



# Hoole St Michael CE Primary School

Liverpool Old Road, Much Hoole, Preston, Lancashire PR4 5JQ

## Hoole's Honeybees Registration form

If it would be helpful, the School Bursar will be happy to assist you to complete this form.

### Basic details

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_

Name known as \_\_\_\_\_ Gender (male or female) \_\_\_\_\_

Address \_\_\_\_\_

Name of Mother \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Does this parent have parental responsibility? Yes/No (delete)

Name of Father \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Does this parent have parental responsibility? Yes/No (delete)

### Emergency contact details

Parent 1 - Work/daytime contact number \_\_\_\_\_

Parent 2 - Work/daytime contact number \_\_\_\_\_

Any other emergency contact numbers \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_



**Persons authorised to collect the child (must be over 16 years of age)**

Name	_____	Relationship to child	_____
Telephone	_____	Mobile	_____
Name	_____	Relationship to child	_____
Telephone	_____	Mobile	_____

**Persons authorised to collect the child (must be over 16 years of age)**

Name	_____	Relationship to child	_____
Telephone	_____	Mobile	_____
Name	_____	Relationship to child	_____
Telephone	_____	Mobile	_____

**Persons authorised to collect the child (must be over 16 years of age)**

Name	_____	Relationship to child	_____
Telephone	_____	Mobile	_____
Name	_____	Relationship to child	_____
Telephone	_____	Mobile	_____

**Personal details of child**

Does your child have any special dietary needs or preferences? Yes/No (delete)

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family?

\_\_\_\_\_



Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

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What language(s) is/ are spoken at home \_\_\_\_\_

If English is not your child's first language, discuss and agree with the key person how you will support your child when settling-in:

Date set for meeting .....

Does your child have any special needs or disabilities? Yes/No (delete)

Details \_\_\_\_\_

Are any of the following in place for your child:

Early Years Action?	Yes/No (delete)
Early Years Action Plus?	Yes/No (delete)
Statement of special educational need	Yes/No (delete)

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Please detail any relevant background information including special instructions, allergies, disabilities etc. This could include anything that would help us to meet your child's needs.



### Names of professionals involved with child

Doctor	_____	Name	_____
Surgery	_____	Telephone	_____
Name 2	_____	Role	_____
Agency	_____	Telephone	_____
Name 3	_____	Role	_____
Agency	_____	Telephone	_____
Do you have a health visitor?		Yes/No (delete)	_____
Name	_____	Based at	_____
Telephone	_____		_____
Does your family have a social care worker?		Yes/No (delete)	_____
Name:	_____	Based at:	_____
Tel:	_____		

I ....., Grant the Headteacher at Hoole's Honeybees Playgroup permission to contact any of the professionals above regarding my child's welfare.

Signed ..... Date .....

### Statement by contracting Parent / Guardians

1.I hereby permit Hoole's Honeybees Playgroup to authorise any emergency treatment to my child including if necessary transportation to hospital and subsequent treatment until the parent/Guardian can attend. (Every possible effort will be made to contact a parent / guardian before this authorisation is brought into effect.)

Yes/No (delete)

2. I hereby permit Hoole's Honeybees to take my child off the premises to visit the local community

Yes/No (delete)



3. I hereby authorise the persons listed under Emergency Contacts to collect my child in an emergency

Yes/No (delete)

4. I hereby authorise a first aider to apply a plaster to my child in the event of minor injury

Yes/No (delete)

5. I consent to my child being photographed for Playgroup displays

Yes/No (delete)

6. I consent to my child being photographed for staff training purposes. (Quality mark, learning journey's)

Yes/No (delete)

7, I hereby consent to a member of staff applying suntan cream to my child.  
*(Please refer to suntan cream policy)*

Yes/No (delete)

8, I hereby consent to my child being photographed/filmed for Hoole St Michael C E School website.

Yes/No (delete)

Parent / Guardian signature .....

Print Name .....

Date .....



## Equalities monitoring form

Ethnicity, where collected, should be recorded according to the following categories:

### White – British

- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background


### Mixed – White and Black Caribbean

- White and Black African
- White and Asian
- Any other mixed background


### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background


### Black or Black British

- Caribbean
- African
- Any other Black background


### Chinese

- Chinese

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### Any other ethnic background

- Please state \_\_\_\_\_

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A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need

Early Years Action

Early Years Action Plus

Statement


Providers should refer to the SEN Code of Practice for an explanation of the terms above.