

HAPPY HOURS PRE-SCHOOL INFORMATION FORM



Child's Name.....Date of Birth..... Male/Female.....

Name(s) of Parent(s)/Carer with whom the child lives.

(1)

Does this parent/carer have parental responsibility? Yes/No (delete)

(2)

Does this parent/carer have parental responsibility? Yes/No (delete)

Address.....

.....

First Contact Number

Second Contact Number

Email Address.....

Name of parent with whom the child does not live with

Address of this parent

.....

Telephone.....Mobile.....

Does this parent have parental responsibility? Yes/No (delete)

Does this parent have legal access to the child? Yes/No delete)

Persons authorised to collect the child (must be over 16yrs of age)

(1) Name.....Tel.....

Relationship to child.....

(2) Name.....Tel.....

Relationship to child.....

Password to be used if another person is collecting your child

Health Visitor.....

Family Doctor.....

Address.....

Telephone.....

Family Dentist

Telephone.....

Has your child any special needs/allergies/medical conditions we should be aware of?

.....

Are we able to apply BandAid/Plasters to your child?.....

Dietary needs? Vegetarian/Halal)

Are your child's immunisations currently up to date?.....

Has your child been referred to other Health Professionals? IE SAL, CDC, Portage

If so please give the details

How would you describe your child's ethnicity or cultural background?

.....

What is the main religion in your family?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?.....

.....

Language(s) spoken at home.....

Childs spoken language

Happy Hours Preschool Consent Form

Name of Child:Date Completed:

Outings Consent	
I give permission for my child to be taken out for supervised walks and play sessions in and around Preschool. These may be the Local Library, Sensory Room at Broadfield Family Centre, parks and other local nature areas. All outings will be in accordance with our Health & Safety policies.	
Signed (Relationship to Child)	

Photography and Observation Records	
I understand that in line with Ofsted requirements, my child will be observed and monitored as part of their developmental planning. This will include the taking of photos and occasional use of video. All records will be kept strictly confidential. I give permission for my child to be observed, photographed and /or videoed as part of their developmental monitoring. I also give permission for photos of my child to be used in external publications and other activities related to the running of the Pre-School.	
Signed (Relationship to Child)	

Personal Hygiene	
I give permission for my child to be cleaned and changed by a member of staff in the event of a child wetting and/or soiling their underwear, they will be changed and put into clean underwear and clothing. If you do not wish to give permission or your child refuses, you will be contacted immediately.	
Signed (Relationship to Child)	

Administering Medication Consent	
I understand that children who are unwell should be cared for at home until they are well enough to return to the setting. However Happy Hours Preschool will administer medication, where it would be detrimental to a child's health, if not given in the setting. I understand that I will need to complete a specific Administering Medication Form prior to the administering of any medication to my child at Preschool.	
Signed (Relationship to Child)	

Sun Cream Application Consent	
I give permission for Happy Hours Preschool staff to apply sun cream to my child if required during the summer months. I agree to provide a suitable sun cream, labelled with my child's name. I understand that children should attend preschool with sun cream already applied so the need for re-application is minimal. Preschool will not provide sun creams, due to the possibilities of allergies, under any circumstances.	
Signed (Relationship to Child)	

Medical Emergency Consent	
In the very rare instance of an emergency, when parents or the emergency contact person cannot be contacted, it could be necessary to obtain urgent treatment for a child from a doctor or casualty department of a hospital. As delay in such circumstances could be dangerous we would ask that you give your consent below in such an emergency.	
Signed (Relationship to Child)	

Committee Membership	
We are a committee run preschool and therefore need parents/carers to be involved. The function of a committee is to ensure that the pre-school complies with legislation and is properly managed. We would like you to help us with decisions that need to be made, planning trips. Fundraising, parties and employing additional staff as and when required. Please therefore sign below if you would be interested in joining our committee or would like to find out more. Our meetings are usually held once a term.	
Signed (Your name & Yours Childs name)	

Sharing Information	
Preschool works closely with all outside organisations that relates to children's education and development. These may be the local Children's and Family Centre, The Local Authority, Education/Schools/Nurseries. Even on the odd occasion we may have requests from Her Majesty's Chief Inspector of Education, Children's Services & Skills and Ofsted. At times we may need to contact these organisations and share information held about your child with them. (Please see our Privacy Notice) Please give your consent below.	
Signed (Your name & Yours Childs name)	

Please note the Happy Hours Privacy Notice & WSCC Privacy Notice covering all aspects of the new GDPR regulation (May 2018) when completing these forms.