medicines provided by parents cannot be administered by Pre-School staff.

Can you please sign the consent below to confirm that if your child requires medicine during their Pre-School day, the Pre-School staff may administer the correct amount for the child's age and illness.

Signed .....

Dated .....

**Sun Cream**

I give my permission for Pre-School staff to apply sun protection cream to my child when required during the summer months. Children will be expected to have sun cream applied before coming in to Pre-School during the summer months and also bring their own sun cream which should be clearly labelled with their name.

Signature: ..... Date:.....

**Insect Repellent**

I give my permission for Pre-school staff to apply insect repellent to my child when required during the summer months. Children are expected to bring their own insect repellent which should be clearly labelled with their name.

Signature: ..... Date:.....

## **Outdoor Area**

Bowes Pre-School is fortunate to have full use of the extensive grounds of Bowes Hutchinson School including the climbing/play area, school field, secret garden and Gruffalo walk. Please sign to give your permission for your child to use the school grounds during Pre-School hours.

Signature: ..... Date:.....

## **Outings within Bowes Village**

In order to fulfil the criteria of the Early Years Foundation Stage framework we sometimes take children on walks around the village to observe our local environment. This includes observing signs within the village and traffic as well as visits to the castle, the park and village toddler group. Ratios for outings around the village will be no more than 4 children to 1 member of staff. Please sign to give your permission for your child to be taken on walks around the village of Bowes.

Signature: ..... Date:.....

## **Photographs**

To fulfil the requirements of the Early Years Foundation Stage framework and to gather the evidence required for Ofsted it is necessary for us to take photographs of the children during their time at Bowes Pre-School.

The photographs taken will be used for various purposes including:

Pre-school displays

Evidence files

Media Publicity

Social media such as Facebook and Twitter

Pre-school Website

Learning Journals, which will be shared with parents.

We may also use the photographs to help staff in their study and training so they may be used in documentation prepared by Pre-School staff for their various courses etc.

The Learning Journals may include photographs of children in groups which may involve photographs of your child being included in other children's journals.

Please sign to give your consent for the staff of Bowes Pre-School to photograph your child for the above purposes during their time at Bowes Pre-School.

Signature: ..... Date:.....

Please state below if you have any objection to the photographs being used for any purpose stated above or being included in other children's Learning Journals:-

.....  
.....

### **Animal Handling Consent**

We are sometimes lucky enough to have visitors bring animals into our setting for the children to hold/handle as part of an organised and supervised activity. Please could you sign below to give your consent to your child playing/holding any animals brought into the setting.

Signature: ..... Date:.....

### **Face Painting**

There are times throughout the school year when activities come up which may involve children having the opportunity of having their face painted. Please could you sign below to confirm that if your child would like their face painted you consent to the staff at the Pre-School/Bowes Hutchinson School doing this.

Signature: ..... Date:.....

### **Skills Audit**

From time to time we may require the help of parents with various things which are needed throughout the Pre-School (such as making costumes or DIY required in the Pre-School). Below is a Skills Audit so that we can see if your skills can help us if needed to try and help reduce costs expended throughout the Pre-School:-

Do you have any particular skills (cake baking, joinery etc) which might contribute to our efforts? .....

.....  
.....

Do you think your work, previous or present, might assist the School? .....

.....



.....

What would you like to do? In what ways would you like to help the Pre-School if you can?.

.....

.....

Do you have any contacts that may be of use to the Pre-School? Such as trades/suppliers or local businesses who may be able to help us? .....

.....

.....

**Third Party Consent**

There are times where a third party may be required to be involved in your child's welfare (such as Health Visitor, Social Services, and School Nurse etc. Please sign below to confirm that you agree to Pre-School Staff discussing your child's development with these professional representatives.

Signature: ..... Date:.....



## A Profile of Me

Please complete this and we will insert it into your Child's Learning Journal to enable us to follow their progress and see their interests and dislikes.

### A Profile of Me

Date:-

My Name is:-

Date of Birth:-

Current Age:-

Things I like to do and places I like to go are:-

My Favourite foods are:-

Does your child attend any groups,  
activities or lessons outside of the home:-

I really do not like:-

Things I am good at learning:-

You can help me by:-

If I am worried or upset you can help me  
by:-

I may:-

Is there anything else you would like us to know about or work towards with your child:-