



Child Registration Form

Please fully complete all details and return form to Sparkling Stars Preschool, Burden Hall, 144 Alder Rd, Poole BH12 4AB, United Kingdom or via email - info@sparklingstarspreschool.co.uk

CHILD'S PERSONAL DETAILS

Child's full name

 Known name
 Date of birth (or EDD)
 Child's gender (please tick) **MALE** **FEMALE**
 Home address

 Postcode
 Religion
 Ethnic origin
 Nationality
 Language(s) spoken
 Primary Secondary
 Any additional needs

CHILD'S MEDICAL DETAILS

Allergies: Does your child have any allergies?
 (Please tick) **YES** **NO**
 If yes, please give details of causes and reactions

Dietary requirements: Does your child have any special dietary requirements? (Please tick) **YES** **NO**
 If yes, give details.

Medical conditions: Does your child have any medical conditions or needs? (Please tick) **YES** **NO**
 If yes, give details.

FOR OFFICE USE ONLY

Funding 2YO TTO Stretched
 3/4YO TTO Stretched

Starting Date.....

Booking Sessions Booking Form complete Funding Form complete
 Entered on System Invited to Parent Zone Account Spec T&C's Emailed

Staff Signature..... **Date**

Immunisations: Has your child had any of the following immunisations? *(Please tick boxes and date as appropriate below)*

- BCG date
- Diphtheria date
- Hay fever date
- Hib date
- MMR date
- Meningitis C date
- Polio date
- Tetanus date
- Whooping cough date
- Medical condition date

Doctor's details

Name of GP
Tel
Surgery & address
.
. Postcode

Health Visitor's details

Name of HV
Tel
Location / address
.
. Postcode

Social Services

Are you or your child currently supported by social services or any other services? *(Please tick)* **YES** **NO**

If yes, please provide information and contact details
.
.

Child's additional learning needs details

Is your child currently receiving support for any additional learning needs? *(Please tick)* **YES** **NO**

If yes, please give details of the learning needs and support in place
.

PRIMARY CARER DETAILS

Title
Full name
Home address
.
. Postcode
Home tel
Mobile
Home email

Responsibilities *(Please tick boxes as appropriate below)*

Parental responsibility
Specify i.e. mother/father/etc
Collect child from nursery/play club
Fee payer
Contact in emergency
Work name & address
.
. Postcode
Work tel no
Work email

OTHER CARER DETAILS

Title
Full name
Home address
.
. Postcode
Home tel
Mobile
Home email

Responsibilities *(Please tick boxes as appropriate below)*

Parental responsibility
specify i.e. mother/father/etc
Collect child from nursery/play club
Fee payer
Contact in emergency

Work name & address

 Postcode
 Work tel no
 Work email

OTHER CONTACTS

Contact 1

Title
 Full name
 Home address

 Postcode
 Home tel
 Mobile
 Home email

Relationship to child *(Please tick boxes as appropriate below)*

specify i.e. auntie/grandmother/etc
 Collect child from nursery/play club
 Fee payer
 Contact in emergency

Contact 2

Title
 Full name
 Home address

 Postcode
 Home tel
 Mobile
 Home email

Relationship to child *(Please tick boxes and date as appropriate below)*

specify i.e. auntie/grandmother/etc
 Collect child from nursery/play club
 Fee payer
 Contact in emergency

PLEASE COMPLETE FOR PLAY CLUB CHILDREN ONLY

School and address attending (if applicable)

 Postcode
 Tel.No.
 Class
 Teacher
 School day ends at

PERMISSIONS *(Please tick as you permit)*

To participate in local outdoor activities that we may decide to do during the session your child attends? **YES** **NO**

Travel in suitably insured vehicles to visit local attractions/activities. e.g.beach, gardens/parks, etc? **YES** **NO**

To be included in recorded observations being made by staff for his/her Profile, and college courses? **YES** **NO**

Authorisation for emergency medical treatment, should you or your named contacts be unobtainable? **YES** **NO**

For a member of staff to apply sun cream/block, supplied by yourself, to your child as appropriate? **YES** **NO**

To be photographed for his/her Development Profile? **YES** **NO**

be photographed for Sparkling Stars training purposes? **YES** **NO**

To be photographed for Sparkling Stars promotional purposes including website and social media? **YES** **NO**

Preferred start date:

Sessions	Start	End	Monday	Tuesday	Wednesday	Thursday	Friday
Sparkly Day	08:00:00	17:00:00					
Short Sparkly AM	09:00:00	12:00:00					
Long Sparkly AM	08:00:00	13:00:00					
Lunch Hour	12:00:00	13:00:00					
Short Sparkly PM	12:00:00	15:00:00					
Long Sparkly PM	13:00:00	17:00:00					

Please tick sessions you wish to book below:

My funding to be allocated:							
2 year-old funding for 15 hours per week term time only							
2 year-old funding for 15 hours per week stretched across the term							
3/4 year-old funding for 15 hours per week term time only							
3/4 year-old funding for 15 hours per week stretched across the term							

AGREEMENT

I/We agree to abide by this Agreement between us the Primary Carer/Other Carer/Other Person and TE Childcare Ltd.

I/We agree to abide by and adhere to Terms & Conditions, and Policies & Procedures issued by TE Childcare Limited.

I/We understand that TE Childcare Terms & Conditions and Policies & Procedures are not intended to be exhaustive, if any anomaly arises then I/we fully accept and agree to any final determination/decision by a Director of TE Childcare Ltd.

I/We understand that it is our responsibility to inform and update TE Childcare Ltd in writing with any changes to our child's and to our family details which I/we provide on this Registration Form i.e. home address, emergency contacts, work, etc.

PREFERRED PAYMENT METHODS: (Please tick boxes as appropriate)

BACS Transfer Employer Vouchers
 Tax Free Childcare

SIGNED - Both Primary Carer and Other Carer to sign plus any other person responsible for child and/or payment of fees:-

By signing below you agree to our terms and conditions

Primary Carer

Relationship to Child Date

Other Carer

Relationship to Child Date

Other Person.

Relationship to Child Date

Other Person.

Relationship to Child Date

Signed

Position. on

behalf of TE Childcare Ltd

For monitoring purposes it would be helpful if you could tell us how you heard about us and also why you have decided to book your child with Sparkling Stars. Many thanks.