

# TRIANGLE PRE-SCHOOL

THE PAVILION, PEARTREE PARK  
THE RIDINGS, SHEPHALL,  
STEVENAGE  
HERTS  
SG2 9UA  
01438 488015

## CHILD RECORD FORM:

Child's First Name: \_\_\_\_\_

Child's Middle Name: \_\_\_\_\_

Surname registered at birth: \_\_\_\_\_

Surname being used at present (if different from the above): \_\_\_\_\_

Chosen name (nick name): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Gender: Male  Female

### Siblings:

Names, ages & schools attending

\_\_\_\_\_

\_\_\_\_\_

Religion: \_\_\_\_\_

Ethnic Origin: (please see additional sheet) \_\_\_\_\_

Language Spoken At Home: \_\_\_\_\_

Person who has parental responsibility:

\_\_\_\_\_

Parent/Guardian/Carer (1): \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Post Code: \_\_\_\_\_

Place of work: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian/Carer (2)** \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Post Code: \_\_\_\_\_

Place of work: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Person (1):** \_\_\_\_\_

**(must be over 18 years of age)**

Relationship to child: \_\_\_\_\_

Tel. No: \_\_\_\_\_

**Emergency Contact Person (2):** \_\_\_\_\_

**(must be over 18 years of age)**

Relationship to child: \_\_\_\_\_

Tel. No: \_\_\_\_\_

**Doctor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Health Visitor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Are there any professionals/agencies involved/working with you and/or your child/family?**

**YES**  **NO**

**If yes please give details:**

\_\_\_\_\_

**Do you/your and your child/family have a social care worker for any reason? YES**  **NO**

**If yes please give details:**

\_\_\_\_\_

**Has your child any special medical condition? (E.g. Asthma, Diabetes)**

**If yes please give details:**

\_\_\_\_\_

**Has your child any special needs or disabilities? YES**  **NO**

**If yes please give details:**

\_\_\_\_\_

Has your child any allergies/special dietary requirements/preferences? YES  NO

If yes please give details:

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Has your Child had any of the following infectious illnesses?

Measles: YES  NO  German Measles: YES  NO  Mumps: YES  NO   
Chicken Pox: YES  NO  Whooping Cough: YES  NO

Has your child had the full quota of vaccinations? \_\_\_\_\_

In an Emergency would you have any objection if the doctor was contacted before you?  
YES  NO

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Parents/Carers are always welcome with-in the Pre-School, do you have any experience that you could contribute to Triangle Pre-School e.g. cooking/baking, cultural, musical, career, if so please give details:

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**PLEASE READ AND COMPLETE WHEN YOUR CHILD STARTS THE PRE-SCHOOL**

I agree \_\_\_\_\_ may leave the Pre-School premises for outings within Peartree Park.

I give/do not give my permission for photos to be taken of my child for use in Triangle Pre-School and their Web Page.

I do/do not give my permission for any information concerning my child to be passed onto the relevant professionals involved with my child.

I do/do not agree for any information regarding my child to be shared with other professionals working with Triangle Pre-School.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understood and will abide by the Pre-School Policy & Procedures

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

PLEASE NOTE TRIANGLE PRE-SCHOOL FEES ARE TO BE PAID DAILY/WEEKLY.  
FEES ARE TO BE PAID WHEN YOUR CHILD IS ABSENT FROM PRE-SCHOOL (THIS INCLUDES SICKNESS AND HOLIDAYS) IF FEES ARE OVERDUE WE HAVE THE RIGHT TO REFUSE ENTRY INTO THE PRE-SCHOOL UNTIL THE FEES ARE PAID UP TO DATE.

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_