



Butterflies Pre-School Registration Form

Please use CAPITALS to complete this form

Child's Details			
First Name		Surname	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity (use code bottom of page)	
Address			
Postcode		Home Telephone Number	
Date of Birth		First Language	
Medical History		Does your child have any difficulties of disabilities?	
Has your child been immunised? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your child allergic to anything? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe If any outside agencies are involved please list here	
Religion (Please tick one) <input type="checkbox"/> Buddhist <input type="checkbox"/> Jewish <input type="checkbox"/> Other <input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> None <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Prefer not to say			
Doctors Name		Telephone Number	
Address		Ethnicity (use code bottom of page)	

Parent/Carer Details – Please include every parent and address (if different from the above)			
First Name		Surname	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Child	
Address			
Postcode		Home Telephone Number	
Mobile Number		Email Address	

Parent/Carer Details – Please include every parent and address (if different from the above)			
First Name		Surname	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Child	
Address			
Postcode		Home Telephone Number	
Mobile Number		Email Address	

Emergency contact details if different to the above	Name:	Contact Number:
	Relationship to Child:	
	Name:	Contact Number:
	Relationship to Child:	
	Name:	Contact Number:
	Relationship to Child:	

01	White British	06	Black African	11	Pakistani	16	Any Other Mixed Background
02	White Irish	07	Black Caribbean	12	Any Other Asian Background	17	Chinese
03	Gypsy / Roma	08	Any Other Black Background	13	White and Asian	18	Any Other Ethnic Background
04	Traveller of Irish Heritage	09	Bangladeshi	14	White and Black African	19	Prefer not to say
05	Any Other White Background	10	Indian	15	White and Black Caribbean		

Consent

I give permission for a first aider to administer first aid to my child should the need arise.

Print Name..... Signed.....

I permit a member of staff to apply sun ream from a named bottle of sun cream to my child (supplied by myself)

Print Name..... Signed.....

In the event of a "stranger" to the staff of Butterflies collecting my child, I understand that where at all possible I will endeavor to inform the Team Leader (Jeni) and I understand that a "stranger" must use my password to collect my child.

Password.....

Print Name..... Signed.....

I have read the policies of Butterflies Pre-School and Parent Pledge and will adhere to them.

Print Name..... Signed.....

I agree to all set out in the registration and confirm all the details are correct.

Print Name..... Signed.....

Please confirm start date and mornings/afternoons required

Start Date.....

Day	Morning	Afternoon
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

If at any point the above details change please inform us

Thank you

Butterflies Pre-School

Consent for information storage and information sharing:

By registering your child this form will be securely stored electronically which will be accessible to Butterflies Pre-School employees subject to your consent.

In order to provide the most appropriate support to your child, it may be necessary for us to share some of this information with other professional services. All information supplied is processed and secured stored in accordance with the General Data Protection Regulation, and we will only share the minimum information needed to enable those teams and or agencies to provide appropriate support. Your information will be kept for a maximum of seven years unless you revisit or withdraw your consent. You can withdraw your consent at anytime by contacting us.

In certain situations, Butterflies Pre-School may be required by law to share your information to prevent harm to your child. If there are any concerns about the safety and / or wellbeing of a child local safeguarding procedures will be followed.

I understand the information recorded on this form will be processed and stored in accordance with the General Data Protection Regulation; and will be accessible to Butterflies Pre-School, and used for the purpose of providing support services to me and my family.

Yes No

I have been informed, understand and agree that some of my/ my family's information may be shared with other professional services for the purpose of providing the most appropriate support to me and my family.

Yes No (opt-out, this may affect the level or type of support we can provide)

I would like to receive information about Butterflies Pre-School services by email.

Yes No (opt-out, this will not affect the level or type of support we can provide)

PRINT NAME:

SIGNATURE:

DATE: