



Acorn Pre-School Registration Form

Basic Details

Name of child: _____ Date of birth: _____

Name child known as: _____

Name of parent / carers with whom the child lives:

Address: _____ Telephone: _____

_____ Mobile 1: _____

_____ Mobile 2: _____

Do both parents have parental responsibility? Yes / No (Delete as appropriate)

If no, does the parent with whom the child does not live have legal access to the child? Yes / No (Delete as appropriate)

Emergency Contact Details

Parent 1 - Work / daytime contact number: _____

Parent 2 - Work / daytime contact number: _____

Any other emergency contact number:

Name: _____ Relationship to child: _____

Telephone: _____ Mobile: _____

Name: _____ Relationship to child: _____

Telephone: _____ Mobile: _____

Persons authorised to collect your child (must be over 16 years of age)

Name: _____ Relationship to child: _____

Telephone: _____ Mobile: _____

Name: _____ Relationship to child: _____

Telephone: _____ Mobile: _____

Personal details of the child

Does your child have any special dietary needs or preferences?

Yes / No (Delete as appropriate) Please give 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?

Or are there any that you may not want them to acknowledge or be involved in? Please give details.

What language(s) is / are spoken at home: _____

If English is not the main language spoken at home, will this be your child's first experience of being in an English speaking environment?

Yes / No (Delete as appropriate)

If so, discuss and agree with the keyperson how you will support the child when settling in at the setting. _____

Does your child have any special health requirements?

Yes / No (Delete as appropriate)

If so, give details of these and any medication required:

Does your child have any special needs or disability?

Yes / No (Delete as appropriate)

What special support will he / she require in our setting?

If required, can we have permission for seeking emergency medical treatment or advice, if we cannot contact you or any of the emergency contacts which you have stated on this form. This includes leaving the premises if necessary, e.g. ambulance.

Yes / No (Delete as appropriate)

Signed: _____

Date: _____

Does your child attend any other nursery, pre-school or child-minding facilities?

Yes / No (Delete as appropriate)

If so, please provide details (address, telephone number, how often attended):

It is a requirement by OFSTED that all childcare providers liaise and share information to ensure that your child receives the best possible start in their educational footpath.

Names of professionals involved with your child

Name 1: _____ Role: _____

Agency: _____ Telephone: _____

Does your child have a health visitor? Yes / No (Delete as appropriate)

Name: _____ Based at: _____

Telephone: _____

What is the reason for the involvement of social services within your family?

NB: If your child is on the child protection register, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child's file.

To be completed by the Keyperson and Pre-school Leader

Date starting at Acorn: _____

Days attending the setting:

Monday AM	
Monday PM	
Tuesday AM	
Wednesday AM	
Wednesday PM	
Thursday AM	
Thursday PM	

Morning Session - 9.00am - 12.00pm
Afternoon Session - 12.30pm - 3.30pm

Are any fees payable? If so, note here: _____

Name of keyperson: _____

Signed: _____ (Parent / Carers)

_____ (Keyperson)

_____ (Leader)

Date: _____