



Godshill
Primary School

Griffins Nursery

Early Years Foundation Stage

CHALLENGE ACHIEVE RESPECT ENJOY

REGISTRATION FORM 2023-2024

Please complete this form to register your child at the Pre-School.
All information is confidential and will not be passed on without prior consent.

Child's full name	
Known by name	
Date of Birth	
Child's Address	
	Post Code
Post Code	

Family/Guardian Information	
Mother's Name (if applicable)	
Address (if different from above)	
	Post Code
Email	
Date of birth (needed for funding purposes)	
National Insurance Number (needed for funding purposes)	
15/30 funding code if you have one.	
Telephone Numbers	Home:
	Mobile:
	Work:

Father's Name (if applicable)	
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Address: Godshill Primary School, School Road, Godshill, Isle of Wight PO38 3HJ **Ofsted URN:** 118159 **Telephone:** 01983 840246

School email: godshill@stenburyfederation.co.uk **Nursery email:** griffinspreschool@stenburyfederation **Website:** www.godshillprimaryschool.co.uk

facebook.com/godshillprimary.co.uk/ twitter.com/GodshillPrimary instagram.com/gods.hillprimary/



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Address (if different from above)		Post Code
Email		
Date of birth (needed for funding purposes)		
National Insurance Number (needed for funding purposes)		
Telephone Numbers		Home:
		Mobile:
		Work:
Do both parents have access to the child? If no, please give further details.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Who will usually collect your child? (i.e. Parent/Child-minder/ Grandparent)		Name:
		Telephone:
		Relationship:
Other trusted adults permitted to collect your child: (Persons authorised to collect the child must be over 16 years of age.)		
1) Name	Relationship	Telephone
2) Name	Relationship	Telephone
3) Name	Relationship	Telephone

Please note we will only let your child leave the premises with the people named above. If anyone different is coming to collect your child, please let us know by phone or with a letter of authorisation from yourself, plus a safe word to be used by the person collecting.

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Emergency contacts	
Name	
Relationship to child	
Telephone Numbers	Home:
	Mobile:
	Work:
Name	
Relationship to child	
Telephone Numbers	Home:
	Mobile:
	Work:

Religion	
Ethnic group	
<p>Are there any activities that you do not wish your child to take part in due to cultural/religious beliefs or any other reason? Please give details.</p>	

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Medical/Dietary Information	
Doctor	
Surgery	
Telephone	
Health Visitor Name _____ Telephone _____	
Do you give permission for your child to receive medical treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child allergic to anything? <i>(i.e. food/drinks/plasters, animals etc.)</i> Please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child on a special/restrictive diet? <i>(i.e. vegetarian, religious/cultural or medical)</i> Please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child on any medication? <i>(We can only administer prescribed medication. Please hand it to a member of staff for safekeeping, you will be required to complete medical information & consent forms.)</i> Please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child any additional needs? <i>(i.e. hearing/speech etc.)</i> Please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Is your child known to the Health visitor? If yes please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child known to the Early Years SEN support team? If yes please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child had a 2 year check?	Yes <input type="checkbox"/> No <input type="checkbox"/>
My child is 2 years old and has had ASQ3 check (2 year old check-up) with the health visitor If yes, I will provide the setting with a copy of the ASQ3	Yes <input type="checkbox"/> No <input type="checkbox"/>
When my child has the check I will provide a copy for the setting	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Information	
Is your child toilet trained? (Please bring spare nappies, wipes & nappy sacks for each time your child attends pre-school if they are not.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give permission for your child to be included in recorded observations for their on-line learning journeys?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give permission for staff to put sunscreen on your child? (Sunscreen to be provided by parents - please make sure it is free from any nut oils.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has / does your child attend any other pre-school / care provision? If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
I consent to my child have prescribed medicines administered by a member of staff if required?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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I consent to my child participating in off-site outings and have completed an EV3 trip form?	Yes <input type="checkbox"/> No <input type="checkbox"/>								
I consent to my child having their photograph taken for use in the setting and for publicity?	Yes <input type="checkbox"/> No <input type="checkbox"/>								
I consent to my child having emergency first aid administered by a member of staff in the setting and to seek medical advice or treatment as required?	Yes <input type="checkbox"/> No <input type="checkbox"/>								
<p>Children in family; Please list siblings/step siblings of child attending, and if they live at same address: (you do not need to give us this information if you prefer not to).</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;"></td> <td style="text-align: right;">Living with child</td> </tr> <tr> <td>Name DOB</td> <td style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Name DOB</td> <td style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Name DOB</td> <td style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>Please continue overleaf if you need more space.</p> <p>Professional Day carers have a duty to protect the children in their care and as such may seek further advice from professional outside agencies, where there is cause for concern, without prior consent.</p> <p>Pre-School Policies are available in the office. If your require copies of our policies please ask the pre-school manager.</p> <p>Please inform the pre-school manager if there are any changes within your home life that may affect the well-being of your child.</p>			Living with child	Name DOB	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name DOB	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name DOB	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Consent - We would like consent to take photos of your child, and use them in the ways we describe below. We never name children on public photographs.	
I am happy for the school to take photographs of my child.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for photos of my child to be used on the school website.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for photos of my child to be used by the local press on occasions.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for photos of my child to be used on the school's Facebook,	Yes <input type="checkbox"/> No <input type="checkbox"/>
Instagram and	Yes <input type="checkbox"/> No <input type="checkbox"/>
Twitter pages. (If applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for photos of my child to be used in internal displays.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent / Guardian Signature:	
Name:	
Date:	

For office use only	
Manager Authorised Hours/Days	Sign:
Paper work received	Date:

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