



Child's full name.			
Name to be called.			
Child's Address.			
	Post Code:		
Date of Birth.	D	M	Y
Child's birth certificate needs to be seen before starting pre-school. Please provide when returning this form.			
Gender	Male	Female	
Name of 1 st parent or carer.			
Address of parent or carer.			
	Post Code:		
	Email:		
Parent/carer's telephone numbers.	Day:		
	Evening:		
	Mobile:		
Name of 2 nd parent or carer.			
Address of parent or carer. (If different from above)			
	Post Code:		
Parent/carer's telephone numbers.	Day:		
	Evening:		
	Mobile:		
Name of emergency contact other than collector.			
Address of emergency contact.			
	Post Code:		
Emergency contact's telephone numbers.	Day:		
	Evening:		
	Mobile:		
Doctor's name.			
Doctor's address.			
	Post Code:		
Doctor's telephone number.			
Are you working with social care? Please tick	Child in Need		Child Protection
Name of social worker (if applicable)			

List your child's medical problems and any required action.					
Does your child suffer from any allergies? eg: Food, Plasters, latex etc Yes/No (<i>delete Yes or No</i>)					
Details:					
List any known major dislikes (i.e. to food or materials).					
Family medical history – allergies, epilepsy, diabetes (in order to be alert to your child's needs)					
Immunizations received & Date					
Any immunisations not given & reasons why?					
List any special needs that your child has.					
On which days will your child attend (please tick days).	Mon	Tues	Weds	Thurs	Fri
Morning					
Afternoon					
On what date do you wish your child to start at The RISE pre school?					
2 year funded code – Please provide proof of acceptance.					
30 hours – working parents code. Please provide proof of acceptance.					
Parent name on funding application					
DOB & NI number of Parent on funding application.	DOB	NI Number			
How did you hear about our RISE pre school?	<input type="checkbox"/> Word of mouth <input type="checkbox"/> Ofsted report <input type="checkbox"/> Google/ web search <input type="checkbox"/> Other (please state)				
Some routine activities of the pre-school may involve short trips for example to parks or the local library. For your child to take part in these activities you must give your permission. Details of specific trips will be provided in advance.	I agree to my child taking part in short trips. Yes No (<i>delete Yes or No</i>) Signed: _____ Date: _____				
Emergency Medical Treatment: I consent to any emergency medical treatment necessary during the running of the pre-school. I authorise the RISE Trust staff 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. Yes No (<i>delete Yes or No</i>) Signed: _____ Date: _____					

Please tell us if your child has :	Please give details:	
Had any long term illness?	Yes / No	
Stayed in hospital for any length of time?	Yes / No	
Had any recent close bereavement?	Yes / No	
Have any close relations who have a long-term illness?	Yes / No	
Regularly been to a toddler group or similar?	Yes / No	
Have any fears we should be aware of?	Yes / No	
Have you moved house recently?	Yes / No	
Any parent not part of the family home? If so, do they have contact?	Yes / No	
Is your child registered with a dentist?	Yes / No	
Do you have any concerns with any area of your child's development?	Yes / No	
Are you currently or previously worked with any outside agencies e.g. Health visitor, Outreach or social care	Yes / No	
Can we apply sun cream to your child when necessary	Yes / No	
I have received The RISE Trust Fees policy	Yes / No	

I have visited the RISE Trust premises on ____/ ____/ 20__

- I understand that I have to give one month's notice in writing if I wish to remove my child from the setting and agree to pay all due fees prior to my child leaving.
- I understand the total cost per week of my child attending the RISE Pre School and agree to pay upon receipt of invoice (the 14th of the month)
- I understand that I cannot vary the hours detailed during a term without prior permission from the Pre School Manager.
- I understand that staff at The RISE Pre School will change my child's nappy under the procedures laid out in The Rise Trust's intimate care procedures

Signed:

Date:

Print Name:

I confirm that the information given is correct and I will inform the manager or room leader at the earliest convenience of any changes relevant to my child.

Parent Signature:

Date:

For our most up-to-date Privacy Notice please go to www.therisetrust.org
Confidential files will be held containing information about your child in accordance with the requirements of the Children Act 1989 and the Data Protection Act 2018