



Orpington Montessori Preschool

01689 856066 / 07969 690293
rushmorehousemp@gmail.com
www.orpingtonmontessori.co.uk

32 Spur Road
Orpington
Kent, BR6 0QL



Registration Form

Child Details

Surname	Forename	Middle Name
Preferred Surname	Preferred Name	DOB
Gender	Religion	Position in the family (e.g. 2 nd of three boys)
Language Spoken at home	Other languages able to speak/ understand	
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		
Address if different from below		

Family Details

	Parent 1	Parent 2
Name		
Address		
Place of work		
Telephone		
Email		
Relationship to child		
	Does this parent have legal access to the child? Yes/No	Does this parent have legal access to the child? Yes/No

Emergency Contact (other than the Parents detailed above)

	Contact 1	Contact 2
Name		
Address		
Telephone		
Relationship to child		

Child Collection (Please provide photographs of people who will collect the child)

	Usual collector	Other collector
Name		
Password (if required)		
Relationship to child		
Further information		



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Other person(s) with legal contact – To be completed where those with parental responsibility are separated and an S8 is in place.

Name	
Address	
Place of work	
Telephone	
Email	
Relationship to child	

What are the contact arrangements that the setting needs to know about?

Child's Doctor

Name	
Address	
Telephone	

Special Needs and Disabilities

Does your child have any special needs or disability?

Physical Yes/No Sensory Yes/No Learning Yes/No
Behaviour Yes/No Speech or language Yes/No Other Yes/No

If you have answered yes to any of the above, please give details:

.....

Does your child have any special needs or disability? Yes/No

Details

Names of any professionals involved with child

Name 1 Role

Agency Tel

Name 2 Role

Agency Tel

Are there any Speech/Language Therapists who are involved with your child Yes/No



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Name Name

Immunisations and Vaccinations

Has the child been fully immunised against:				
Diphtheria <input type="checkbox"/>	Whooping Cough <input type="checkbox"/>	Tetanus <input type="checkbox"/>	Rubella <input type="checkbox"/>	
Polio <input type="checkbox"/>	Measles <input type="checkbox"/>	Mumps <input type="checkbox"/>	Hib Meningitis <input type="checkbox"/>	Other <input type="checkbox"/>
Please specify				

Two Year Old Check

Has this taken place, if so what was date (recorded in your child's red book)?

Does your child suffer from any known medical conditions, Allergies, special diet, health problems, birth marks or childhood illnesses? Yes/No
If Yes, please provide details:

Other Information

Any other information the Provider should know about the Child, e.g. Fears, dislikes, comfort items, special words.

Health Visitor (if applicable)

Name		Tel:
Address		

Social Care Worker (if applicable)

Name		Tel:
Address		

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

NB if the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child welfare file. Discuss these plans with designated child protection officer.

Any Other professional who has regular contact with the child? Yes/No

If Yes, give details:



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Other Pre-Schools or Settings

Does your child attend any other pre-school at the moment? Yes/No

If yes, please give details

Does your child attend any other setting (such as a day nursery or childminder)? Yes/No

If yes, please give details

If your child attends other settings including childminder, can we contact them directly to share information? Yes / No

Settling In

We will review your child's settling into preschool each week for the first four weeks and send this to you by email.

Please nominate the primary carer and email address for this first review:

.....

After this four week period we will invite you to meet with your child's Key Worker for a meeting to discuss how your child is adapting to preschool.

General Parental Permissions (Please read each section and sign individually)

To enable us to meet each child's individual needs, from time to time we may wish to speak to other professionals about your child e.g. a member of the Early Years and Childcare Team, a Health Visitor or area SENCO. We will always feedback any information to you. Additional permission will always be sought if further advice/action is required.

I consent to my child being discussed with other professionals and I also consent to observations of my child being recorded and photographs being taken.

Signed Date

Outings

Children may be taken on outings. The outings will be within walking distance of the Pre-School premises, vehicle transport will not be used. The outings will be part of our daily activity.

I give permission for my child to go on the outing described above. Yes / No

Signed Date

If there have been any legal proceedings over the care and custody of your child then please give details of the person who has the Legal Custody of your child.

Name: Relationship to child:



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In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital (or a medical centre) accompanied by a member of staff for emergency treatment and that health professionals are responsible for any decision on medical treatment in my absence.

Signed Print Name

Relationship to child Date

For Inhaler/Epipens ONLY

I give permission for a trained member of staff to administer the inhaler/Epipen or Anapen supplied by me to (name of child)

Signed Print Name

Relationship to child Date:

Photographs

As part of the on-going children's individual developmental records, staff regularly take photographs of the children during the session. These photographs are used for display and for your child's records within the setting. We may also record events and activities on video. Photos/videos are stored on the setting's computer only and they will be deleted periodically. If we would like to use any images of your child for publicity or marketing purposes, we will seek your written consent.

I give/do not give permission for (name of child) to have her/his photo taken or to be videoed as per the above conditions.

Signed Name

Relationship to child Date

Animals

We may occasionally have surprised visits of animals to our setting, we will ensure that the visiting pets are healthy and that animals showing any signs of disease will not be allowed in the Pre-School. A risk assessment will be carried out for the visiting animals, and a note will be put on the notice board. Please state below any known allergies or aversion your child has to animals.

Signed Name

Relationship to child Date



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Key Persons – Information for parents

Each child joining the setting will have a key person appointed to them. It will be the key person’s responsibility to ensure that your child receives the best possible care and attention whilst in our care and to ensure that their records are kept up to date. Your child’s key person may change as your child progresses through the setting. You will be notified of these changes. Your child’s key person is your first point of contact for anything you wish to discuss about your child. If the key person is not available, you can either discuss your concern with the manager or make an appointment to see the key person.

Terms and Conditions

Please sign below to confirm that you have received and accepted our terms and conditions. Please note that the preschool must be informed of any absences as soon as possible. Holidays longer than three weeks per term, requires permission from Bromley Early Years and FEE funding cannot be claimed over three weeks per term.

Before removing my child from the Preschool, I will either give a FULL term’s notice (14 school weeks, e.g. Autumn term 1st Sep – 31st Dec) in writing or pay the relevant fees in lieu of notice. I understand that if I choose to pay the fees for the notice period my child will not receive FEE (or other funding) and I will be paying the full fees FEE + additional time charge. We also require a term’s notice of any reduction in sessions in writing.

Example :- Spring term 14 weeks, Child attending 5 days a week - Full fees x 5 sessions x 14 weeks will be invoiced to you

Signed Name

Relationship to child Date

Policies

The preschool policies are all available on our website – www.orpingtonmontessori.co.uk, Please sign below to confirm that you have been provided with details of how to access the setting’s policies and procedures, including the information regarding sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent.

Signed Name

Relationship to child Date



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Please tick the appropriate box below. This information is required for Early Years annual return.

Ethnic Code

White	White British	WBRI	
	White Irish	WIRI	
	White Travellers of Irish Heritage	WIRT	
	White Others	WOTH	
	White Romany	WROM	
Mixed	Mixed White and Black Caribbean	MWBC	
	Mixed White and Black African	MWBA	
	Mixed White and Asian	MWAS	
	Mixed Others	MOTH	
Asian or Asian British	Asian Indian	AIND	
	Asian Pakistani	APKN	
	Asian Bangladeshi	ABAN	
	Asian Others	AOTH	
Chinese or Chinese British	Chinese	CHNE	
Any other ethnic group	Other Ethnic Groups	OOTH	

To be completed by the setting

Date Starting at this setting

Days and Times of attendance

.....

Has a risk assessment, if required, been completed? Yes/No

If Yes Name..... Date.....

Before starting at this pre-school, are any of the following in place for the child?

- Individual Educational Plans Yes/No
- Early Years Action Yes/No
- Early Years Action Plus Yes/No
- Statement of special Educational Need Yes/No

If the answer to any of the above is yes, what special support will the child require in our setting?