

WINSLEY ACORNS REGISTRATION FORM

Childs name	D.O.B
Mothers name	Fathers name
Home address	
Postcode	
Home tel:	
Work address:	Work address:
Work tel:	Work tel:
Mobile:	Mobile:
Person with parental responsibility:	
Religion:	
Emergency contact name and relation (other than mother/father)	Tel no:
Childs doctor	Health visitor
Practice address	Immunisations
Tel no:	
Allergies	Special dietary requirements
Special needs	Health problems

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Names & tel no. of persons who will collect your child
1.
2.
3.
Is there anyone who your child may not be given

How did you hear about Acorns?

WINSLEY ACORNS PRE-SCHOOL PERMISSION SLIPS

Child's Name:

Date of Birth:

Dear Parent/ Guardian,

Once your child starts at Acorns, your permission is required for the following:

1. As you may be aware, whilst your child is attending Winsley Acorns Pre-School we are required to keep records of his/her development. This will help us to provide the best start for your child and will be shared with you regularly.

I DO/ DO NOT* GIVE PERMISSION FOR THIS RECORD KEEPING TO OCCUR.	
Signature:	Date:

2. As part of this process we will be sending a transfer record to your child's next setting.

I DO/ DO NOT* GIVE PERMISSION FOR THE TRANSFER OF RECORDS.	
Signature:	Date:

3. In the case of a medical emergency occurring during a pre-school session we would always try to contact the parent/ guardian. If you could not be reached your consent below would allow your child to receive the necessary treatment.

I DO/ DO NOT* GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT IF IT IS CONSIDERED NECESSARY BY A QUALIFIED PRACTITIONER.	
Signature:	Date:

4. If my child has an accident I give permission for staff (who are first aid qualified) to give immediate first aid treatment. I will be informed of the details of which happened. We will not use antiseptic cream but if needed will administer hypo- allergenic plasters.

I DO/ DO NOT* GIVE PERMISSION FOR MY CHILD TO HAVE PLASTERS AND FIRST AID TREATMENT GIVEN BY STAFF AT ACORNS.	
Signature:	Date:

5. Photography might be used to promote the pre-school in the local press, the Acorns website or on the display boards in the Village Hall, for a given topic.

I DO/ DO NOT* GIVE PERMISSION FOR MY CHILD TO HAVE THEIR PHOTOGRAPH TAKEN FOR USE IN THE LOCAL PRESS/ ACORNS WEBSITE/ VILLAGE HALL DISPLAY BOARDS*.	
Signature:	Date:

(* Delete as applicable)

Day Carers and Child Protection

As a day carer registered with Social Services, I am requested to follow the Child Protection Procedures agreed through the Area Child Protection Committee in Wiltshire.

As a day carer involved in the care of your child, I will try at all times to share with you any concerns I may have. However, I do have a duty to refer to Social Services if I suspect that child abuse may be an issue. My first concern will always be the welfare of your child. I have a copy of the Child Protection in Wiltshire Procedures and Guidance for you to see if you wish. Further information is available from my Under-8's Officer at:

Social Services Department
Trowbridge Children's Resource Centre
53 Rutland Crescent
Trowbridge
Wiltshire
BA14 0NY

Telephone: 01225 752198

Please sign and date below to confirm that you have read the above statement. Please return this together with the completed Registration Form and permission slips on your child's first day at Winsley Acorns Pre-School.

Signature of parent/ guardian

Date