**Stoke Fleming Foundation Stage Unit**

**Stoke Fleming Primary School**

**School Road**

Stoke Fleming

**Dartmouth**

**Devon TQ6 0QA**

Tel/Fax: 01803 770244

e-mail: [parent@stokeflemingprimary.org.uk](mailto:parent@stokeflemingprimary.org.uk)

[www.stokeflemingprimary.org.uk](http://www.stokeflemingprimary.org.uk)

**Registration Form**

**Child’s details**

Child’s Name:

Name the child likes to be known by:

Gender: Male/Female (*please delete as applicable)*

Date of Birth: Age at starting:

Nationality: Religious Affiliation:

Child’s First Language:

**Parents’/Carers’ Details**

Parent/Carer name/names:

Relationship to child:

Address:

Is this the child’s home address: yes/no *(please delete as applicable)*

If no please give address below:

Home phone number:

Work number:

Mobile number:

Email address:

**Emergency Contact Details**

We require the names of two adults who are happy to be contacted in an emergency, should we be unable to contact you.

**1 2**

Name:

Relationship to child:

Address:

Contact number(s):

**Medical Contact Details**

Name of Doctor:

Surgery Address:

Surgery phone number:

Name of Health Visitor:

Health Visitors phone number:

Medical Conditions: *(including disabilities, dietary needs & allergies – please give details below)*

**Emergency Treatment**

In accordance with our regulatory body OfSTED, we require permission from Parent/Carer should any emergency medical treatment be necessary.

I give permission Stoke Fleming Foundation Stage Unit to seek emergency medical treatment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the school will contact me as soon as practically possible, arrange transportation to the medical centre, doctor or hospital as necessary and will always do the best for my child at all times.

Parent/Carer Signature: Date:

**Additional Details:**

Does this child have a parent or parents in regular HM Forces military units? Yes/No

**Other Relevant Information**

(E.g. Childs favourite activities, likes & dislikes, favourite toy)

**Photography and Information**

From time to time we may take pictures that could include your child, which may then be published in various formats. Please **circle** the **yes** if you **object** to the use in the following formats:

Local newsletters/newspapers as part of an article about the School’s activities: Yes/No

Using photographs as part of staff/student coursework: Yes/No

School Newsletter: Yes/No

Display: Yes/No

School Website: Yes/No

**Application of Sun Cream**

During the summer months the children spend a lot of the day outside in the garden and need to be protected from the sun. If you are happy for the staff to re-apply sun cream during the day please sign below as authorisation. Please can you make sure that the sun cream you bring in is factor 50.

Please **circle** the **yes** and sign if you are happy for the staff to apply sun cream to your child. **YES/NO**

Parent/Carer Signature Date

According to OfSTED regulations we need to undertake observations of your child to ensure individual needs are catered for in order to achieve the best learning outcome. To do this we need your permission to undertake these observations and store them under the Data Protection Act 1998.

I give/ do not give permission for observations of my child to be recorded. *(Delete as appropriate)*

Parent/Carer Signature Date

**Collection of Children**

In the interests of child safety please provide a password that could be used to indicate authorisation for a person to pick up your child on your behalf. You may change these at anytime.

List of people who may collect my child:

1.

2.

3.

4.

5.

Password………………………………………………………………………………

**Session Requirements**

Times are as follows:

Early Bird Session 8.30- 9.00 (Charged at £2 and cannot be used as part of your 15/30 hour entitlement)

Morning Session: 9:00 – 11:30

Lunch Session: 11:30 – 12.30 (You will need to provide your child with a packed lunch)

Afternoon Session: 12:30 – 3:00

As of (start date) I would like (Childs name) to attend the sessions as indicated below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Early Bird 8.30- 9.00 | 9:00 – 11.30 | 11.30 – 12.30 | 12.30 – 3.00 |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

(Please mark sessions as appropriate)

**Declaration**

I understand that the Foundation Stage Unit may not be able to accommodate my requests for sessions but will contact me as soon as possible to discuss alternatives.

I agree to give at least 6 weeks notice of any changes to my session requirements and understand that I may be charged for sessions if the relevant notice is not given.

I agree to pay all fees termly in advance, in accordance with the invoice issued at the beginning of each term. I understand that should payment not be made on time then my child may not be able to attend unfunded sessions until such time as all arrears are paid.

Parent/Carer Signature Date

***Please bring your child’s birth certificate when returning this form as we are required to authenticate details within this document. A photocopy will be kept for our files and will be required if your child becomes/is eligible for funded sessions.***

To be completed by staff member

Registration form received by:

Birth Certificate photocopied and details checked by:

Date