Noah's Ark Pre-School
Registration Form

Child's name	
Date of birth	
Name you would like your child known as	
Language most commonly spoken at home	
Religion	
Full address	
Telephone number • Day time • Evening	
Email address	
Parent/ Carer(s) details • Name(s) • Parent date of birth(s) • National Insurance Number(s)	

<u>Emergency Contact details</u> *In the case of an emergency, please supply 2 additional contacts that are not the child's Parent/ Carer(s) as listed above.* <u>1st Emergency Contact</u> • Name • Relationship to child • Telephone number • Address	
<u>2nd Emergency Contact</u> • Name • Relationship to child • Telephone number • Address	
<u>Details of Doctors</u> • Name of Practice • Name of Doctor • Telephone number • Address	
Does your child have any medical problems we should be aware of?	
Allergies or major dislikes e.g. certain foods or materials?	
If you have any particular requests/requirements about religious observance, food, clothing, health or other matters important to you, please ensure we are aware of them.	

Permissions

- ♦ **FIRST AID/ ACCIDENTS**
- ♦ I give permission to the seeking of any necessary emergency medial advice or treatment in the future.
- ♦ I give my permission for my child to be treated in the event of an accident, whilst in the care of Noah's Ark Pre School. All staff are Pediatric First Aid trained.
- ♦ I give my permission for staff to escort my child to hospital by ambulance and to authorise treatment in my absence, in the event of a serious accident.

- ♦ **PHOTOGRAPHS**
- ♦ I give permission for Noah's Ark Pre School to take photographs of my child to be used for Tapestry – the Early Years Foundation Stage Secure Online Learning Journal that is only accessed by the child's parent and the staff at pre-school.

- ♦ **SHORT OUTINGS**
- ♦ I agree to my child going on supervised short outings on foot. We will always inform you in good time about any planned outings.

Name: …………………………………………..

Signature: …..……………………………………….

Date: ………….………………………………….

- ♦ Please delete if you do <u>NOT</u> give permission

Emergency Departure Procedure

In the unlikely event that you or your emergency contacts are unavailable to collect your child, we would follow the Emergency Departure Procedure (EDP)

Could you please complete password details below, ensuring this is memorable and kept confidential.

The password to be used in an emergency only is:

………………………………………………………….

Additional Information