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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.**