



GORING & CLEEVE PRE-SCHOOL,
Goring Primary School,
Wallingford Road,
Goring-on-Thames,
Reading,
RG8 0BG.

Tel: 01491 875036

REGISTRATION FORM – CONFIDENTIAL

To be completed and returned with a £5 deposit to the above address. Please make cheques payable to Goring & Cleeve Pre-school and mark the envelope "Registration". The deposit will be deducted from the fees for the first term. We look forward to meeting you and welcoming you to our Pre-school.

Name of child: _____

Date of Birth: _____ Sex: Male / Female

Parents or Guardians with parental responsibility (i.e. person(s) who have the right to make important decisions about the child's life):

Name (s): _____

Address: _____
_____ Postcode: _____

Home Tel. No: _____

Work Tel. No(s): 1) _____ 2) _____

Mobile No(s): 1) _____ 2) _____

Email: _____

Receive pre-school news and notices via email (this saves time, paper and printing costs)? Yes / No

Child's position in family (please circle): 1 2 3 4 5

Details of other parent(s)/carer(s) of the child (E.g. nanny. Please use an additional sheet if necessary):

Name (s): _____

Address: _____
_____ Postcode: _____

Home Tel. No: _____

Work Tel. No(s): 1) _____ 2) _____

Mobile No(s): 1) _____ 2) _____

Email: _____

Who of the above will be picking up your child(ren)?: _____

If, at a later date, any of these pick-up details change, you must inform the Pre-School staff in writing.

Local Emergency Contacts (other than parents/carers):

Name: _____ Tel No: _____

Name: _____ Tel No: _____

Please advise us of any person who has been denied legal access to your child(ren):

Is any language other than English spoken at home?: Yes / No If so, which: _____

Ethnic Group: _____ Religion: _____

Family Doctor: _____ Tel No: _____

Health record (allergies, hospital stays, dietary needs, hearing, eyesight, speech etc). Please write out a detailed history as needed:

Has your child received all routine childhood immunisations?:

8 weeks old: Yes / No 12 weeks old: Yes / No 16 weeks old: Yes / No 12months old: Yes / No 13 months old: Yes / No

If no, please give details of vaccines which have been given (use separate sheet if necessary): _____

Special Needs requirements:

I accept that from the age of 3, my child should ideally attend a minimum of two main sessions per week.

Signed: _____ Date: _____

I understand that I must arrange a visit to the Pre-school with the child prior to his/her starting date. Please call 875036 to arrange your visit.

Signed: _____ Date: _____

I understand that a half term's notice in writing is required if I wish to withdraw my child from Pre-school. If I fail to give this notice, I undertake to pay the fees for the said half term.

Signed: _____ Date: _____

I give permission for my child to be taken off the Pre-school premises but to remain within the school grounds and under the supervision of Pre-school staff.

Signed: _____ Date: _____

In the unlikely event of a medical emergency, when staff are unable to contact me, I give my permission for my child to be treated should it be necessary.

Signed: _____ Date: _____

Note:

Our New Parent Coordinator or a member of staff will invite you to read the Goring & Cleeve Pre-school Policies before your child(ren) starts at Pre-school. When you have read them, you will be asked to sign a statement which says you have read and accept them.

Also, our New Parent Coordinator or a member of staff will ask you to provide a photocopy of your child(ren)'s birth certificate. It is now a requirement that we hold a copy on the premises for the period of time your child(ren) attends Pre-school. It will be kept safe in Pre-school in a locked cupboard and returned to you when your child leaves Pre-school.