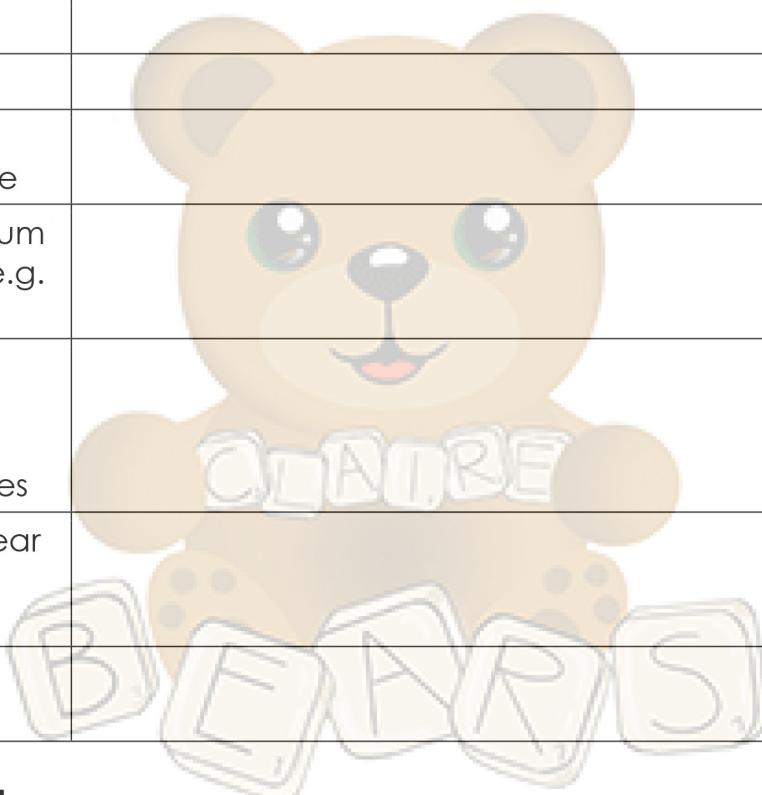


# Child Registration Forms

## **Personal Details**

Name of child			
Date of birth			
Home address			
Postcode			
Position in family			
Hair colour		Eye colour	
Gender			
Religion			
Ethnic origin			
Nationality			
Language(s) spoken at home			
Intended medium of education, e.g. English, Welsh			
Details of any special educational needs/disabilities			
How did you hear about [insert school name]			
Preferred start date			



## **About your family**

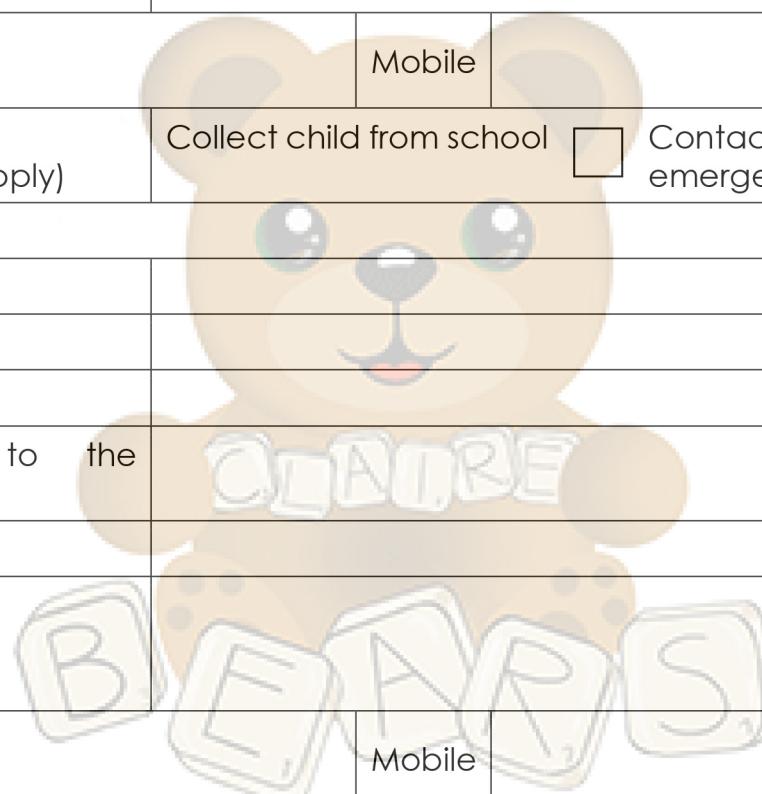
Mother/carer	
Title	
First name	
Surname	
Password	
Home address	

Postcode			
Home tel number			
Mobile			
Home email			
Work address			
Postcode			
Work tel number			
Work email			
Hours worked			
Responsibilities (Tick all that apply)	Parental responsibility	<input type="checkbox"/>	Payment of fees <input type="checkbox"/>
	Collect child from school	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>

Father/carer			
Title			
First name			
Surname			
Password			
Home address			
Postcode			
Home tel number			
Mobile			
Home email			
Work address			
Postcode			
Work tel number			
Work email			
Hours worked			
Responsibilities (Tick all that apply)	Parental responsibility	<input type="checkbox"/>	Payment of fees <input type="checkbox"/>
	Collect child from school	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>

## Other contacts

Contact one			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number			Mobile
Responsibilities (Tick all that apply)	Collect child from school <input type="checkbox"/> Contact in emergency <input type="checkbox"/>		
Contact two			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number			Mobile
Responsibilities (Tick all that apply)	Collect child from school <input type="checkbox"/> Contact in emergency <input type="checkbox"/>		



## Medical details

Does your child have any allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details of the cause and reaction		

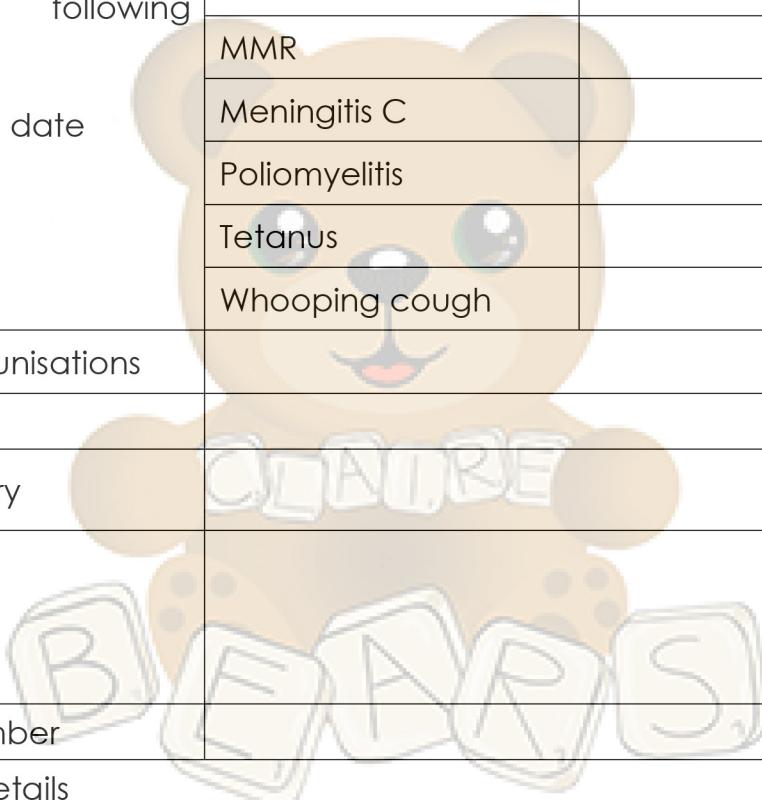
Does your child have any  
special  
dietary requirements

Yes

No

If yes, please give details

Has your child had any of the following immunisations  Please tick and date	Immunisation	Date of immunisation
	BCG	
	Diphtheria	
	HIB	
	MMR	
	Meningitis C	
	Poliomyelitis	
	Tetanus	
Whooping cough		
Any other immunisations		
Name of GP		
Name of surgery		
Address		
Postcode		
Telephone number		
Health visitor details		
Name		
Address		
Postcode		
Telephone number		
Other agency details		
Name		



Address	
Postcode	
Telephone number	
Any other details that we should know about	

Has your child attended any previous settings  Yes  No

If yes, please state where your child attended:



The teddy bear is light brown with dark brown ears and a small black nose. It is holding a white rectangular sign with the words "BOYDS CENTRE" printed on it in a stylized, bubbly font.

### Sessions

Please indicate your preferred sessions.

Session	Mon	Tues	Wed	Thurs	Fri
Full day					
Morning only					
Afternoon only					
Extended morning					
Extended afternoon					
After-school care					

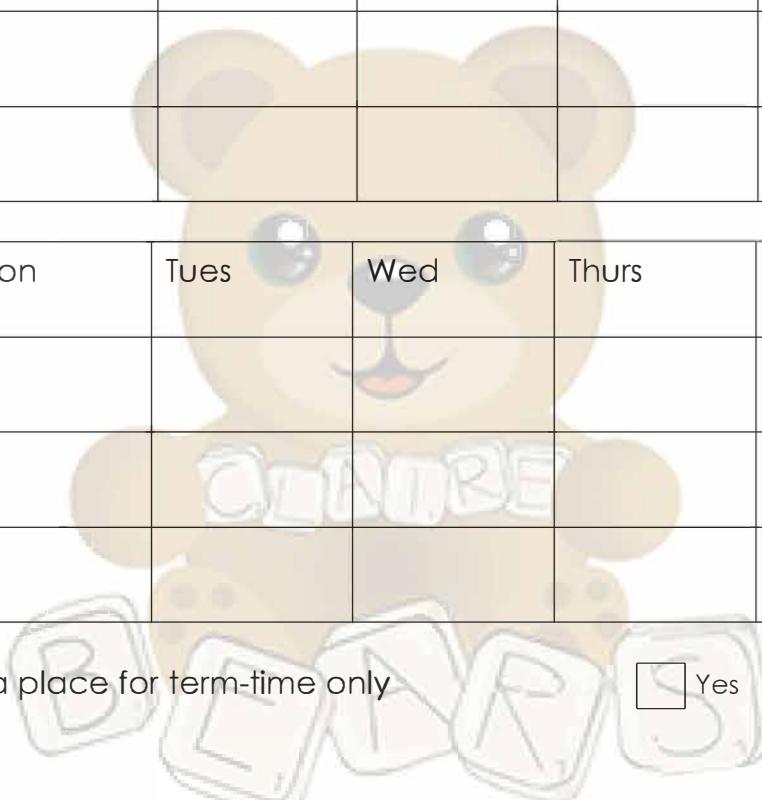
Breakfast care					
Wrap-around care					

Meals	Mon	Tues	Wed	Thurs	Fri
Breakfast					
Lunch					
Tea					

Funded sessions	Mon	Tues	Wed	Thurs	Fri
0 sessions					
1 session					
2 sessions					

Do you require a place for term-time only

 Yes

 No


### Temporary session amendment form

Please complete this form if you require a temporary amendment to your child's sessions at The Pier Head Prep School.

Name of parent  
.....

Name of child  
.....

Room  
.....

Date(s) if amended sessions .....

Additional session(s) required

	Mon	Tues	Wed	Thurs	Fri
Full day					
Morning					
Afternoon					
Breakfast					
Lunch					
Tea					
Other (give details)					

Cost of additional sessions .....

Signed ..... Date .....

---

Office use only

Room ..... head ..... authorisation

Additional staff required (to meet ratios)  Yes  No

Staff name .....

Input into school administration system (tick when complete) ..... on (date)

Input by ..... Position .....

Payment ..... method

### Permanent session amendment form

Please complete this form if you require a permanent amendment to your child's sessions at The Pier Head Prep School.

As per our terms and conditions, one month's notice must be given if the number of sessions is to be reduced.

Name ..... of ..... parent

---

Name ..... of ..... child

Room .....  
.....

Start date for amended sessions  
.....

Please complete the sessions' form with the new sessions required and attach it to this amendment form.

Signed ..... Date .....

---

**Office use only**

Manager/room ..... head ..... authorisation

Additional staff required (to meet ratios)  Yes  No

Staff ..... name

Input into school administration system (tick when complete) ..... on (date)

Input by ..... Position .....

**Agreement**

I agree to abide by the terms and conditions and policies and procedures of The Pier Head Prep School which I have read and fully understand.

Signed..... Date

Print  
name.....

Relationship ..... to ..... child

Signed..... Date.....  
....

Print  
name.....

Relationship ..... to ..... child

---

**Office use only**

Input into school administration system (tick when complete) on (date)

.....

Input ..... by

.....

Position .....

Actual ..... start ..... date

Room .....

Key person .....

Permission slips received

School trips  agree/disagree

Emergency medication  agree/disagree

Photographs  agree/disagree

**Communication Plan**

Please tick method of communications regarding sharing information about your child both from school to home and home to school. Please tick all that apply with your preferred method at the bottom:

Face to face

Via paper documentation, e.g. daily diary, observation sheets

Email

Telephone

The preferred method is .....

