

Little Den Preschool
The Den, Chawton Park Road
Alton, GU34 1RQ



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Little Den Preschool

Please be sure to update us of any changes to the information provided on this form.

We will need to see a copy of your child's birth certificate when your child starts with us.

Name of child Date of Birth

Child known as

Preferred days & collection times (please circle): (New opening hours from September 2018)

	Start times:	Finish times:
MON	8.30am 9am	12pm 1pm 1.30pm 2pm 2.30pm
TUE	8.30am 9am	12pm 1pm 1.30pm 2pm 2.30pm
WED	8.30am 9am	12pm 1pm 1.30pm 2pm 2.30pm
THU	8.30am 9am	12pm 1pm 1.30pm 2pm 2.30pm
FRI	8.30am 9am	12pm 1pm

Starting Term (Please delete as appropriate): Start Date:.....
AUTUMN / SPRING / SUMMER 20.....

Child's home address:

Landline:

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

1)

Mobile No: Work / daytime number:

Email address:

Does this parent have parental responsibility? (Please delete as appropriate) YES / NO

2)

Mobile No: Work / daytime number:

Email address:

Does this parent have parental responsibility? (Please delete as appropriate) YES / NO

Any other adults over the age of 16 years that live in the home:

Name: Relationship to child.....

Name: Relationship to child.....

Name of parent with whom the child does not live:

Does this parent have parental responsibility? (Please delete as appropriate) YES / NO

Address of this parent:

Landline: Mobile:

Contact Email address:

Does this parent have legal access to the child? (Please delete as appropriate) YES / NO

Emergency contact details:

1) Name..... Relationship to child.....

Telephone: Mobile:

2) Name..... Relationship to child.....

Telephone: Mobile:

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

1) Name: Relationship to child:

Telephone: Mobile:

2) Name: Relationship to child:

Telephone: Mobile:

Does your child have any special dietary needs or allergies? YES / NO (Please delete as appropriate)

If YES please give details:

What is the main religion in your family?.....

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 / celebrated while they are in our setting? Please give details:

What languages are spoken at home?

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 (Please delete as appropriate)

If YES, please discuss and agree with the key person how we will support your child when settling in.

Does your child have any special needs or disability e.g. sight/hearing/speech?

YES / NO (Please delete as appropriate)

Details:
What special support will they require in our setting?
.....

Does your child currently attend another setting / childminder? YES / NO (Please delete as appropriate)
If YES, what is the name of the setting / childminder?
How well did your child settle in there?

Do you consent to information about your child being shared between Little Den Preschool and the other provider to ensure continuity for your child? YES / NO (Please delete as appropriate)
Signed: Printed: Date:

Has your child attended another setting previously? If so please give details:
Name of setting?
Reasons for leaving the setting?.....

Family Doctor's Information:
Name: Telephone:
Address:
.....

Health details: Does your child have a medical condition? YES/NO If yes please provide details.....
Does your child regularly take prescribed medication? YES/NO If yes please give details.....
Does the medication need to be kept at preschool YES/NO if yes please note you will need to complete relevant medication records before your child starts.

Immunisation details: (please tick the vaccinations that your child has received to date)
Diphtheria Polio Pertussis (whooping cough)
MMR (measles, mumps, rubella) Tetanus Hib (meningitis)

Names of professionals involved with child e.g. speech therapist:
1) Name: Role:
Agency: Telephone:
Details of involvement:.....

2) Name: Role:
Agency: Telephone:
Details of involvement:

Do you have a health visitor? YES / NO (Please delete as appropriate)
If yes, please complete the following:
Name: Based at:

Telephone:

Does your family have a social worker? YES / NO (delete)

If yes, please complete the following:

Name: Based at:

Telephone:

Please read and sign the following consent requests:

I give permission for first aid trained Little Den staff to administer basic first aid to my child:

YES / NO (Please delete as appropriate)

Signed: Printed: Date:

I give permission for emergency medical advice or treatment to be sought for my child if it is required:

YES / NO (Please delete as appropriate)

Signed: Printed: Date:

In the case of an emergency, in the event that I cannot be contacted, I give permission for a member of Little Den staff to take my child to the nearest Accident & Emergency Department:

YES / NO (Please delete as appropriate)

Signed: Printed: Date:

I give permission for observations to be made and recorded on my child's progress in preschool in order to meet their individual needs:

YES / NO (Please delete as appropriate)

Signed: Printed: Date:

I give permission for my child's keyworker to take their learning journey home to update when necessary. Please note they are kept safe and secure whilst out of preschool:

YES/NO (please delete as appropriate)

Signed:.....Printed:.....Date:

I consent to Little Den Staff taking photographs of my child and the photographs being used in my child's learning journey:

YES / NO (Please delete as appropriate)

Signed: Printed: Date:

I give permission for my child to be photographed for use by Little Den Preschool, including displays and possibly photos of our events in the local press:

YES / NO (Please delete as appropriate)

Signed: Printed: Date:

I consent to my child's photographs being used on the Little Den facebook page and website:

YES / NO (Please delete as appropriate)

Signed: Printed: Date:

I understand that I can find and refer to Little Den policies and privacy notice on the website or on the parent's table in the Little Den hall and that I must read them:

YES / NO (Please delete as appropriate)

Signed: Printed: Date:

I have seen the parent's notice boards:

YES / NO (Please delete as appropriate)

Signed: Printed: Date:

I give permission for Little den staff to apply suncream to my child when they deem it necessary. If yes I will provide a named bottle of suncream every day in warm weather. I must agree to apply suncream to my child before every session in warm weather:

YES/NO (please delete as appropriate) If no please give details.....

I give permission for Little Den to email me newsletters and any important information relevant to preschool. YES/NO (please delete as appropriate)

I undertake to pay all fees due:

YES / NO (Please delete as appropriate)

Signed: Printed: Date:

Preschool setting to complete:

Birth Certificate seen and date of birth checked: Yes / No

Earliest start date: Term:

Days and session times:
.....
.....
.....

Name of key person:

Signed: Printed: Date: