



Banwell Buddies Pre-School Registration Form

Basic Details

Surname of Child:	First Name(s):
Preferred Name for Labels:	
Gender:	Male / Female (please circle)
Date of Birth:	
Address at which child resides:	
Post Code:	

Names of Parents / Carers:

1)	Mr / Mrs / Miss / Ms / Other (please circle)
Surname:	First Name:
Address:	
Post Code:	
Telephone:	Mobile:
Work:	Email:
Does this parent have parental responsibility? Yes / No (please circle)	

2)	Mr / Mrs / Miss / Ms / Other (please circle)
Surname:	First Name:
Address (if different from above)	
Post Code:	
Telephone:	Mobile:
Work:	Email:
Does this parent have parental responsibility? Yes / No (please circle)	

A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he's either married to the child's mother and listed on the birth certificate

Name of parent with whom the child does not live (if applicable):
Does this parent have legal access to the child? Yes / No (please circle)

Emergency Contact Details

Please provide two names of people who may be contacted in the event of an emergency should the parents not be contactable:

Emergency Contact 1

Name:	Relationship to child:
Daytime Number:	Mobile:
Is this person authorised to collect the child? Yes / No (please circle)	

Emergency Contact 2

Name:	Relationship to child:
Daytime Number:	Mobile:
Is this person authorised to collect the child? Yes / No (please circle)	

Other persons authorised to collect the child (must be over the age of 16)

Name:	Relationship to child:
Daytime Number:	Mobile:

Name:	Relationship to child:
Daytime Number:	Mobile:

Password to be given to a member of staff on collection of child by someone unknown to Banwell Buddies:

Where did you hear about Banwell Buddies Pre-school?

Personal details of child

Does your child have any special dietary needs or preferences? If yes, please give details:

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

What is the main religion in your family, if any?

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 at Banwell Buddies? If yes, please give details:

Which languages are spoken at home?

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

Yes / No / Not applicable

If yes, please discuss and agree with your child's key person how you will support your child when settling in.

We have an Additional Needs Policy and Special Educational Need Coordinator (SENCO) at Banwell Buddies.
Does your child have any additional needs or disabilities? Yes / No (please circle)

If yes, please give details:

Are any of the following in place for your child?

Early Years Action Plan	Yes / No (please circle)
Early Years Action Plan Plus	Yes / No (please circle)
Statement of Special Educational Need	Yes / No (please circle)

What support will your child require at Banwell Buddies?

Please tick all (if any) professionals involved with your child, and give their name, address and telephone number.

<input type="checkbox"/>	Health Visitor	
<input type="checkbox"/>	Social Worker	
<input type="checkbox"/>	Speech Therapist	
<input type="checkbox"/>	Paediatrician	
<input type="checkbox"/>	Physiotherapist	
<input type="checkbox"/>	Occupational Therapist	
<input type="checkbox"/>	Educational Psychologist	
<input type="checkbox"/>	CAMHS	
<input type="checkbox"/>	Area SENCO	
<input type="checkbox"/>	Other	

If you have ticked any of the above, please give details of their involvement:

Medical Details

GP Details:

Name of Doctor	
Address of Surgery	
Telephone Number	

I give permission for staff to seek emergency treatment for my child if I cannot be contacted:

Name:

Signature:

Immunisations

Please tick all that have been administered to your child:

Diphtheria		Tetanus		Whooping Cough		Polio	
HiB		MMR		MenC		Pneumo	

Please give any relevant medical information, plus treatment. For example, use of inhalers, any allergies etc.:

A separate form is available for you to complete should staff need to administer any medication prescribed by you doctor for your child while he / she is at pre-school.

Other helpful information about your child

Has / does your child attend either of the following:

Parent & Toddler Group / Stay & Play
Another Pre-School or Childminder

Yes / No / Currently (please circle)

Yes / No / Currently (please circle)

If yes, please give details:

Are you registered with a children's centre?

Yes / No (please circle)

If yes, please provide name and phone number:

Which primary school is your child expected to attend, and when?

As part of the transition into primary school, we would like to give a written report of your child's development to the school. If you have any objection to this, please let us know.

I give / do not give (please delete) permission for Banwell Buddies to share information about my child with any other setting he / she attends. (if applicable)		
Name	Signature	Date

I give / do not give (please delete) permission for photographs of my child to be taken and used on the Banwell Buddies website, printed information (eg. Newsletters / local publicity). I also give permission for other parents and carers to take photographs and / or videos at special occasions, and events.		
Name	Signature	Date

I give / do not give (please delete) permission for staff at Banwell Buddies to apply sun cream to my child when necessary, which I will provide.		
Name	Signature	Date

I give / do not give (please delete) permission for my child to be taken out as part of the daily activities of the setting. However, for anything off school grounds, further consent will be requested.		
Name	Signature	Date

I have read and understood Banwell Buddies policies and will abide by them.		
Name	Signature	Date

15 Hours Free Early Education Entitlement for 3 and 4 year olds

Children become eligible for the free entitlement at the start of the funding period after their third birthday. They are eligible for up to two years before they reach compulsory school age, which is the school term after their fifth birthday. These dates are set by the Department for Education.

Date of birth between:

1 April - 31 August
1 September - 31 December
1 January - 31 March

Eligible for a place from:

1 September following their third birthday
1 January following their third birthday
1 April following their third birthday

Eligible children attending a provider are entitled to receive:

- A maximum of 15 hours free a week up to a maximum of 570 hours a year
- A minimum of three and a maximum of eight funded hours in a day, taken between 7.30am and 6.30pm, at a maximum of two providers at any one time.

For further information you can visit:

www.n-somerset.gov.uk/Education/childcare_and_early_years/Pages/Free-early-education-for-three-and-four-year-olds-FAQs.aspx#c

Or you can phone the Family Information Service on: 01934 426300

At your child's start date, if your child is eligible, would you like to use any of your child's 15 hours free early education funding at Banwell Buddies?

YES / NO (please circle)

If yes, how many of the 15 hours entitlement would you like to claim at Banwell Buddies?

Do you currently, or do you plan to claim Early Education Funding at any other setting or with a child-minder?

YES / NO (please circle)

If yes, how many hours do you currently claim?

Banwell Buddies Payment Agreement & Attendance Policy Declaration

Child's Name:

Indicate preferred start date:

Sessions desired, please tick all sessions required:

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
PM	PM	PM	PM	PM
STAY AND PLAY	STAY AND PLAY	STAY AND PLAY	STAY AND PLAY	STAY AND PLAY

Please be aware that, due to the limited space available, you may register your child in advance, however a place cannot be guaranteed more than three months prior to your child's start date.

A non-refundable registration fee of £15.00* is required on application. Your child's place will be confirmed in writing on receipt of the registration fee.

***Please note, this is not applicable where ONLY Early Education Funded Sessions are required.**

All sessions must be booked in advance, and 5 working days notice must be given where session changes are requested. A standard fee of **£5.00*** is payable of request of any session change. This charge is not applicable for long term session increases or decreases. ***Please note, this is not applicable where ONLY Early Education Funded Sessions are required.**

Fees are due one calendar month in advance and can be paid monthly, weekly or daily. Payments can be made via bank transfer, cheque or cash. Childcare vouchers are also accepted. Banwell Buddies will generate invoices on the 14th of each month, and payment must be made by the end of the month, no later than the 30th.

There will be no charge for Bank Holidays or Inset days, however if your child is unable to attend a session due to illness or holiday, fees are still payable. In the case of illness fees can only be waived if a hospital note is provided. Where absence extends beyond one week, an appeal to the committee may be made.

If your child is booked for nursery educated funded sessions, North Somerset Local Authority (who issue the funding) require all sessions that are booked to be attended regularly. North Somerset Local Authority monitor registers on a regular basis. If your child does not attend regularly, or a pattern of absence occurs, a meeting will be called to discuss the issue. You may be required to reduce the amount of funded sessions claimed for. If we are unable to resolve the matter a letter will be issued stating that, unless you reply using the slip provided, your child's place will be closed.

Any outstanding fees left owing from siblings must be cleared prior to younger siblings joining.

A notice period of 4 weeks is required should you no longer wish your child to attend Banwell Buddies. Notice should be given in writing to the Administrator. Where notice is not given, fees will still be payable for a period of 4 weeks.

I intend to pay: (please circle)

Monthly / Weekly / Daily

I confirm I have read and agree to the terms and conditions of Banwell Buddies payment agreement and attendance policy.

All invoices will be emailed to the email address provided, unless otherwise requested.

Signed:

Date:

For Banwell Buddies Staff Use Only

Confirmed start date:

Confirmed sessions:

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
PM	PM	PM	PM	PM

Registration fee received by:
Name: Signature: Date:

Key worker: Back-Up:

To be completed by key worker:

Has a settling in procedure been agreed? Yes / No
If yes, please give details:

Name: Signed:

Review date: