

**Application to join**           CATERPILLAR PRE-SCHOOL          

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_

Name(s) and address(es) of parent(s) making the application:

Postcode:  Tel: Mob:	Postcode:  Tel: Mob::
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I/We would like \_\_\_\_\_ to start attending at this setting

\*as soon as possible; or from \_\_\_\_\_ (date)

We would like our child to attend on the following days/sessions:

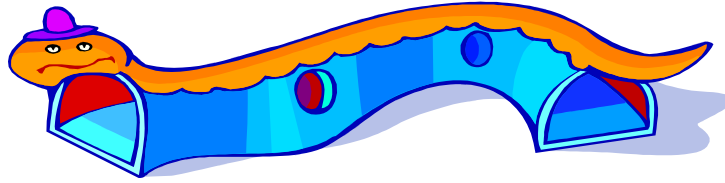
\*Monday      Tuesday      Wednesday      Thursday      Friday

If we find that we no longer need the place, we will inform the setting as soon as possible.

Signature of parent(s)

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Date: .....



**Caterpillar Pre-School,  
Hanworth Centre, 64, Hounslow Road,  
Hanworth, Middlesex  
TW13 6QQ**

**Phone:  
020 88980892  
Mobile:  
07903867131**

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## REGISTRATION FORM

### Basic details

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_

Name known as \_\_\_\_\_

Name of parent(s) with whom the child lives  
1 \_\_\_\_\_

Does this parent have parental responsibility? Yes/No (delete)

2 \_\_\_\_\_

Does this parent have parental responsibility? Yes/No (delete)

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Name of parent with whom the child does not live  
\_\_\_\_\_

Does this parent have parental responsibility? Yes/No (delete)

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Does this parent have legal access to the child? Yes/No (delete)

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**Emergency contact details**

Parent 1 - Work/daytime contact number \_\_\_\_\_

Parent 2 - Work/daytime contact number \_\_\_\_\_

Any other emergency contact numbers \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

**Persons authorised to collect the child (must be over 16 years of age)**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

**\* Parents must notify us of any changes in arrangements for the child's collection and sign to give their consent for any other person to collect their child. Without this consent we are unable to release your child to anyone other than the person/s specified.**

**SUDDEN ILLNESS OR ACCIDENT**

**In the event of an accident or sudden illness you will be contacted and either:**

**1. Asked to collect your child as soon as possible.**

**or**

**2. In the event of an emergency, you will be notified that arrangements are being/have been made to take your child to your GP/Hospital for medical attention.**

**In the event of neither parent being available, we will try to contact any other emergency contact numbers you have given us and endeavour to ensure you are contacted as soon as possible.**

## Personal details of child

Does your child have any special dietary needs or preferences?

Does your child have any allergies?

Does your child suffer from asthma, hay fever, eczema, etc?

Has your child had the following vaccinations/immunisations?

Whooping Cough:

Diphtheria:

Tetanus:

MMR:

Polio:

Smallpox:

Has your child had any of the following infectious diseases?

Chickenpox:

Mumps:

Measles:

Whooping Cough:

Scarlet Fever:

Diphtheria:

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

What is the main religion in your family?

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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 in our setting?

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What language(s) is/ are spoken at home

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If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

If so, discuss and agree with the key person how you will support your child when settling-in

Is your child in nappies / being toilet-trained / fully toilet-trained?

How does your child ask for the toilet i.e. does he/she have a special word?

Please give any other information we may need to know about your child i.e any fears they may have, what your child uses as a comforter, etc:

**Names of professionals involved with child**

**Details of GP:**

**Name:**

**Address:**

**Surgery Number:**

**Any other professionals:**

Name 1 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Name 3 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Do you have a health visitor? Yes/No (delete)

Name \_\_\_\_\_ Based at \_\_\_\_\_

Telephone \_\_\_\_\_

Does your family have a social care worker for any reason? Yes/No (delete)

Name: \_\_\_\_\_ Based at: \_\_\_\_\_

Tel: \_\_\_\_\_

What is the reason for the involvement of the social care department with your family?

NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

**Do you have any concerns about your child that we need to know about?**

**If so, please give details:**

**Speech:**

**Development / Play:**

**Behaviour:**

**Social Skills:**

**Feeding / Drinking:**

**Does your child suffer from Epilepsy or fits of any kind?**

**Other:**

**\*Please note that with-holding any relevant information will prevent us from making the best possible provision for your child's well-being and development.**

**In some cases it may result in us having to temporarily exclude your child from the Pre-School while we obtain any relevant medical information that we need to ensure your child's safety.**

**Fees and Terms / Conditions**

**Registration Fee: £10**

**Session Fee: £12**

**I agree to the terms and conditions detailed below:**

- 1. A deposit equal to one full week's fees must be paid with the registration fee.**
- 2. Fees must be paid one week in advance.**
- 3. In order to keep the fees low and provide a good quality service, any absences taken in term-time must still be paid for to secure the child's place. NO EXCEPTIONS CAN BE MADE.**
- 4. Four weeks notice of leaving to be given in writing.**
- 5. Your child's place will be withdrawn, with or without notice, if you fail to pay the above fees at any time.**
- 6. Lateness in collecting your child will incur a £10 charge to cover staff costs. If you are an hour late without notifying the Pre-School and we have been unable to contact you / any emergency contact number given by you, we are required by law to contact Social Services.**
- 7. A charge of 50p will be made for nappies supplied by the Pre-School. Any clothing we supply that you do not return will also incur a relevant cost.**

**Signed: ..... Date: .....**

**Relationship to child: .....**

**I give my permission for my child to receive medical treatment in an emergency**

**I give my permission for my child to be taken on short local outings with the group.**

**I give my permission for photographs to be taken of my child and have no objection to these being used in publicity material for the Pre-School if necessary.**

**Signed: ..... Date: .....**