Registration Form



When returning this completed form, please enclose a **copy** of your child's birth certificate and £27.00 to cover the cost of your welcome pack. The welcome pack includes 1 x t-shirt, 1 x sweatshirt, 1 x blue bag and 1 x sun hat. Additional uniform can be purchased at any time.

Sessions available	Start time	End time
Morning	9:15 am	12:15pm
Afternoon	12:15pm	15:45pm

Fees:

Age 2 to 3 years - £4.70 p/h

Age 3 to 5 years - £4.60 p/h

Please note we charge 50p per morning and afternoon snack if required.

Personal Information

We require **all** the boxes to be filled out.

Child's full name:
Name usually known by:
Full Address:
Contact Number:
Parent/Guardian Email:
Child's Date of Birth:
Child's gender:

Toy Box Pre-School

Child's Doctor:				
Doctor's Number:				
Doctor's Address:				
Health Visitor:				
Child's Nationality:				
Language most spoken at home:				
Medical Information Please answer 'Yes' or 'No'				
Has your child been immunise	ed against th	ne following:		
Diphtheria/Pertussis/Teta	nus (DTP):			
Polio:				
Measles/Mumps/Rub	ella (MMR):			
Haemophilus influenzae type b (Hib):				
Is your child allergic to anythe	ning? Pleas	se give details:		
Does your child have any or	n-going hea	alth problems? Please give details:		

Emergency Contacts

By filling out these details you are agreeing you have had permission to disclose this information from all parties mentioned.

Who do we contact in case of an emergency:		
Name:		
Address:		
Home Tel:		
Mobile Tel:		
Tel no. during Pre-School sessions (ie Work):		
Relation to Child:		
Alternative emergency contact if	the above is uncontactable:	
Name:		
Address:		
Home Tel:		
Mobile Tel:		
Tel no. during Pre-School sessions (ie Work):		
Relation to Child:		
	<u> </u>	
Does anybody have legal shar	red custody of your child:	
Name:		
Address:		
Home Tel:		
Mobile Tel:		
Tel no. during Pre-School sessions (ie Work):		
Relation to Child:		

Collection Information

To keep your child safe, we require information about who is authorised/not authorised to pick your child up. Please understand this is a policy we are very strict about as every child's safety is our number one priority. No child will ever be released to an unauthorised/unmentioned person below. If at any point you need to change the information provided, **please update us ASAP**.

AUTHORISED PERSON/S ALLOWED TO COLLECT MY CHILD				
AT THE END OF SESSIONS:				
Name	Relationship to child			

UNAUTHORISED PERSON/S NOT ALLOWED TO COLLECT MY		
CHILD AT THE END OF SESSIONS:		
Name Relationship to child		

Is there any individual/s who do not have legal access to your child?			
Name Relationship to child			

Other Information

Names and ages of any other children in the family:
Do you and your child currently attend a Parent/Toddler Group?
20 you and your orms our orms and a raiding rought
Is your child registered with any other Pre-School/Nursery? If so, which?
When do you expect your child to start primary school?
Month:
Year:
Which school do you hope your child will attend?

The Committee

We are a registered charity run by an elected Committee of Volunteers, mostly made up of parents of children attending the Pre-School. We are always looking for parents to get involved as without their help, the Pre-School would not function. If you are able to help in way at all, it is always greatly appreciated and welcomed. Just some of the benefits of joining are:

- Having a say about how the Pre-School is run
- Helping raise money to go towards your Child's experience at Toy Box
- Meeting new parents and making new friends
- Access to some great free courses/training
- It looks great on your CV!
- Access to career progressing opportunities you won't find anywhere else

Joining the committee can seem like a scary and big commitment, however the more parents involved, the easier it is for everyone. The level of commitment we need from you might not even be as daunting as you would expect, we require a little bit of action throughout the year and attendance to some or all committee meetings which can be done via Zoom or your child can come along in the evenings if childcare is an issue. Committee's can be fun and a great sense of community, they don't have to be boring - though of course, important topics will be discussed.

Some of the roles include:

- Planning/organising fund raising events
- Officer roles which include Chair, Treasurer, and Secretary
- Simply attending meetings and having a say to make sure the Pre-School is sustainable

If this sounds like something you would like to get involved with, no matter how big or small a responsibility, please let us know! Training, guidance, and advice is all supplied by our friendly committee.

I would be interested in learning more/joining:

No thank you.
down any avnoriance/akilla vou
e down any experience/skills you

Permissions/Agreements

A. Medication:

If your child requires any medication (i.e. Ventolin inhalers, steroid creams etc.) during the pre-school sessions, please sign below to give your permission for a member of staff to administer it. Confirmation of this will also be required for entry in a medical book, please ask a member of staff about this. WE DO NOT administer carpal, ibuprofen, penicillin, or antibiotics. If your child is on any of these and well enough to come to the setting you are welcome to come back and administer these yourself.

	Name	Signature	Date
Parent/Guardian 1			
Parent/Guardian 2			

B. Emergency Treatment:

In the event of serious injury during pre-school sessions, it may be necessary for a member of staff to give permission to medical staff to perform emergency treatment such as blood transfusions, if the parent/guardian is not contactable at the critical time. I/we hereby give permission for a member of staff to give permission to medical staff to perform emergency treatment on my/our child:

	Name	Signature	Date
Parent/Guardian 1			
Parent/Guardian 2			

C. Observation:

Observations are made on all children from the time they start Pre-school until they go on to school. All information is kept confidential between the staff and parents and parents can request to see their child's records at any time. Please sign below to give your permission for observations to be made:

_	Name	Signature	Date
Parent/Guardian 1			
Parent/Guardian 2			

D. Outings:

I/we hereby give permission for my/our child to be taken on brief local outings. IWe understand that specific consent will be sought for major excursions.

	Name	Signature	Date
Parent/Guardian 1			
Parent/Guardian 2			

E. Applying Sun cream

I/we hereby agree to provide my/our child with sun cream and a hat and give permission for Toy Box staff to apply the sun cream to my/our child. If my/our child attends without these items when needed, I/we understand fully that I/we will be charged £4.20 for a new hat and 50p for application of sun cream.

	Name	Signature	Date
Parent/Guardian 1			
Parent/Guardian 2			

F. Photographs and Videos

I/we hereby give permission for photographs and video footage of my/our child to be taken for purposes of their developmental record and for display in the Pre-school.

	Name	Signature	Date
Parent/Guardian 1			
Parent/Guardian 2			

I/we hereby give permission for photographs and video footage of my/our child to be taken for purposes of publicity and marketing. I/we understand that this may mean photographs being taken for inclusion in the local press and Toy Box web page.

	Name	Signature	Date
Parent/Guardian 1			
Parent/Guardian 2			

G. Applying Plasters

I/we hereby give permission for Toy box staff to apply plasters to my/our child.

	Name	Signature	Date
Parent/Guardian 1			
Parent/Guardian 2			

H. Information in my Child's File

I/we are happy for Toy Box to disclose developmental information to inspectors of OFSTED and representatives of other official bodies and inspectorates

	Name	Signature	Date
Parent/Guardian 1			
Parent/Guardian 2			

I. Nappies, pullups, wet wipes and latex gloves

I/we hereby agree that, if my/our child needs nappies or pullups, I/we will provide these in their day bag, along with adequate wet wipes and latex gloves. I/we understand that if any of these items are not provided, I/we will be charged the following on my/our next invoice:

Pack of nappy sacks: £1.00

Pack of wet wipes: £1.50

Disposable gloves: £2.50 (Box of 50)

£5.00 (Box of 100)

	Name	Signature	Date
Parent/Guardian 1			
Parent/Guardian 2			

J: Four weeks notice

I/we hereby agree that I/we will give Toy Box 4 weeks' notice of any session change, including removing my/our child from the Preschool. I/we accept that I/we will pay for sessions for 4 weeks from the notice, regardless if my/our child still attends.

	Name	Signature	Date
Parent/Guardian 1			
Parent/Guardian 2			

K: Fees

I/we understand that the fees are payable in ADVANCE for all sessions that my/our child is registered for, even in the event of his/her absence. The only exception to this is in the case of a long-term illness, i.e. an illness lasting more than three weeks supported by medical evidence.

	Name	Signature	Date
Parent/Guardian 1			
Parent/Guardian 2			

I/we understand that the fees will be invoiced and I/we are required to pay these on time and failure to do so could result in my/our child's place being affected and legal action taken in some circumstances where a payment plan is not arranged and payment requests ignored. This also applies to any additional items on the invoice, such as snacks and other chargeable items (see I.). I/We also agree that any outstanding amounts will be paid, even if my/our child has finished their time at Pre-School.

	Name	Signature	Date
Parent/Guardian 1			
Parent/Guardian 2			

Declaration

By signing this registration form, you are agreeing that all the details you have given are correct and that you fully understand and agree to all the policies and procedure in this document and for the setting. You understand that all information you provide will be kept safely by Toy Box and will be either destroyed or returned to you when your child leaves the Pre-School. You agree that you have received permission from all emergency contacts to disclose their contact information. This document will be kept as a record and will be produced upon request and can be referred to in the event of a dispute.

	Name	Signature	Date
Parent/Guardian 1			
Parent/Guardian 2			

Sessions

Name of Child	
Parent/Guardian 1	Name: Adress:
Parent/Guardian 2	Name: Adress:

I/we wish my	y/our child to join Toy B	ox Pre	-Schoo	ıl:				
As soon as p	nossible							
·	00001010							
Or,								
From Month:	Year:							
	ns required: r to Page 1 for the spec	cific tim	ings) –	Please √	where	appr	opriate.	
		AM	PM	ALL D	AY			
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
If you find that you soon as possible.	u no longer need your Ch	ild's pla	ce after	registering,	, you mi	ust inf	form Toy Bo	x as
	n the Toy box Pre-Sc	hool, C						
A place will be a	vailable for:		√ The	sessions a				
			Monda	ny	AM	PM	ALL DAY	1
On*:			Tuesd					=
			Thurse	day				
*We will notify you when a place becomes free		Signed for the Pre-school:						
*Please let us know if this is not suitable for you		Name						

Toy	Box	Pre-S	chool
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Title:			

Please encourage your child to help you complete this:

My name is

I am years old

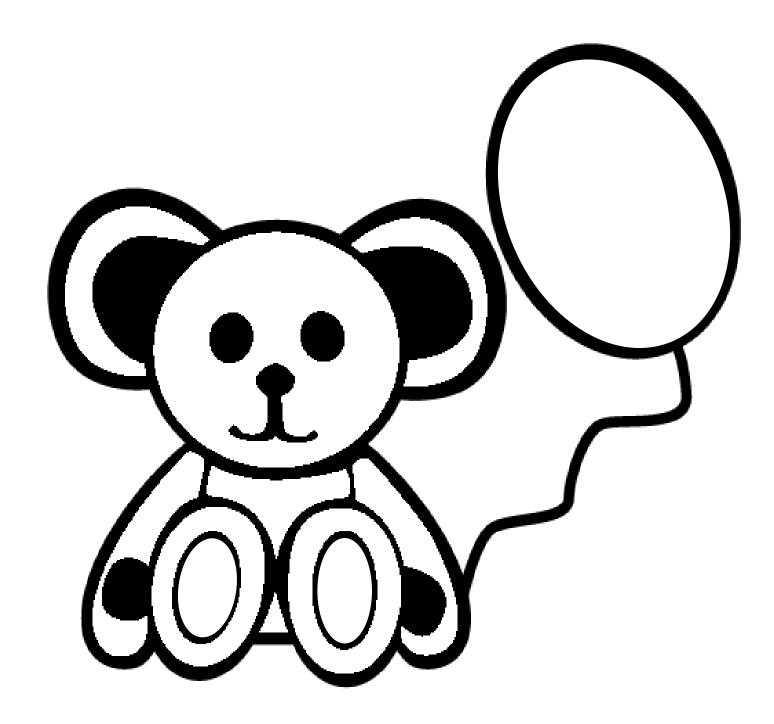
My Parent(s) are called

I have sister(s) called

I have brother(s) called

My pets are

Colour me in!



Parent/Guardian's Page

My child can do these things:	
My special concerns are:	
I would also like to say:	
The analogue and the conju	