



Fusion Pre-School Southdown Registration Pack: **Sept 2026-July 2027**

Thank you for choosing Fusion Pre-School Southdown. Please complete this registration pack carefully and in full.

Incomplete packs will not be processed and will be returned to you.

There is a lot of information in this pack. Should you have any more questions then please get in touch. If you run out of room on any page, please go on the back or supply additional sheets.

- Page 2/3-** Personal Information & Emergency Contacts
- Page 4-** Medical information form
- Page 5-** Important information about me
- Page 6/7-** Consent
- I know that I will be invoiced separately for Fusion's Non-Refundable administrative fee (for fee paying parents only) in the sum of £50.00 on receipt of my completed Registration Pack.
- As the Parent/Carer of the child/ren referred to in this pack, I confirm that the information I have given is correct to the best of my knowledge. I will inform Fusion Pre-School if any of this information changes.

Signed (Primary Parent/Carer)

Print Name

Date

Fusion Pre-School Children Only

Private & Confidential Information - Personal Information & Session Times			
Child 1	<i>Please attach recent current headshot passport size photo that fits into this box.</i>	Full Name	
		Preferred Name	
		Date of Birth	
Child 2	<i>Please attach recent current headshot passport size photo that fits into this box.</i>	Full Name	
		Preferred name	
		Date of Birth	

Ethnic Origin		Home Language	
Nationality		Religion	

Fusion Pre-School Children

SESSION TIMES AND FEES: Please note: a £50 Administration fee per child is payable when a child starts Fusion Pre-School. Session fees quoted are per child. For further sessional information, retainer, cancellations, late pick up, please see our **Sessional Policy**.

Please Note – 15 hours funded hours can ONLY be used for our Core Session (8.45am-11.45am) 30 hours funded can be used for our core session and Lunch Club (11.45am-1.15pm)

Session and Fee	Monday	Tuesday	Wednesday	Thursday	Friday
Core Session 8.45am-11.45am (£39.95)					
Lunch Club 11.45-1.15pm (£18)					
Please note Lunch Clubs need to be pre-booked and additional lunch clubs are subject to availability.					

Private & Confidential Information - Emergency Contacts				
Child/ren's Home Address:				
Primary Contact E-mail (will receive invoices and all communication):				
Secondary Contact E-mail:				
Circle what the Secondary email wants to receive.	Invoices	Newsletter	All day-to-day emails	Nothing

(please note e-mail address/es provided must be checked regularly).

If an emergency occurs at Pre-School, it is essential that we can contact someone. Parents/carers with Parental Responsibility should list themselves as the primary and secondary contact. Your emergency contacts must be able to get to Fusion in the case of an emergency, so **must be local**.

You must have **4 contacts** and each contact where possible will have **two contactable numbers** and must include their **place of work/location and Company, ie WFH VODAFONE**.

	Name	Relationship to child	Phone Numbers	Place of work Company name and full address- if WFH please state
Primary contact			Home: Mobile: Work:	
Secondary contact			Home: Mobile: Work:	
Third contact			Home: Mobile: Work:	
Fourth contact			Home: Mobile: Work:	

Who has parental responsibility (PR) for your child/ren? _____

Under the Children Act 2004 it is necessary for Fusion Pre-School to know who has PR for your child/ren.

Family Password: We require you to set up a **memorable** password with Fusion. Anyone who is collecting your child/ren who is not recognised by a member of staff, will be respectfully challenged and asked for the password and requested to show photo ID. We may also telephone you for authorisation. Any person collecting your child/ren **MUST** be over 18 years of age. **DO NOT** tell your child/ren your password.

Our Family Password is:

Private and Confidential Information -Medical Info		
Name/s :	Child 1:	Child 2:
Doctor's Name Practice Address Phone number		
Childs NHS Number: Is your child eligible for EEF (2/3 year old funding)? 15 hours - 30 Hours -		
Special Dietary Needs: Cultural/ Allergies/ Dietaries -Does your child need help with eating or drinking?		
Allergies/ Medication: (A meeting with the Manager will be arranged). Any allergies? (what treatment is required? i.e. auto injector, inhaler, specific medication) If your child has an epi-pen or requires specific prescription medication, then you will need to complete a ' Permission to Administer ' form. Please see our 'Administering Medication Policy'. Any long - term medication will require a 1:1 meeting with the Manager whereby an agreed Care Plan will be put into place.		
Health and Medical Conditions: Any health conditions medical requirements, disabilities, behaviours or impairments?		
Has your child had a Tetanus injection?		
Does your child have Health Visitor – if so who?		
Communication Needs: Speech, signing, pointing, picture boards, facial expressions etc. How does your child show emotion?		
Toileting: Any specific care requirements when using the toilet? Will your child need personal care provided; nappy changing		
Mobility: Does your child/ren need any support with mobility?		
Behaviour: Does your child have any additional needs? If so, please speak to the Manager as we require shared access to any existing IEP's and Care Plans. If necessary, a Behaviour/Risk Management Care Plan will be implemented by Fusion following a 1:1 meeting. Does your child show any challenging behaviour? Does your child get distressed easily? Are there any known triggers?		
Any other relevant information? Are there any other professionals involved with your child/ren?		

Important Information About Me:		
Name/s :	Child 1:	Child 2:
My favourite thing to play with is:		
Things I like to do/play are:		
My favourite food is: I don't like to eat:		
Things I don't like to do are:		
Important people in my life are:		
I live with ...		
Other settings/playgroups or activities i have been too:		
What the Pre-School staff can do to help me settle:		
Important celebrations/festivals in my life:		
Words, gestures or language I might use that are important to me (but might be difficult for you to understand):		
If I am upset I like..(for example to be held, to soothe by myself, comforter?):		
Other things I would like you to know about me:		
Do you have any concerns about your child/ren starting Fusion, or are there any areas that they require help with? Is there anything that you are aware of that might make it difficult for your child to settle at Fusion (eg recent changes at home)? Any additional information that we should know about.		

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Private and Confidential Information – Medical information		
Please add your child/ren’s name/s in the first row. Name/s:	Child 1:	Child 2:
Photographs - Take photographs/digital images and videos of my child/ren that will be used for Internal Purposes, ie noticeboards, photo albums, displays and External Purposes, ie Pre-School’s website/ open Facebook Page.	Yes/No	Yes/No
Off Site – To support our topics, a small group of children will leave the premises (with appropriate adult supervision) We regularly go for woodland walks to our Allotment and Forest School sessions. I/We consent to Fusion Pre-School including my child in daily outings without prior notifications.	Yes/No	Yes/No
Funding - I/We understand that if eligible for 15 hours Government funding, this can only be utilised for Pre-Schools Core sessions (8.45am-11.45am) and additional sessions are chargeable. 30 hours can be utilised for lunch club sessions. (11.45am – 1.15pm)	Yes/No	Yes/No
Sharing information with other childcare professionals - To ensure a holistic overview of each child is considered good practice to share information regarding children’s progress. I consent to Fusion Pre-School sharing information with other childcare professionals and sharing your child’s information to your child’s next setting when the time comes.	Yes/No	Yes/No
I/We give permission for staff to apply factor 50 sensitive skin sun cream on my child when going outside	Yes/No	Yes/No
I/We give permission for staff to take appropriate action in the event of an emergency and provide emergency medical treatment if necessary.	Yes/No	Yes/No
Policies and Procedures: I/We confirm that I/We have read, understood, and will adhere to Fusion’s Partnership and Parental Agreement Policy.		
I/We understand that Fusion has policies and procedures in place and there are expectations and obligations relating both to Fusion and myself and my child/ren.	Yes/No	Yes/No
I/We have read, understood, and agree to adhere to all of Fusion’s Policies’ and Procedures.	Yes/No	Yes/No
As the Parent/Carer of the child/ren referred to in this pack, I/We confirm that the information I have given is correct to the best of my knowledge. I/We will inform Fusion Pre-School if any of this information changes.	Yes/No	Yes/No
Privacy Notice: I/We confirm that I/We have read and understand Fusion’s Data Protection Policy which includes the Data Protection Act 2018 compliancy and hereby agree to the Privacy Statement.		
I/We understand that our personal information collected is used, stored and erased appropriately and is needed to fulfil our contract with Fusion Childcare Services.	Yes/No	Yes/No
I/We are happy for Fusion to contact me/us through text, phone, email and the postal service.	Yes/No	Yes/No

Primary Contact Signed:

Print Name:

Date:

Secondary Contact Signed:

Print Name:

Date: