

Noah’s Ark Community Pre-School

REGISTRATION FORM

Child’s full legal name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child also known as (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: (if different)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post code:\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post code\_\_\_\_\_\_\_\_\_\_\_

Home tel. no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home tel. no\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Works phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Works phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NI Number ------------------------------------------------------

**In the event of an emergency, who would you like us to call?**

Name/Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name /Relationship to child\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical details** Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surgery address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health visitor’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Password\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (This password must be given anyone else that is collecting your child other than you the parent/carer)

Has your child been immunised against the following: Does your child have any of the following

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Diphtheria** | **Yes/no** | **HIBS** | **Yes/no** |  **.**  | **Asthma** |  **Yes /no** |
| **MMR** | **Yes/no** | **Polio** | **Yes/no** |  | **Eczema**  | **Yes/ no** |
| **Tetanus** | **Yes/no** | **Whooping Cough** | **Yes/no** |  | **Sickle cell** | **Yes / no** |
| Does your child have any allergies, illnesses, any special needs or other ongoing medical conditions? | Yes / No |

If yes please give full details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you any special requests in respect of your family's culture or religion; food; clothing; or other matters which should be observed by the preschool? No/Yes. If yes, please detail.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sessions desired: please tick your preference: Morning 9.00am-12.00pm / Afternoon 12.30pm-3.30pm / All day 9am-3.30pm

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Am | Am | Am | Am | Am |
| Pm | Pm | Pm | Pm | Pm |
| Full Day | Full Day | Full Day | Full Day | Full Day |

We will try, but cannot promise to allocate what you ask for. If your child attends all day, they will need a healthy packed lunch, provided by the parent/carer

Please tick below, if you give permission for your child to participate in the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| To attend trips(Will always be notified in advance) | Suncream Application | Plaster Application | Photographs for displays and observations | EmergencyMedical Treatment | Observations for child development | Photographs for marketing |
|  |  |  |  |  |  |  |

Terms and Conditions

Please read the following very carefully before signing:-

1. I acknowledge and support the Noah’s Ark Pre-school's policies. I understand that the policies are available for me to study and are kept in the preschool on a shelf. (Please ask if you would like a copy)
2. I understand that once my child registers with the Preschool I am required to give one month's written notice of leaving. I understand that I am liable for one month's fees if I withdraw my child without giving the requested notice. Period notice does not include half terms.
3. Children’s designated sessions can be changed, with prior notice. We must know at least a week in advance so Noah’s Ark can keep within guidelines for child to adult ratios.
4. School is open term time only and closed all bank holidays
5. Fees are payable in advance, per week and can be paid with cash and bank transfer
6. If fees are not paid, reminders will be sent out, if fees remain unpaid after a week, your child will be unable to attend until the fee is paid in full.
7. For every 5 minutes that you are late after an initial 10mins, there will be a charge of £5
8. When your child is registered, we have a settling in policy where by your child can attend some settling in sessions.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If you wish to register your child for a place at the Noah’s Ark Preschool, please return this completed form in the envelope provided as soon as possible. Please note, returning the registration form does not guarantee your child a place, but we will inform you whether you have secured a place for your child or if you have been placed on the waiting list. If you could provide your e mail address (or one you have access too) this will help the preschool keep admin costs to a minimum. Thank you.