

Date

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3 year old funding (if applicable)

Tick here

Preschool

THANK YOU for choosing The Treehouse Club for your child's first steps into education. Please complete the following form in BLOCK CAPITALS and return it to The Treehouse Club to register your child. Should any changes arise then please inform us as soon as possible.

This form should be accompanied by a copy of your child's birth certificate.

CHILD DETAILS First and Surname Male Child's first and surname Female DOB Known Child's DOB Known by name Address Home Address Address Postcode Nationality Religion Origin Religion Ethnic Origin Nationalitu Languages Spoken Languages If English is not the primary language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes No Please provide a password to be used when calling the preschool to talk about your child. If someone else will be collecting your child, please ensure you tell us beforehand and provide their full name. They will also need to provide the password below and we will verify his/her identity when collecting your child. If staff are unsure whether the person coming to collect your child is authorised, they will not allow your child to leave preschool until they have contacted you to obtain your consent. PASSWORD

BOOKING DETAILS

Your Preferred Setting (please tick one)	Dollymans Farm, Wickford Badgers	Langham Hall, Billericay			s Hall, y		St Nicholas Church Hall, Ingrav	/e	Great Toth Maldon	Great Totham, Maldon	
Your Preferred Start Date	Date					Sibling [Discount (if applies	s)	Tick here		
Preschool Sessions (tick as r	equired)		Monda	J	Tuesdo	y	Wednesday	Thu	ursday	Friday	
Early Start (9:15am - 9:30am Quilter's Hall, Billericay only)										
Preschool Day (9:30am - 3:3	50pm)										
Preschool AM (9:30am - 12:3	0pm)										
Preschool PM (12:30pm - 3:3	0pm)										
Please Note: All bookings are required across a r	minimum of 2 days pe	r week.					2 year old fu	unding (if	applicable)	Tick here	

Wickford Badgers, Langham Hall, Ingrave, Quilter's Hall and Great Totham Preschools are term-time only.

2 years and above - full day, AM & PM sessions available. No all AM or all PM bookings accepted, they must be a mixture.



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PARENT/CARER DETAILS 1

Parent/Carer Full Name	First and Surname				
Parent DOB	DOB				
Home Address (in full)	Address				
	Address	Postcode			
Telephone Contact	Home Tel	Mobile	Insert Photo of Parent/Carer 1		
Occupation	Occupation Work Tel				
Email	Email	Emoil			
Relationship to Child	Relationship	National Insurance No.			
National Insurance Number: Please tick the box if you allow us to use your National Insurance Number to check if your child is eligible for Pupil Premium Funding.					
Which is the main contact you would like us to use? Home Work Mobile					

PARENT/CARER DETAILS 2

Parent/Carer Full Name	First and Surname				
Parent DOB	DOB				
Home Address (in full)	Address				
Tick here if the same as Parent 1	Address				
Telephone Contact	Home Tel	Mobile	Insert Photo of Parent/Carer 2		
Occupation	Occupation	Work Tel			
Email	Email				
Relationship to Child	Relationship National Insurance No.				
National Insurance Number: Please tick the box if you allow us to use your National Insurance Number to check if your child is eligible for Pupil Premium Funding.					
Which is the main contact you would like us to use? Home Work Mobile					

PARENT/CARER RESPONSIBILITY & LEGAL CONSENT

Does parent/carer 1 have parental responsibility?	Yes	No	Does parent/carer 1 have legal responsibility?	Yes	No
Does parent/carer 2 have parental responsibility?	Yes	No	Does parent/carer 2 have legal responsibility?	Yes	No
Is there anybody that is NOT allowed to pick up or see the child stated in the application form for legal reasons? Name:					
Optional (Additional Comments)					

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EMERGENCY CONTACT DETAILS A

Parent/Carer Full Name	First and Surname		
Telephone Contact	Home Tel	Home Tel Mobile	
Work & Work Tel	Work Work Tel		Insert Photo of Emergency Contact A
Relationship to Child	Relationship		

EMERGENCY CONTACT DETAILS B

Parent/Carer Full Name	First and Surname		
Telephone Contact	Home Tel Mobile		Insert Photo of Emergency
Work & Work Tel	Work Tel		Contact B
Relationship to Child	Relationship		

HEALTH & MEDICAL DETAILS

GP's Name	GP			Practice Name		Practice
Address	Address			Town/City		Town
Postcode	Postcode			Telephone		Tel
Are your child'	s immunisations up to date?	Yes	N	۸o	Comment	
Does your child have any medical conditions?		Yes	N	No	Comment	
Does your child have any long-term medication?		Yes	N	No	Comment	
Does your child have any non-food related allergies or phobias?		Yes	N	No	Comment	
Does your child have any dietary requirements (incl. food allergies, intolerances, preferences?)		Yes	N	٩o	Comment	
Does your child suffer from any previous injury or illness that re- quired hospitalisation or continued medical treatment?		Yes	N	٩o	Comment	
Are there any other agencies working with your child and/or family?		Yes	N	No	Comment	
Is your child st	ill in nappies?	Yes	N	No	Comment	



Preschool

SPECIAL EDUCATIONAL NEEDS & DISABILITIES

Does your child have any special educational needs or disabilities?				Yes	No	
If yes, please provide us with details of these.						
Will they require any special assistance within the setting?	Yes	No	Comm	ient		
Is there an Early Years Action Plan in place?		No	Comm	lent		
Is there an Early Years Action Plan PLUS in place?		No	Comm	ient		
Is there a 'Statement' in place?		Yes No Comment				
Is there any other professionals who have contact with your child?		No	If YES,	please fill out below		
Full Name First and Surname		Role		Role		
Agency		Contac	t Tel	Tel		

We reserve the right to retract or defer a child's place at any time if any medical or additional needs condition is not disclosed in advance of the child's start date and we deem that the wellbeing for the child could be affected.

PERMISSIONS

As part of our provision of childcare, we would like to understand your preferences / get your permission on a range of points, covering your child's wellbeing and the service we provide, your personal data and our marketing for the settings. This form sets out those requests and we would kindly ask that you complete the form by **TICKING** your <u>preferences for all the categories</u> below.

EDUCATION & PRESCHOOL INFORMATION			
Short outings and walks in the local area	Sharing with other providers or schools, information on your child including learning and development		
The woods are an integral part of our learning setting and these will be used on a daily basis. In addition to this, we may take the children on external trips to local parks, amenities and other venues that are of benefit to their learning. All of our trips are risk assessed and these assessments are available for your viewing. All parents are advised in advance of any external trip taking place, by email.			

HEALTH & WELLBEING Administration of sun cream Administration of emergency medication

PHOTOGRAPHY & IMAGES

We often take photos and images in our settings for various internal purposes as well as documenting your child's learning journey. Please can confirm if you are happy for us to store and use such images. The Treehouse Club retains ownership of marketing material. If the consent is changed at a future date; Treehouse Club is responsible for any photos/marketing used moving forwards. However, The Treehouse Club and sister companies are not responsible and cannot backtrack on previously used photos when permissions were granted and subsequently changed. This consent grants usage for the Treehouse Club and associated sister companies.

I give consent for my child to appear in:

Displays and other internal documents in the Setting	Group Photos on Famly (Online Learning Journal) which may therefore be seen by other parents/carers		
External Photos, Videos and other Marketing including our	External Photos, Videos and other Marketing including other		
Facebook Page and other Social Media Sites	Social Media Sites for our sister companies		

Nursery | Preschool | Before & After School Club | Holiday Club

The Tree House Premier Child Care Limited - Company Number: 07562747 (Doc. V1 April 2023)

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Name



CHILD REGISTRATION FORM

Preschool

CONSENT

Please accept this form as my application to REGISTER my child named below at The Treehouse Club Preschool & Nursery (also known as The Tree House Premier Child Care Limited)

Child's	Name
Crinici S	TACHIC

I commit to give written notice to the Preschool of any change in the information provided in this document. I confirm that I have read The Treehouse Club's Policies and Procedures. These documents are available on the Treehouse Club website. Please tick to confirm.

I understand that my child's place can not be confirmed until all required documentation for registration is submitted as well as the prepayment of the registration fee. Please note that the registration fee is non-refundable. Please tick to confirm.

The Treehouse Club prides itself with their working relationship with parents and the local community, any issues will be dealt with promptly and professionally following our complaints procedure, we reserve the right to give notice on any place, if posts that could be detrimental to the company are posted on social media or review platforms. Please tick to confirm.

In event of a medical emergency, we will endeavour to contact you as parent, carer and/or named emergency contact using the information you provided to us in your Registration form. If we are unable to, for the safety of your child, it may be necessary to accompany the child to hospital. In relation to this, we require your child's full name and DOB to be listed on the daily register, emergency contact details to be stored and taken off-site where necessary. Please tick to confirm.

IO BE SIGNED BY PAKEN I/CAKEK I:					
Name	Relations	nship to child			
Signature	Date				
TO BE SIGNED BY PARENT/CARER 2:					
Name	Relations	nship to child			
Signature	Date				
PAYMENT OPTIONS					
Once registered, our invoice will be emailed to the lead parent on this registration form.	s	We accept childcare vouchers . Please ask our head office or Setting Manager for details relating to your specific provider.			

The invoice will include our bank details and all information.

for details relating to your specific provider.

Payments can also be made through the Government Tax Free Childcare Scheme - Please provide us with your child's unique reference number, so we can ensure payments are correctly allocated.

KIT LIST

The Treehouse Club is unlike any other preschool and whenever possible we will be out with the children enjoying our beautiful woodlands, on trips and having great adventures. We have a required kit-list for all children, to ensure they enjoy the Club's numerous activities in comfort. We have an online shop if parents and carers would like to purchase various items of clothing and accessories. Please ensure that any clothing items and wellies are NAMED.

STANDARD KIT BAG (to be used daily) Small back-pack with complete change of clothes, wellies (boots), plimsolls, sun cream (weather permitting).

SEASONAL EXTRAS

SUMMER: Sun hat must be included in daily back-pack. WINTER: Warm jumper, waterproof winter coat, gloves, scarf and winter hat.

Please note: We do not take any responsibility for loss or damage to any items that are brought into the Setting(s), including all clothing and footwear.