



**ACORN PLAYGROUP & PRE-SCHOOL**  
**REGISTRATION FORM**



Date form returned:

£25 Registration Fee enclosed

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

PARENT'S / CARER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

HOME TELEPHONE NO. \_\_\_\_\_ WORK NO. \_\_\_\_\_

EMAIL ADDRESS HOME \_\_\_\_\_

EMAIL ADDRESS WORK \_\_\_\_\_

**PREFERRED STARTED DATE**  
[Children can start any term after their 2nd birthday]

SEPTEMBER  NOVEMBER  JANUARY  MARCH/APRIL  JUNE

EMERGENCY CONTACT NO. 1. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

EMERGENCY CONTACT NO. 2. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

DOCTOR'S NAME & ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

HEALTH VISITOR \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY \_\_\_\_\_ POSITION \_\_\_\_\_

MEDICAL HISTORY (Immunisations & other relevant information) \_\_\_\_\_

WAS YOUR CHILD BORN PREMATURELY? YES / NO

IF YES BY HOW MANY WEEKS? \_\_\_\_\_

ANY OTHER INFORMATION CONCERNING YOUR CHILD? E.g. food allergies, plasters, speech or hearing difficulties?

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE HALF A TERMS NOTICE MUST BE GIVEN SHOULD YOU WISH YOUR CHILD TO LEAVE ACORN.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Please complete all sections marking "not applicable" as necessary and **return with a non-refundable Registration Fee of £25** to the address below. Cheques should be made payable to "Acorn Playgroup/Pre-School".

A confirmation of receipt will be sent within 2 weeks (term time only) and a confirmation of acceptance to Acorn or not, no later than 4 weeks before term start.

All details provided above will be treated as strictly confidential and in accordance with the Data Protection Act 1998.

Acorn Playgroup and Pre-School, Oaklands School, Great North Road, Oaklands, Welwyn, Herts, AL6 0PX Telephone 01438 840132 Email: [Acorn.playgroup.preschool@googlemail.com](mailto:Acorn.playgroup.preschool@googlemail.com)

Registered Charity number 1054698

[www.acorn-playgroup.co.uk](http://www.acorn-playgroup.co.uk) [www.acorn-preschool.co.uk](http://www.acorn-preschool.co.uk)



**INTERNAL USE ONLY**



[Top section to be completed by teachers on receipt of a completed form]

REGISTRATION FEE RECEIVED	<input type="text"/>
FEE PASSED TO TREASURER <small>(please ensure you write on the back of the cheque the childs name &amp; 'Registration Fee')</small>	<input type="text"/>
COPY OF REGISTRATION FORM PASSED TO REGISTRAR <small>(please copy both sides of the form - permission form not required by registrar)</small>	<input type="text"/>
CHILDS ALLERGIES RECORDED	<input type="text"/>
PERMISSIONS FORM FILED	<input type="text"/>
START DATE	<input type="text"/>

[Section below to be completed by Registrar on receipt of a copy of a completed form]

DATE COPY FORM RECEIVED BY REGISTRAR	<input type="text"/>
Acknowledgement of Registration form letter sent? <input type="checkbox"/>	Date Letter Sent: <input type="text"/>
<b>Enter following details on to Waiting List Spreadsheet</b>	
Childs Details <input type="checkbox"/>	Reg. Fee Rec'd Y/N <input type="checkbox"/>
Parents Details <input type="checkbox"/>	
If no registration fee recieved, Request fee letter sent? <input type="checkbox"/>	Date Letter Sent: <input type="text"/>
<b><u>New starters (children 2yrs or older)</u></b>	
Letter offering place at Acorn sent? <input type="checkbox"/>	Date Letter Sent: <input type="text"/>
Letter for Coffee Morning sent? <input type="checkbox"/>	Date Letter Sent: <input type="text"/>
	Start Date: <input type="text"/>
	Coffee Morning on: <input type="text"/>



# ACORN PLAYGROUP & PRE-SCHOOL



## PERMISSIONS FORM

**CHILD'S NAME**

**MEDICAL**

Do you give permission for you child to be taken to hospital in an emergency?  YES /  NO

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**WALKS**

Do you give permission for you child to accompany us on short walks etc? (notification will be given in advance wherever possible).  YES /  NO

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**PHOTO'S**

Do you give permission for your child's photo to be taken?  YES /  NO

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**OBSERVATIONS**

Do you give permission for observations and records to be kept of your child's developmental progress.  YES /  NO

// We understand that these records and observations will not be accessible to any unauthorized person or agency.

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**CHANGING NAPPIES**

Do you give permission for a member of staff to change your child's nappy as and when required?  YES /  NO /  Not Applicable

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**RECORDS**

Do you give permission for copies of your child's records to be passed to their next teacher.  YES /  NO

// We do understand that we can ask to see the records that are being passed on.

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**PARENT'S / CARER'S NAME**

**SIGNED**  **DATE**

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