



Banwell Buddies Pre-School
Rear of Banwell Primary School, West Street, Banwell, BS29 6DB
Telephone: 01934 822233
Website: www.banwellbuddies.co.uk
E-mail: Banwellbuddies@btconnect.com
Registered charity number: 283326 OFSTED Number: 115232 PLA Membership Number: 21121

Banwell Buddies Pre-School Registration Form

Basic Details

Surname of Child _____ First Name _____

Preferred name for labels _____

Gender Male / Female _____

Date of Birth _____

Name of Parent(s) with whom the child lives

Parent 1. _____

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

Parent 2. _____

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

Address at which child lives: _____

_____ Post Code _____

Telephone _____ Mobile _____

Email _____

Name of Parent with whom the child does not live with:

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

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

Address _____

_____ Post Code _____

Telephone _____ Mobile _____

Where did you hear about Banwell Buddies Pre-School? _____

Emergency Contact Details

Parent 1 Daytime Number _____ Mobile Number _____

Parent 2 Daytime Number _____ Mobile Number _____

Emergency contact details at least 2 (these should be different from the parents)

Name and relationship to Child _____

Daytime Number _____ Mobile Number _____

Name and relationship to Child _____

Daytime Number _____ Mobile Number _____

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

Name and relationship to Child _____

Daytime Number _____ Mobile Number _____

Name and relationship to Child _____

Daytime Number _____ Mobile Number _____

Password to be given to a member of staff by person authorised to collect the child (other than the usual person)

Personal Details of Child

Does your child have any special dietary needs or preferences? Yes / No (delete). If yes please give details in the space below:

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 at Banwell Buddies Pre-School?

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 (delete)

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

We have a Special Needs Policy and a Special Education Need Co-Ordinator (SENCO).

Does your child have any special needs or disabilities Yes / No (delete)

If yes, please give details below

Are any of the following in place for the child?

Early Years Action Plan Yes / No (delete)

Early Years Action Plan Plus Yes / No (delete)

Statement of Special Educational Need Yes / No (delete)

What support will he / she require at Banwell Buddies Pre-School?

Names of professionals involved with the child

| | |
|-----------|--|
| Name 1 | |
| Role | |
| Agency | |
| Telephone | |

| | |
|-----------|--|
| Name 1 | |
| Role | |
| Agency | |
| Telephone | |

| | |
|-----------|--|
| Name 1 | |
| Role | |
| Agency | |
| Telephone | |

Do you have a health visitor? Yes / No (delete)

| | |
|-----------|--|
| Name | |
| Based at | |
| Telephone | |

Do you have a social care worker for any reason? Yes / No (delete)

| | |
|-----------|--|
| Name | |
| Based at | |
| Telephone | |

What is the reason for the involvement of the social care department with your family?

Medical Details:

GP Name and Address _____
_____ Tel No. _____

I give permission for staff to seek emergency treatment for my child if i cannot be contacted:

Name _____ Signature _____

Immunisations:

| | | | | | | | |
|------------|--------------------------|---------|--------------------------|----------------|--------------------------|--------|--------------------------|
| Diphtheria | <input type="checkbox"/> | Tetanus | <input type="checkbox"/> | Whooping Cough | <input type="checkbox"/> | Polio | <input type="checkbox"/> |
| HiB | <input type="checkbox"/> | MMR | <input type="checkbox"/> | MenC | <input type="checkbox"/> | Pneumo | <input type="checkbox"/> |

Medical History: Please give any relevant medical information plus treatment eg.
Asthma inhalers use, any allergies etc. -----

A separate form is available for you to complete, if staff need to administer any regular medication prescribed by your doctor or your child while he / she is at pre-school

Other helpful information about your child:

Has your child previously attended?

| | |
|------------------------|-------------------|
| Parent & Toddler Group | Yes / No (delete) |
| Another Pre-School | Yes / No (delete) |

Does your child:

Have their name shortened in any way -----

Use a special word when referring to the toilet -----

Have any brothers or sisters (names) -----

Name of the primary school your child is expected to attend and their start date

As part of the transition into primary school, we would like to give a written report of your child's development to the school. If you have any objection, please let us know.

I give permission for Banwell Buddies Pre-School to share information with any other setting he / she attends.

Name ----- Signature -----

I also give permission for photographs of my child to be taken and used on the Banwell Buddies Pre-School Website, printed information (eg. Newsletters) / local publicity and also parents and carers' photographs and/or videos at special occasions such as sports day and other events.

Name ----- Signature -----

I give permission for staff at Banwell Buddies to apply sun cream to my child when necessary, which I will provide

Name ----- Signature -----

I/we understand that on occasions my child may be taken out as part of the daily activities of the setting for example, a village walk or visit to the toy library

Name _____ Signature_____ Date_____

I/we understand that our further consent will be requested prior to this happening

Name _____ Signature_____ Date_____

I have read and understood the Pre-School Policies and will abide by them

Name _____ Signature_____ Date_____

To be completed by the Key Person / Administrator

Start Date: _____

Sessions:

| | | | | | | | |
|-----------|--------------|---------------|------------|--------------|--------------|--------------|-----------|
| Mon AM | Mon LUNCH | Mon PM | Tue AM | Tue LUNCH | Wed AM | Wed LUNCH | Wed PM |
| | Thur AM | Thur LUNCH | Thur PM | Fri AM | Fri LUNCH | Fri PM | |

Key Person _____

Back-up Key Person _____

Has settling in process been agreed Yes / No (delete)

If yes, give details below:

Banwell Buddies Preschool Payment Agreement & Attendance Policy Declaration.

Child's name: _____

Indicate Start Date: _____

Sessions desired: Please circle as required

| | | | |
|-----------|---------|-------|-----------|
| Monday | Morning | Lunch | Afternoon |
| Tuesday | Morning | Lunch | CLOSED |
| Wednesday | Morning | Lunch | Afternoon |
| Thursday | Morning | Lunch | Afternoon |
| Friday | Morning | Lunch | Afternoon |

Fee rates:

3 and over = £12.00 per 3 hour session

£2.50 per lunch session

Under 3 = £12.50 per 3 hour session

- A non-refundable registration fee of £15.00 is payable on application. Your child's place will be confirmed in writing on receipt of the registration fee.
- All sessions must be booked in advance and 5 working days' notice must be given where session changes are requested. A standard fee of £5.00 is payable on request of any session change. This charge is not applicable for long term session increases or decreases.
- Fees are due one calendar month in advance and can be paid monthly, weekly or daily. Payments can be made via bank transfer, cheque or cash, childcare vouchers are also accepted. Banwell Buddies will generate invoices at the start of each month and payment must be made by the date stated on the invoice. There will be no charge for Bank Holidays or Inset days however if your child is unable to attend a session due to illness or holiday fees are still payable. In the case of illness fees can only be waived if a hospital note is provided, where absence extends beyond one week an appeal to the committee may be made.
- Should payments fall into arrears by two weeks of the date stated on the invoice we will contact you to discuss a payment plan. If no agreement can be reached and no monies are received then Banwell Buddies reserves the right to withhold further services and will take legal action to recover fees owing.
- If your child is booked for nursery education funded sessions North Somerset Local Authority who issue the funding require all sessions booked are attended regularly.
- North Somerset Local Authority monitor registers on a regular basis. If your child does not attend regularly or a pattern of absence occurs a meeting will be called to discuss the issue. You may be required to reduce the amount of funded sessions claimed for. If we are unable to resolve the matter a letter will be issued stating that unless you reply using the slip provided your child's place will be closed.

- Any outstanding fees left owing from siblings must be cleared prior to younger siblings commencing.
- A notice period of 4 weeks is required should you no longer wish your child to attend Banwell Buddies, notice should be given in writing to the administrator. Where notice is not given then fees will still be payable for a period of 4 weeks.

I confirm I have read and agree to the terms and conditions of Banwell Buddies payment agreement and attendance policy:

Signed : _____ Date: _____

I intend to pay: please circle as required

Monthly Weekly Daily

Sessions available: Please circle confirmed sessions

For Banwell Buddies staff use only

| | | | |
|-----------|---------|-------|-----------|
| Monday | Morning | Lunch | Afternoon |
| Tuesday | Morning | Lunch | CLOSED |
| Wednesday | Morning | Lunch | Afternoon |
| Thursday | Morning | Lunch | Afternoon |
| Friday | Morning | Lunch | Afternoon |

£15 registration fee received - YES

Signed: _____ Date: _____

Print Name: _____ Role: _____

To be completed by key worker:

Start date _____

Keyworker _____

Has a settling in procedure been agreed YES/NO

If yes please detail:

Signed _____

Review date _____