

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:

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:

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: _____