

# Fulford Preschool Registration Form

Name of Child.....DOB.....

Gender .....Nationality/ethnicity.....

Childs Primary Address .....

.....Postcode.....

Mothers Address.....Postcode.....

Email .....

Contact Number.....

Fathers Address..... Postcode.....

Email .....

Contact Number.....

## Emergency Contacts:

**Rank 1** Relationship to child.....Name.....Tel.....

**Rank 2** Relationship to child.....Name.....Tel.....

**Rank 3** Relationship to child.....Name.....Tel.....

If your child has any allergies/illness/or regular medication, please provide the details

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.....

Was your child full term or premature? (please provide details)

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Do you consent to us using Alcohol Free Wipes on your child? Yes  No

Do you consent to your child receiving emergency treatment? Yes  No

Please provide us with any information about your child's medical history.

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.....  
.....

Please provide us with any information about the care and well-being of your child including sleep patterns, dummies etc.

.....  
.....

Do you consent to your child being taken on outings?  Yes  No

(we will request individual consent forms for any trips we organise)

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If you are not the main person collecting your child, please give details of the person(s) authorised  
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Please provide us with a password to use in the event of someone other than yourself or authorised persons, who may be collecting your child  
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During hot weather we like to ensure that all children are wearing sun protection lotion. Do you consent to Fulford Pre-School staff applying SPF 50 sun cream to your child.

Yes  No

If you do not consent to Fulford Pre-School staff applying sun tan lotion to your child please ensure that you provide your own sun protection lotion every time your child attends. If sun protection lotion is not supplied please be aware that your child will only be allowed to play outdoors for very short periods of times. We would also recommend a sun hat.

Are you entitled to claim:

2 year old funding (voucher/code required)

15 hour universal entitlement

30 hour extended entitlement (code required)

Any other information.....  
.....  
.....

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

Please bring in one of the following to confirm your child's date of birth:

Birth Certificate

Passport

Red Book

Staff signature to confirm check.....Date.....

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## Request Form for Sessions

Childs Name..... DOB.....

With effect from.....

Please indicate which sessions you would prefer your child to attend.

Session	Times	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	07.45 – 8.45					
Morning	08.45 –11.45					
Lunch	11.45 –12.15					
Afternoon	12.15 –15.15					
After School	15.15 –16.45					

We will endeavour to accommodate your request, but if we are unable to do so, we will advise you of what availability we have.

## Parent Contact Details

Name

Phone number

Email address