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**Preschool Registration Form**

**Charlton Mackrell Church of England Primary School**

**Bonfire Lane, Charlton Mackrell, Somerton, Somerset TA11 7BN**

**Tel: 01458 223329 email: preschool@cmps.uk**

**Ofsted no: 123746**

**Child’s details Start date of joining the setting:\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s first name(s) | | | | | |  | | | | | | | | Surname | | | |  | | |
| Name known as | | | | | |  | | | | | | | | | | | | | | |
| Child’s full address | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Gender |  | | | | | | Date of birth | | | |  | | **Birth certificate seen and copy made**: **YES/NO** | | | | | | | |
| **Family details** | | | | | | | | | | | | | | | | | | | | |
| Name of parent(s)/carer(s) with whom the child lives: | | | | | | | | | | | |  | | | | | | | | |
| Names and ages of siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| *Contact details 1 (including emergency information):* | | | | | | | | | | | | | | | | | | | | |
| Parent/carer full name | | | | | | | | | Date of birth | | | | | | | | | | | |
| Relationship to child | | | | | | | | |  | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | | |  | | | | | | | Mobile | | |  | |
| Home telephone | | | | | | | | |  | | | | Email | | | |  | | | |
| Home address | | | | | | | | |  | | | | | | | | | | | |
| Work address | | | | | | | | |  | | | | | | | | | | | |
| Does this parent have parental responsibility for the child? **YES/NO** | | | | | | | | | | | | | | | | | | | | |
| *Contact details 2 (including emergency information):* | | | | | | | | | | | | | | | | | | | | |
| Parent/carer full name | | | | | | | | | Date of birth | | | | | | | | | | | |
| Relationship to child | | | | | | | | |  | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | | |  | | | | | | | Mobile | | |  | |
| Home telephone | | | | | | | | |  | | | | Email | | | |  | | | |
| Home address | | | | | | | | |  | | | | | | | | | | | |
| Work address | | | | | | | | |  | | | | | | | | | | | |
| Does this parent have parental responsibility for the child? **YES/NO** | | | | | | | | | | | | | | | | | | | | |
| *Contact details 3 (including emergency information):* | | | | | | | | | | | | | | | | | | | | |
| Parent/carer full name | | | | | | | | | Date of birth | | | | | | | | | | | |
| Relationship to child | | | | | | | | |  | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | | |  | | | | | | | Mobile | | |  | |
| Home telephone | | | | | | | | |  | | | | Email | | | |  | | | |
| Home address | | | | | | | | |  | | | | | | | | | | | |
| Work address | | | | | | | | |  | | | | | | | | | | | |
| Does this parent have parental responsibility for the child? **YES/NO** | | | | | | | | | | | | | | | | | | | | |
| **Other person(s) with legal contact** *To be completed where those persons with parental responsibility are separated and/or an order is in place.* | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | |
| Contact telephone numbers | | | | | | | | | |  | | | | | | | | | | |
| Relationship to child | | | | | |  | | | | | | | | | | | | | | |
| What are the contact arrangements that we need to be aware of? | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Emergency contact details if parents are not available** *Emergency contacts must be local.* | | | | | | | | | | | | | | | | | | | | |
| *Contact 1* - Name | | | |  | | | | | | | | | | | | | | | | |
| Relationship to child | | | | |  | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | |  | | | | | | | | | | | | |
| Home telephone | | |  | | | | | | | | | | | | Mobile | | | | |  |
| *Contact 2* - Name | | | |  | | | | | | | | | | | | | | | | |
| Relationship to child | | | | |  | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | |  | | | | | | | | | | | | |
| Home telephone | | |  | | | | | | | | | | | | Mobile | | | | |  |

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age. Please note that if the authorised person is not a person indicated in the child’s registration form , staff will check before releasing the child.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Person 1* – Name | | |  | | | | |
| Relationship to child | | |  | | | | |
| Address |  | | | | | | |
| Daytime/work telephone | | | |  | | | |
| Home telephone | |  | | | | Mobile |  |
| *Person 2* - Name | | |  | | | | |
| Relationship to child | | |  | | | | |
| Address |  | | | | | | |
| Daytime/work telephone | | | |  | | | |
| Home telephone | |  | | | | Mobile |  |
| **Password for the collection of child by authorised persons** | | | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Session request** | | | | | | |
| **Preferred start date**: |  | | | | | |
| *Please tick the sessions you would like (we will do our best to accommodate these requests, based on ratios and staffing):* | | | | | | |
| Morning (9am – 12pm) | | □ Monday | □ Tuesday | □ Wednesday | □ Thursday | □ Friday |
| Afternoon (12pm – 3pm) | | □ Monday | □ Tuesday | □ Wednesday | □ Thursday | □ Friday |

**If your child is attending in the afternoon sessions don’t forget to bring a packed lunch for them or order hot meals through the school office.**