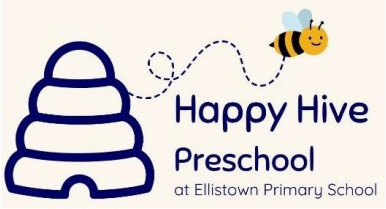

REGISTRATION FORM

Please complete all sections of this form in block capitals. All information provided is strictly confidential and managed in accordance with UK GDPR.

1. Child's Details

- **Full Legal Name:** _____
- **Name Known As (if different):** _____
- **Date of Birth:** DD / MM / YYYY _____
- **Gender:** Male Female Prefer not to say
- **Home Address:** _____
  _____
- **Postcode:** _____
- **Language(s) Spoken at Home:** _____
- **Ethnicity:** _____
- **Religion:** _____

2. Parents, Guardians, and Emergency Contacts

Parent/Guardian 1 (Primary Contact)

- **Full Name:** _____
- **Relationship to Child:** _____
- **Do you have legal parental responsibility?** Yes No
- **Address if different from the child:** _____
  _____
- **Home Telephone:** _____
- **Mobile Number:** _____
- **Email Address:** _____
- **Occupation**:_____
- **Work Number:** _____

Parent/Guardian 2

- **Full Name:** _____

- **Relationship to Child:** _____
- **Do you have legal parental responsibility?** Yes No
- **Home Telephone:** _____
- **Mobile Number:** _____
- **Email Address:** _____
- **Address if different from the child:** _ _____

  _____
- **Occupation:** _____
- **Work Number:** _____

Alternative Emergency Contact (Must be someone other than parents)

- **Full Name:** _____
- **Relationship to Child:** _____
- **Mobile Number:** _____
- **Address :** _____
- **Password for Collection (Required for security):** _____

3. Medical and Health Information

- **Doctor's Name & Surgery:** _____
- **Surgery Address & Postcode:** _____
- **Surgery Telephone:** _____
- **NHS Number (if known):** _____
- **Does your child have any known allergies or intolerances?** [ ] Yes [ ] No
  - *If yes, please provide details:* _____
- **Does your child have any regular medical conditions or dietary requirements?** Yes No
  - *If yes, please provide details:* _____
- **Are your child's immunisations up to date?** Yes No

4. Sessions Required

Please tick the sessions you would like to request for your child. (We have a minimum booking policy of two sessions (6 hours) per week)

Day	Breakfast Club*	Morning Session (8:30–11:30)	Lunch Club (11:30-12:00)	Afternoon Session (12:00–15:00)	After Preschool

	(07:15-08:30)				Club* (15:00-17.45)
Monday	[ ]	[ ]	[ ]	[ ]	[ ]
Tuesday	[ ]	[ ]	[ ]	[ ]	[ ]
Wednesday	[ ]	[ ]	[ ]	[ ]	[ ]
Thursday	[ ]	[ ]	[ ]	[ ]	[ ]
Friday	[ ]	[ ]	[ ]	[ ]	[ ]
*Please complete actual times required to the nearest 15 minutes					

- **Expected Start Date:** DD / MM / YYYY _____
- **Are you eligible for/claiming UK Government Childcare Funding?** Yes No
    - *If yes, please provide your 11-digit eligibility code:* _____
    - 15/30
    - Are any of these hours used at another provision Yes No
    - If Yes, please give details of setting and hours claimed;

      _____

5. Hive Plus – Enriching the Preschool Experience

Whilst funding supports part of your child's place, it does not cover everything. To continue offering high-quality care, we ask for a £2.00 contribution per session towards daily essentials and extra services that help us create a warm, engaging and nurturing high quality preschool experience. Things like;

- Fresh healthy snacks
- Enrichment activities such as Forest schools, Sports Coach sessions, special visitors
- Enrichment sessions such as; yoga, food tasting and cooking
- Access to the school's adventure trim trail and nature garden
- Spare clothes, wellingtons and waterproofs
- Nappies and baby wipes
- Parties and seasonal celebrations
- Parents Evenings and events
- Access to digital updates and online learning journeys as well as photographs of your child to keep

I wish to opt my child out of Hive Plus [ ]

6. Consents and Permissions

Please initial the boxes below to indicate your consent:

- [___] **Medical Treatment:** I give permission for preschool staff to administer basic first aid and, in an emergency, seek professional medical advice or take my child to the hospital.
- [___] **Outings:** I give permission for my child to take part in local, supervised short walks and outings.
- [___] **Photographs:** I give permission for photographs/videos of my child to be taken for internal learning journeys (e.g., Tapestry).
- [___] **Social Media:** I give permission for photographs of my child (where they cannot be directly identified) to be used on the preschool's official website/social media.
- [___] **Sun Cream:** I give permission for staff to apply preschool-provided (or parent-provided) sun cream.

7. Declaration & Signatures

By signing below, I confirm that all the information provided on this form is accurate to the best of my knowledge. I understand that I must notify the preschool immediately of any changes to this information. I have read, understood, and agreed to the preschool's Terms and Conditions and Safeguarding Policies.

- **Parent/Guardian Signature:** _____
- **Print Name:** _____
- **Date:** DD / MM / YYYY _____