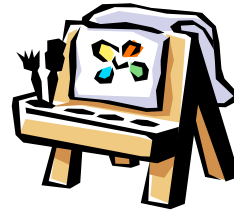
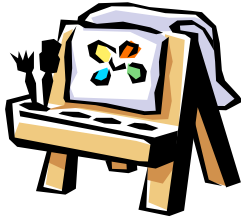


# HAYLANDS PRE-SCHOOL

*C/o St Georges Primary School  
Clarence Road  
PORTLAND, DORSET. DT5 2BD  
01305 - 822625  
www.haylandspreschool.co.uk*



CHILDS NAME..... D.O.B.....

NAME BY WHICH YOUR CHILD LIKES TO BE CALLED.....

CHILD'S FIRST LANGUAGE.....

OTHER LANGUAGES SPOKEN.....

RELIGION.....ETHNICITY(VOLUNTARY).....

PARENTS NAME.....

ADDRESS.....

POSTCODE.....

HOME TEL NO.....

TELEPHONE NUMBER DURING PRE-SCHOOL HOURS .....

MUM MOBILE..... DAD MOBILE.....

EMAIL ADDRESS .....

CHILDS PARENTS ARE – PLEASE TICK

MARRIED AND LIVING TOGETHER.....  
MARRIED BUT SEPARATED.....  
DIVORCED.....

UNMARRIED AND LIVING TOGETHER.....  
UNMARRIED AND LIVING APART.....  
WIDOWED.....

PERSON/S WITH LEGAL CONTACT.....

PARENTAL RESPONSIBILITY.....

EMERGENCY TEL NO.(GRANDPARENTS/NEIGHBOUR)

1 ..... 2 ..... 3.....

CHILD'S DOCTOR.....HEALTH VISITOR.....

ADDRESS & TEL NO

.....

POSTCODE.....

IS YOUR CHILD REGISTERED WITH A DENTIST OR WOULD YOU LIKE

ASSISTANCE WITH THIS.....

BACKGROUND INFORMATION ON YOUR CHILD, WHICH MAY HELP US TO UNDERSTAND HIM/HER BETTER - E.G. SPECIAL FEARS, BROTHERS/SISTERS, PETS, SPECIAL WORDS FOR TOILET OR DRINK ETC. ANY RECENT EVENTS WHICH HAVE AFFECTED YOUR CHILD

.....  
DOES YOUR CHILD DRINK MILK **YES / NO**

HAS YOUR CHILD PREVIOUSLY ATTENDED PARENT/TODDLER GROUP **YES / NO** ANOTHER PRE-SCHOOL.....(IF ANOTHER PRESCHOOL WHERE WILL YOU BE CLAIMING YOUR 15 HOURS FUNDED SESSIONS?)

HOW WOULD YOU LIKE STAFF TO HANDLE THE FIRST TIME YOU LEAVE YOU CHILD? (FOR EXAMPLE, TAKE YOUR CHILD, YOU WOULD LIKE TO STAY UNTIL THEY ARE SETTLED).....

HAS YOUR CHILD HAD BEEN IMMUNISED AGAINST (PLEASE CIRCLE)

DIPHTHERIA    HIB    POLIO            RUBELLA    MUMPS            MENINGITIS C  
TETANUS        MEASLES        WHOOPING COUGH            OTHER

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS/ALLERGIES/ILLNESS THAT WE SHOULD BE MADE AWARE OF.....

HAS YOUR CHILD HAD ANY MAJOR ILLNESSES/OPERATIONS?.....

HAS YOUR CHILD HAD ANY RECENT HOSPITAL VISITS?.....

HAS YOUR CHILD GOT ANY ON GOING HEALTH PROBLEMS?.....

DOES YOUR CHILD TAKE ANY MEDICATION?.....

DO YOU HAVE ANY CONCERNS REGARDING YOUR CHILD'S DEVELOPMENT, PHYSICAL, SPEECH OR UNDERSTANDING.....

DAYS OF THE WEEK YOU WOULD PREFER YOUR CHILD TO ATTEND (PLEASE CIRCLE)

	<b>9-11.30AM</b>	<b>11.30-12.30PM</b>	<b>12.30-3PM</b>
MONDAY	MORNING	LUNCH	AFTERNOON
TUESDAY	MORNING	LUNCH	AFTERNOON
WEDNESDAY	MORNING	LUNCH	AFTERNOON
THURSDAY	MORNING	LUNCH	AFTERNOON
FRIDAY	MORNING	LUNCH	AFTERNOON

ALL CHILDREN ARE ENTITLED TO 15 HOURS GOVERNMENT FUNDED SESSIONS. FROM THE TERM AFTER THEIR 3<sup>RD</sup> BIRTHDAY. CHILDREN ARE ABLE TO DO EXTRA SESSIONS AND LUNCH CLUB AT AN ADDITIONAL CHARGE.

I .....(PARENT/CARER) GIVE MY PERMISSION FOR .....  
(CHILD) TO RECEIVE FIRST AID FOR MINOR INJURIES AND/OR TO RECEIVE  
ADVICE/TREATMENT FROM A DOCTOR/HOSPITAL/AMBULANCE IN MY ABSENCE IN  
AN EMERGENCY.

WE WILL REPEATEDLY PHONE PARENT/CARER UNTIL SUCH TIME THAT WE HAVE  
CONTACTED YOU TO LET YOU KNOW YOUR CHILD'S WELFARE.

I GIVE PERMISSION FOR MY CHILDS PHOTOGRAPH TO BE USED FOR DISPLAYS  
**YES/NO**

I GIVE PERMISSION FOR MY CHILDS PHOTOGRAPH TO BE USED FOR OUR WEBSITE  
**YES/NO** FOR LOCAL NEWSPAPERS IF NEEDED **YES/NO**

WHEN THE WARMER WEATHER IS HERE WE DO LET THE CHILDREN PLAY OUT IN  
THE PLAY AREA, DO WE HAVE YOUR PERMISSION FOR SUN CREAM TO BE APPLIED  
**YES / NO**

(YOU MAY PROVIDE YOUR OWN SUN CREAM WITH YOUR CHILD'S NAME ON AND  
THIS WILL BE PLACED IN THEIR BOX AT THE END OF EACH SESSION).

IF YOUR CHILD IS DUE TO BE PICKED UP BY SOMEBODY OTHER THAN YOURSELVES  
WE NEED TO BE INFORMED AND A CONSENT FORM TO BE SIGNED TO SAY WHO  
WILL BE COLLECTING YOUR CHILD.

ON DIFFERENT OCCASIONS WE MAY TAKE THE CHILDREN ON WALKS OR OUTINGS.  
DO WE HAVE YOUR PERMISSION TO TAKE YOUR CHILD OUT UNDER CORRECT  
SUPERVISION OF COURSE. **YES / NO**

IF WHEN WE DO A DAY TRIP WHICH INVOLVES A COACH TRIP WE WILL THEN ASK  
YOU TO SIGN A SEPARATE CONSENT FORM.

I GIVE PERMISSION FOR FACE PAINTS TO BE USED ON MY CHILDS FACE **YES/NO**

WOULD YOU LIKE TO BE INFORMED IF YOUR CHILD HAS HEAD LICE **YES / NO**

WEATHER APPROPRIATE CLOTHING – I WILL PROVIDE APPROPRIATE CLOTHING  
FOR BOTH THE SUMMER MONTHS AND WHEN THE WEATHER BECOMES WETTER.  
**YES/NO**

**FEES** - WE LIKE TO HAVE FEES PAID IN ADVANCE WOULD YOU LIKE TO PAY:-

WEEKLY IN ADVANCE                      MONTHLY IN ADVANCE

SIGNED PARENT.....

DATE.....

MANAGER.....