

# St Mark's Church Pre-school

## Registration & Health Form

**Confidential**

<b>Child's surname</b>	
<b>Child's Christian names</b>	
<b>Address</b>	
<b>Home telephone number</b>	
<b>Date of birth</b>	

<b>Name of parent (s)</b>	
<b>Telephone contact during playgroup</b>	
<b>Alternative name &amp; telephone contact in case of emergency - neighbour etc.</b>	

Relevant family information (parents separated, court orders etc.)

On which days would you prefer your 2 sessions? -WE CANNOT GUARANTEE DAYS

Monday	Tuesday	Wednesday	Thursday	Friday
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### Medical Information

<b>Name of family doctor</b>	
<b>Address</b>	
<b>Telephone number</b>	

Has your child been vaccinated against? (Please tick)

Tetanus	Polio	Diphtheria	Whooping Cough	MMR (Mumps, Measles, Rubella)	Hib/ Meningitis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child suffer from? (Please tick)

Asthma	Hay Fever	Eczema
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have any other relevant medical conditions?

I give permission for photographs to be taken of my child/ren during Pre-school sessions. I understand that these will be used for observation, record keeping and evidence for educational inspections.

Yes/No

In the unlikely event of illness or accident I give my permission for any appropriate first aid treatment to be given by the nominated first aiders at St Mark's Church Community Centre.

Yes / No

In an emergency, and if I cannot be contacted, I give consent for my child to receive treatment by a GP and/or hospital. I understand that every effort will be made to contact me as soon as possible.

Yes / No

I give permission for my child to be observed for the purpose of pre-school development records

Yes/No

**Signed by parent/guardian** \_\_\_\_\_

**Signed by waiting list secretary** \_\_\_\_\_

**Date registration received** \_\_\_\_\_

**Date introduction and welcome pack issued** \_\_\_\_\_

## Questionnaire

Name of child \_\_\_\_\_

Here are a few questions which would help us at St Mark's Church Pre-school to get to know your child.

1. What is your child's favourite toy ?

2. What are your child's favourite food and drink ?

3. Does your child have any food allergies, if so which foods ?

4. Does your child have any special interests ?

5. Does your child do drawing at home? *(Please tick the correct answer)*

Most days

Two or three times a week

Sometimes

Not usually

6. Does your child use scissors ? *(Please circle the correct answer)* Yes / No

If yes *(Please tick the correct answer)*

Uses either or both hands

Uses right hand

Uses left hand

Not usually

7. Which hand does your child use most *(Please tick the correct answer)*

Right

Left

Equally left and right

8. Do you do any of the following at home with your child ? *(Please tick the correct answer)*

Glueing	Playdough
Cooking	Other
Painting	

**9.** Does your child enjoy outdoor activities ? *(Please tick the correct answers)*

Climbing frame	Bike
Swing	Tricycle
Ride on toys	Going for walks

**10.** Does your child spend any time during the week with other members of the family, such as grandparents, friends, or a childminder? Please tell us.

**11.** Does your child go to any other groups such as mother and toddler, nursery, tumble tots ? Please state which groups are attended and on which days.

**12.** Is there any other information which you would like us to know, such as illness in the family which might affect your child ?

Thank you for completing this form, the answers will help us to ensure that we best meet the needs of your child. All information is confidential.