

Triangle Preschool
Wesley Methodist church
Fromond road, weeke, Winchester So22 6EG
01962 880988
Registered Charity Number 1033953

Child Information

Child's Full Name:
Age:
Date of Birth:

Nationality:
Religion:

First Language:

Language spoken at home:

Address where the child lives:

Parent/Guardian Information

Name of parents/carers with whom the child lives with:

Name of Parent/Guardian 1
Does this parent have parental responsibility? Yes/No

Name of Parent/Guardian 2
Does this parent have parental responsibility? Yes/No

Name of Parent/Guardian Child **Does Not** Live With

Does this parent have parental responsibility? Yes/No

Does this parent have legal access to the child? Yes/No

Address of parent:

Phone number of parent:

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Parents Emergency contact numbers

Parent 1 Name:

Mobile number: Work Number

Parent 2 Name:

Mobile number: Work Number

Does your child have any Special needs? This includes Allergies, and any other Medical conditions.

Does your child have any Dietary requirements? If so, please give **FULL** details.

Does your child attend any other setting? Or had any previous experience at any of the following:

- Play groups
- Childminder
- Nursery
- Portage
- Home
- Speech therapy
- Name of Joint setting

Name of Health Visitor (if known)

Are you or your family involved with child services? Yes/No

If yes, please give full details below:

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Tell us about your family

Do you have any siblings? If so, please tell us their names below

Please tell us what you like to do? Examples below

- Favourite activities:
- Favourite person:
- Favourite toy:
- My favourite story:

What makes me Happy:

What makes me sad:

Speech and language

Does your child have any individual ways of communicating?
(Special words, sounds, gestures or signs?)

I sometimes need help with (eg personal care, toileting, dressing, undressing, moving around)

Is there any other information you would like us to know?

We would like permission to share details with professionals.

At times we may be required to share information with other Early Year professionals, for example, Two year old checks with health visitors and Transitional documents with feeder schools. Please sign and date to say you give permission.

Name:

Signed:

Date:

Name:

Signed:

Date:

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Parents Occupation

Parent 1:
Key worker status? Yes/No

Parent 2:
Key worker status? Yes/No

Name of emergency contacts who may collect your child

Contact Number:

Relationship to child:

Does this person have an understanding of the English language? Yes/No

Address**:**

PASSWORD to collect child:

Only persons over the age of 16 are permitted to collect your child. Please state all Names below who you are happy with to collect your child.

Name:	Name:
Contact number:	Contact Number:
Relationship to child:	Relationship to child:
Address:	Address:

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Name:	Name:
Contact number	Contact Number:
Relationship to child:	Relationship to child:
Address:	Address:

GP's details

Name and Address

Telephone Number

Child's immunisation details

Has your child had their immunisations for their age?
Yes/No

If no, please explain

Do you require a home visit?

Yes/No

Number of sessions and what are your preferred days? Mornings/afternoons

- Monday
- Tuesday
- Wednesday
- Friday

Age at starting:

What would you like your start date to be?

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Parent/ / Carer full name:

Parent / Carer signature:

Date of Signature:

Any other information you would like to tell us?

I am interested in joining the preschool committee.

Yes/No

If yes, a member of the committee will contact you via email.

I hereby understand that Triangle imposes a **"fee* of £1.00 per minute** if I drop my child off early or collect them after the arranged time.

Yes/No

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Preschool Permission Checklist

Please read each section carefully and initial next to each item to indicate your consent or non-consent.

Photographs and Media

Photographs Being Taken for Tapestry **Yes/ No**

As of October 2026, we no longer post any children's photos on any social media.

Health and Safety

Administration of Plasters
Yes/No
Contact outside agencies if needed
Yes/No
My child to go on local walks?
Yes/No
Application of Face Paint (for Special Events)
Please notify us of any skin sensitivities or allergies to cosmetics
Yes/No

Our first steps in building relationships with you and your child is getting to know you. Please keep us up to date with any new information about your child's interests/activities and experiences.

About my Family

This is my family and special people in my life:

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Have there been any special events in your family recently? (Eg new baby, moved house, holiday ect)

What we like to do together

My favourite thing to do as a family is:

Please tell us below any further information that we may need to support your child to settle in:

Words to describe my child are:

ACTIVE. LIVELY. STRONG WILLED. CURIOUS. FUNNY. SENSTIVE. KIND. SHY. INDEPENDENT. ADVENTUROUS. SOCIABLE. FEARLESS. EASY GOING. HAPPY. QUIET. SEIOUS. TALKITIVE. MISCHIEVOUS. LOVING. CHATTY.

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Tapestry

Online learning journal

We are continuing to use Tapestry, an online learning journal. All children at Triangle will have a personal online learning journal which records photos, observations and comments, in line with the Early years foundation stage, to build up a record of your child's experiences during their time with us.

Tapestry is hosted on secure servers in the EU. You will have secure access (via email address and password) to your child's learning journal and in addition to viewing our contributions, we encourage you to add some of your own by uploading photos and comments. It's lovely to see your child's progress from home.

The safeguarding of our children is very important to us, everything that is added to tapestry will only be viewed by Triangle Staff using the program and yourself, using your own login.

You will only have access to your own child's learning journal, and this cannot be seen by other parents. It is crucial that you **DO NOT** share photos from tapestry on social media or any other online platform. Any incidents where this confidentiality is broken, will result in your access to the system being withdrawn.

I hereby give permission for my child's photograph to be taken and put on tapestry for their personal learning journal.

Yes/No

I am happy for my child to be in group photos (which will be added to all the children's learning journal)

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Yes/No

Name

Date

Signed

Tapestry online learning journal

- I do/do not give permission for Triangle Preschool to create an online Tapestry learning journal for (Name of child):

- The email address I would like to link with the account, so I have access to my child's learning journal is:

Agreed guidelines for accessing and using Tapestry online learning journal

As a parent, I will (please initial)

- Not publish any of my child's observations, photographs on social media.
- Understand that my child's image may be used in another child's profile if they are engaged in the same activity. This image will not be shared by the parent.

Speak to a member of staff if I experience any difficulties accessing my child's learning journal.

I agree with the guidelines.

Name of parent:

Name of child:

Signed:

Date:

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Preschool Celebration & Cultural Practices Questionnaire

At our preschool, we strive to be inclusive and respectful of all the diverse cultures, traditions, and beliefs within our community. To help us ensure that your child's experience with us is comfortable and aligned with your family's values, please take a moment to answer the following questions regarding celebrations.

Do you celebrate Christmas?

[ ] Yes

[ ] No

*If **No**, is this because of religious beliefs?*

[ ] Yes

[ ] No

Are you happy with your child taking part in Christmas activities at preschool? This includes: Going into the church, Christmas performance in the church, learning Christmas songs, Christmas crafts/cards.

Please note the hall will be decorated with a Christmas tree and Christmas crafts displayed.

[ ] Yes, fully happy

[ ] No, please exclude my child

[ ] Yes, with certain exceptions (please specify below)

If you selected **no** or have exceptions, would you prefer your child to participate in alternative activities during these times?

[ ] Yes

[ ] No

Do you celebrate birthdays?

[ ] Yes

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[ ] No

*If **No**, is this because of religious beliefs?*

Are you happy with your child celebrating birthdays in the classroom (e.g., singing "Happy Birthday," receiving a birthday muffin and birthday card?)

[ ] Yes

[ ] No

(Note: If your child has food allergies or dietary restrictions regarding birthday treats, please ensure our separate dietary form is completed.)

Are you happy for your child to take part in our Easter celebrations? This includes Easter crafts, learning Easter songs and an Easter performance.

[] Yes

[] No

Are you happy for your child to take part in Sports day which is held towards the end of June each year?

[Yes]

[No]

Please use the space below to share any further details, specific guidelines, or alternative arrangements you would like us to be aware of regarding your family's celebrations and beliefs:

Child's Full Name: _____

Parent/Carer Printed Name: _____

Parent/Carer Signature: _____ **Date:** _____

Thank you for taking the time to share this important information with us.