



Top Banana Registration Form

Please complete the below application form and have with you when you come to your arranged visit at Top Banana Pre-School. If you have any problems completing the form please ask on your visit. Alternatively please post to us at the address on the last page.

Your Childs Information

Please complete all the Registration form in BLOCK CAPITALS with full details please

First Name

Last Name

What he/she likes to be called

Date of Birth

Gender

Language if other than English

Has your child previously attended, or is your child currently attending

A Parent & Toddler Group

Another Pre-School

A Childminder

Other Care

Please detail any additional / special needs your child has?

Please detail any dietary requirements / food allergies for your child?

Is there anything your child does not like (food / games etc) or is scared of?

What is / are your child's favourite activities?

Your Childs Information continued

Please complete all the Registration form in BLOCK CAPITALS with full details please

Religion of child

Religion of mother

Religion of father

Ethnic origin

IMPORTANT INFORMATION - Please read carefully

As part of our procedure(s) we have often have visiting professionals from outside agencies and support services, or local activities to enhance the child's learning environment. To enable us to carry these out please tick all you agree to and sign / date authorise.

Walks Consent

Our pre-school is set in beautiful grounds and we would like to make full use of the great surroundings and go on **Bugs Safari** (short walks) collecting items for our nature table. This will be a lovely opportunity for your child to gain knowledge and understanding of nature, trees and plants. The children will always be accompanied by members of staff.

Photograph Consent

I give consent to photographs of my child being used for the purpose of displays in the school, their development records, being used in newspaper articles relating to school events or placed on the pre-school website.

Video Consent

I give consent to my child being videoed for the purpose of showing parents at the end of the day on the screen in the parents room what there children have being doing in Top Banana pre-school throughout their day.

Sun Cream Consent

The children love being out side, but unfortunately the garden does not have much shade especially in the afternoons. Please can every child also bring in a bottle of sun cream with their name on for a member of staff to apply it to them. Please put cream on your child before they come in to Top Banana and we will re-apply it later on in the morning and again in the afternoon. I give consent for my child to have sun cream put on them by a member of staff, with the cream that I have supplied.

Parent or Guardians signature

Childs name

Date of Consent

Your Childs Medical Information

Please complete all the Registration form in BLOCK CAPITALS with full details please

Has your Child had their two year check with a Health Visitor

Y

N

Date of visit

Doctors Name

Address of Doctor

Postcode

Doctors telephone number

IMPORTANT INFORMATION - Please read carefully

Does your child have any Allergies

Does your child take any Medicine

In the event of an emergency, I give permission for my child to be taken to hospital and treated accordingly.

Parent or Guardian signature

Name

Childs Name

Date

If any of this information should alter or change while your child is at the Top Banana Pre-School it is vitally important we are informed of ANY changes

Parent / Guardian Information

Please complete all the Registration form in BLOCK CAPITALS with complete details please

Home Address of 1st Parent (s) / Guardian (s) who the child lives with

Postcode

First name of parent 1

Second name of parent 1

Home telephone number

Mobile telephone number

Email

Work telephone number

Does the parent have parental responsibility / please tick box

Y

N

First name of parent 2

Second name of parent 2

Home telephone number

Mobile telephone number

Email

Work telephone number

Does the parent have parental responsibility / please tick box

Y

N

Alternative Emergency contact details. (please provide two)

Name

Relationship to child / parents / guardian

Mobile telephone number

Home telephone number

Mobile telephone number

Home telephone number

Parent / Guardian Information

Please complete all the Registration form in BLOCK CAPITALS with complete details please

Alternative Emergency contact details.

Name

Relationship to child / parents / guardian

Mobile telephone number

Home telephone number

Mobile telephone number

Home telephone number

Can you add if your child has any siblings and their names.

First name (Sibling 1)

Second name (Sibling 1)

First name (Sibling 2)

Second name (Sibling 2)

First name (Sibling 3)

Second name (Sibling 3)

Name(s) of any other people who are authorised to pick up your child

Name

Mobile telephone number

Name

Mobile telephone number

Name

Mobile telephone number

Name

Mobile telephone number

Name

Mobile telephone number

Parent / Guardian / Reserve a place Information

Please complete all the Registration form in BLOCK CAPITALS with complete details please

Reserve a place for me at Top Banana

Date you would like pre-school placement to start at Top Banana

Please indicate which sessions you would prefer by ticking the appropriate box

Monday AM

Monday PM

Tuesday AM

Tuesday PM

Wednesday AM

Wednesday PM

Thursday AM

Thursday PM

Friday AM

Friday PM

Any other information that you think Top Banana should be mad aware of

Parent or Guardian signature

Name

Date of application

Start Date

Leave Date

Return completed form to Mrs A O'Hara, 21 Willow Park, Otford, Sevenoaks, Kent TN14 5ND

Email: info@topbananapre-school.co.uk Mobil Tel: 07958 528808 Home Tel: 01959523497