



Prime Kids Preschool
St Paul's Church Hall
St Paul's Road
TW8 0PN
Call 07557 331 224
primekidspreschool@hotmail.com

Private and Confidential

Child's Family Name: _____

First Names: _____

Date of Birth: ____ / ____ / ____ Child's preferred name: _____

Address: _____

Postcode: _____

Tel: _____ Email: _____

Religion: _____ Mother Tongue: _____

First language if not English: _____ Ethnic Group _____

Ages of Brother/s: _____ Sister/s: _____

Name of parent(s) with whom the child lives:

1 _____

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

2 _____

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

Address _____

Telephone _____ Mobile _____

Name of the parent with whom the child does not live: _____

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

Address _____

Telephone _____ Mobile _____

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

Father's occupation: _____ Telephone: _____

Mother's occupation _____ Telephone: _____

Emergency contact details (other than the parent/s)

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

3. Name: _____ Telephone: _____

4. Name: _____ Telephone: _____

Name of person(s) who will collect your child _____

CONFIDENTIAL PASSWORD for collecting your child (if no named above)

Has your child had the 2year progress check? Yes / No (delete)

Are any of the following in place for the child? Please tick any which apply

- SEN Support Statement of Education Needs Education and Health Care - Plan (EHCP) None

What additional support he/she require in our setting?

Does your child have any involvement with other agencies? Yes/No (delete)
(e.g. Speech and Language Therapy -SALT), Occupational Therapist -OT, Physiotherapy, Health Visitor (HV), Children's centre)

If so, please provide details of name of professionals, role, agency and contact number

Does your child have any specific needs which could include some or more areas below?

Speech and Language, Physical Development, Cognition and Learning (this list is not exhaustive, please speak to the preschool manager for further clarification and guidance)

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

Name: _____ Based at: _____

Telephone: _____

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

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

Medical Information

Doctors Name _____

Surgery Address

& telephone _____

Health Visitor's Name _____

Vaccination and Immunisation Dates

Whooping Cough/Tetanus/Diphtheria _____ MMR _____

Poliomyelitis _____ Other _____

Dates of Infectious Diseases

Whooping Cough _____ Chicken Pox _____

Measles _____ Mumps _____ German Measles _____

Other _____

Medical History

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No (Please delete)

Has a risk assessment, if required been completed? Yes/No (please delete)

What other information is it important for us to know about your child? For example, what they like, dislike or what fears they may have or any special words they use.

If your child attends, or has attended another playgroup, nursery or childminder, please state where:

I consent to my child/ren receiving any emergency medical treatment necessary during the Preschool time and I authorise Eun Young Kumorek, or anyone acting on her behalf, to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

I understand that should the preschool staff have any concerns regarding to the Child protection and welfare of my child I will be informed that the relevant authorities (social services) will be contacted. However, if there is any concern raised because of me, the preschool staff will contact the relevant authorities without my consent.

I give my permission for photographs & videos to be taken of my child and group photos including my child to be taken for use by the group and understand that the use of media is to record my child's daily routine & development and to share with me. I also understand that the photographs that have been taken of my child may be displayed in the following locations within the setting's own personal photo album, staff's personal course work, on the setting's display board & portfolio and on setting's website. But my permission will be sought if any other use is wished to be made of any photo containing a clear image of my child/ren.

I consent to my child/ren occasionally being taken on short supervised walks in the immediate locality during preschool time eg. a walk to collect leaves, to visit local library and shops, to look at the church or to the post office, etc. Staff/child ratios will always be adequate.

I agree for my child to have supervised access to a complete range of large indoor and outdoor play equipment, including water, sand, mud, trampolines, and slides etc. I understand that all play equipment will be checked for cleanliness, correct operation and safety. I understand that this play equipment may be located within the garden, inside the preschool or at 3rd party locations such as local parks and purpose built play facilities. I understand that my child will be kept safe and secure at all times whilst playing on this equipment.

I have read and understood the information contained in the Prime Kids Ltd preschool policy and I will abide by the terms and conditions as laid down in the policy. I wish my child/ren to attend the Preschool.

Signed (Parent/Guardian) _____ Date _____