

**Pre-School Registration Form**

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| **Child Details** |
| First Name |  | Surname |  |
| Date of Birth |  | Gender |  |
| Nationality |  | Religion |  |
| Current Nursery Name & Address (if applicable) |
| **Pre-School Sessions Required**  |
|  | Full Day8am-6pm | Morning8am-1pm | Afternoon1pm-6pm | School Day9am-3pm | Fully Funded9am-12pm | Fully Funded1pm-4pm |
| Monday |[ ] [ ] [ ] [ ] [ ] [ ]
| Tuesday |[ ] [ ] [ ] [ ] [ ] [ ]
| Wednesday |[ ] [ ] [ ] [ ] [ ] [ ]
| Thursday |[ ] [ ] [ ] [ ] [ ] [ ]
| Friday |[ ] [ ] [ ] [ ] [ ] [ ]
| **Vouchers and Funding** |
| Please indicate if you plan to use the following: |
| Childcare Vouchers |[ ]  15 hours funding |[ ]
| Tax Free Childcare |[ ]  30 hours funding |[ ]

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| 1. **Parent/Guardian Details**
 |
| Relationship to child |  |
| Title |  | First Name |  | Surname |  |
| Address |  |
| Email |  |
| Mobile No. |  | Daytime No. |  |
| Work No. |  |
| Occupation |  |
| 1. **Parent/Guardian Details**
 |
| Relationship to child |  |
| Title |  | First Name |  | Surname |  |
| Address |  |
| Email |  |
| Mobile No. |  | Daytime No. |  |
| Work No. |  |
| Occupation |  |
| **Photo Consent** |
| We regularly take photographs or videos of your child/ren at pre-school which we may use in our displays. Learning Journeys and for publicity purposes in magazines, newspapers, social media or on our website. Please sign below to indicate that you consent to this. |
| Signature |  | Print Name |  |

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| **Outdoor Learning Consent** |
| I give permission for my child to attend the allotment and forest school area in the meadow to the rear of the Charles Booth Centre as part of the outdoor learning curriculum of the Pre-School at any time throughout the day.I understand that my child will always be supervised by a member of staff and legal ratio requirements will be always adhered to. A full risk assessment is available to view on request.An outdoor curriculum provides many valuable learning opportunities for the children and is also a great way to safely engage with the local community. |
| Signature |  | Print Name |  |
| **Parent/Guardian Declaration** |
| I declare that I have read, understood and agree to the terms and conditions provided.A BACS payment of £100 refundable deposit the child’s full name as payment reference to:Account Name: Charles Booth Pre-SchoolSort Code: 60-01-20Account No.: 47245018 |
| Signature |  |
| Print Name |  |
| Date |  |

**Please return completed form to:**

**Mrs Alison Simpson**

**Charles Booth Pre-School**

**Charles Booth Centre**

**The Green**

**Thringstone**

**Leicestershire**

**LE67 8NR**