



Copplestone Primary School and Pre-school

Bewsley Hill, Copplestone, Devon, EX17 5NX
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pre-school@copplestone-primary.devon.sch.uk
www.copplestone-primary.devon.sch.uk



Pre-School Registration Form

Child's Surname.....First Name.....
Date of Birth/...../..... Male/Female
Home Address.....
.....
.....
Postcode.....Home phone no.....
Email Address.....

Details of persons with parental responsibility:
Mr/ Mrs/Miss/ Ms
Mobile.....
Mr/ Mrs/Miss/ Ms
Mobile.....

If your child is unwell or there is an emergency please give the details of two people we may contact if we cannot get hold of you.
Name.....Name.....
Relationship.....Relationship.....
Phone.....Phone.....

If anyone other than yourself will be collecting your child on a regular basis please give us their names below.

Name.....relationship.....
Name.....relationship.....
Name.....relationship.....

Other children in the family – please give names and dates of birth.
.....
.....
.....

Name of Doctor.....Surgery.....
Phone number.....
Health visitor.....

Has your child received the recommended immunisation programme? Yes/No

Does your child have any medical conditions or allergies that we should be aware of?.....

.....
.....
Ethnic origin.....
Religion.....

Is there anything else about your child that we should be aware of?
.....
.....
.....

Under the 'Early Years Foundation Stage' curriculum we are required to make observations on your child during sessions. Photographs will also be taken during sessions. These observations are placed in your child's folder, which you are welcome to see at anytime.

Does your child attend another setting?.....
.....

Do you give us permission to share information about your child's development with the other setting/other agencies, (eg Speech Therapist, Health Visitor).....

Please delete as necessary:

- I give / do not give permission for Pre School staff to apply plasters if necessary
- I give / do not give permission for Pre School staff to apply appropriate sun protection if required
- I give/do not give permission for my child's name or photograph to be published in the printed or electronic media
- I give /do not give permissions to my child taking part in the offsite activities
- I give / do not give permission for my child's face to be wiped with baby wipes after snack or lunchtimes.

Declaration I (name).....

Of (address).....

Confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise Coplestone Pre-School to claim entitlement funding as agreed on behalf of my child.

I also agree that the information I have provided can be shared with Devon County Council (DCC) and the Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim the Early Years Pupil Premium (EYPP) on behalf of my child. DCC may also share that information with neighbouring authorities if necessary for a claim to be processed.

Parent/Carer/guardian with legal responsibility

Signed.....

Print name.....

Date.....

We need the information on this form to enable us to contact you or an emergency contact, to know who will be collecting your child and to safeguard your child's health and wellbeing. All data provided is processed in accordance with current data protection legislation. This legislation gives you the right to know how your data or that of your child will be used, who it is shared with, how long it is retained and the lawful basis under which it is collected. These details are provided in our privacy notice which can be found on the school's website and can also be seen at the school upon request.

OFFICE ONLY

I confirm I have seen an original document that confirms the child's date of birth.
Birth certificate/Passport/Child Benefit book/Other –

Signature.....Position.....