



Lilypad  
Pre-School

Oak Road,  
Bishops Waltham  
SO32 1EP  
Tel: 07808146785

01489 893781  
Ofsted Reg No: EY338740

**REGISTRATION FORM**  
CONFIDENTIAL

OFFICE USE:- CARD COMPLETED      BIRTH CERTIFICATE SIGHTED

**Registration form For THE LILYPAD PRE-SCHOOL (name of setting)**

(It is helpful for key persons or managers to complete this form with the parent/s when the child starts at the setting.)

**Proof of Date of Birth MUST BE SEEN**

**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.....

Email address.....

Name of parent with whom the child does not live

1.....

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

Address of this parent .....

Telephone ..... Mobile.....

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

Family structure: Siblings names and ages .....

**Emergency contact details**

Parent 1 – Work/daytime contact number.....

Parent 2 – Work/daytime contact number .....

Any other emergency contact number

Name.....

Telephone..... Mobile.....

Name.....

Telephone ..... Mobile.....

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

Name..... Relationship to child .....

Telephone..... Mobile.....

Name..... Relationship with child.....

Telephone..... Mobile.....

**Personal details of child**

Does your child have any special dietary needs or preferences? Yes/No (delete)

.....  
.....

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

.....

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 and celebrated while he/she is in our setting?.....

What language(s) is/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 (delete)

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

Any allergies? i.e. Plasters or food Yes/No (delete)  
Details.....

Does your child have any special needs or disability? Yes/No (delete)  
Details.....

What special support will he/she require in our setting?.....

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

N.H.S. Number.....

Family Doctor Name..... Telephone.....

Address.....

**Names of professionals involved with child e.g. Speech Therapist**

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 worker for any reason? Yes/No (delete)

Name.....Based at.....

Telephone.....

What is the reason for the involvement of social services with your family?.....

.....

NB If your child is on the child protection register, make a note here but do not include details. These will be obtained from the social worker who will let us know the minimum that we need to know. This information will be kept extremely confidential and stored securely.

**For Legal Purposes, please delete as necessary and initial the following statements as appropriate. Then sign at the end of them to give validation.**

- I do/do not agree for my child to go on local outings (on foot) with pre-school staff.
- I do/do not agree for staff to administer First Aid if needed.
- I do/do not agree for staff to apply plasters if needed.
- I do/do not agree for staff to apply sun cream provided from home.
- I do/do not agree for staff to call an ambulance for him/her if needed.
- I do/do not agree to photo's being taken of my child on the understanding that they will be displayed within the setting and/or given to me.
- I do/do not agree to photo's of my child being used on Lilypad's Website.
- I do/do not agree to photo's of my child being used in Newspaper articles.
- I do/do not agree to observations on my child, being made and recorded, for foundation stage developmental purposes.

**Signed.....Dated.....**