

## Registration form

*If you have any difficulty filling in any part of the form the staff will be glad to help you*

|   |     |           |                          |              |   |  |
|---|-----|-----------|--------------------------|--------------|---|--|
| Days of the week you would like your child to attend (minimum 2 sessions)   |     |           |                          |              | Birth certificate to be <b>Checked by preschool</b> |  |
| (Please circle)   | MON | TUES      | WED                      | THURS        | FRI   |  |
| Time  |     |           |                          |              |   |  |
| Child's Surname   |     |           | Child's first name(s)    |              |   |  |
| Name by which child should be called at pre-school  |     |           | M/F                      | D.O.B        |   |  |
| Name by which child should be called at pre-school:   |     |           |                          |              |   |  |
| No. of siblings .....   |     |           | Position in family ..... |              |   |  |
| <b>Name of parent(s) with whom the child lives:</b>   |     |           | Occupation.....          |              |   |  |
| 1. ....   |     |           | Work Address.....        |              |   |  |
| Mobile.....E-Mail.....  |     |           | .....                    |              |   |  |
| Does this parent have parental responsibility? Yes/No (delete)  |     |           | Work contact No.....     |              |   |  |
| 2. ....   |     |           | Occupation .....         |              |   |  |
| Mobile.....E-Mail.....  |     |           | Work Address.....        |              |   |  |
| Does this parent have parental responsibility? Yes/No (delete)  |     |           | .....                    |              |   |  |
| Home Address .....  |     |           | Work contact No.....     |              |   |  |
| Home Tel. No. ....  |     |           | Post Code.....           |              |   |  |
| <b>Name of parent/s with whom the child does not live:</b>  |     |           | Occupation .....         |              |   |  |
| 3. ....   |     |           | Work Address: .....      |              |   |  |
| Mobile .....  |     |           | .....                    |              |   |  |
| Does this parent have parental responsibility? Yes/No (delete)  |     |           | Contact No. (W) .....    |              |   |  |
| Address .....   |     |           | .....                    |              |   |  |
| <b>Home Tel. No.</b> .....  |     |           | Postcode: .....          |              |   |  |
| Does this parent have legal access to the child? Yes/No (delete)  |     |           | .....                    |              |   |  |
| <b>Two other local emergency contact details (in case the above is unobtainable must be local. Must be over 18)</b> |     |           |                          |              |   |  |
| Name .....  |     | Tel. .... |                          | Mobile ..... |   |  |
| Relationship to Child .....   |     |           |                          |              |   |  |
| Name .....  |     | Tel. .... |                          | Mobile ..... |   |  |
| Relationship to Child .....   |     |           |                          |              |   |  |
| Preferred contact number in an emergency/pre-school closure.....  |     |           |                          |              |   |  |

**Personal details of child**

Does your child have any special dietary needs, allergies, asthma, ongoing health/medical conditions, disabilities or preferences? Yes/No (delete)

Details.....

Is special support needed?.....

**Is your child allergic to anything?**  
YES/NO

If yes, does your child require an Epi-Pen? YES/NO  
Once I have arranged training through my G.P. I authorise pre-school staff to administer.  
Signature.....

**Name of Doctor** .....

Address: .....

Postcode: ..... Tel. ....

Does your child use an inhaler? YES/NO Reason?.....

I give permission for a member of staff to administer an inhaler that I will provide to be kept in Pre-School.

Signature.....

Has your child had any major illness/operation? YES/NO

Or been in hospital recently? YES/NO Details.....

Has your child received the following immunisations? *Please confirm and provide date of immunisations given.*

|                       |   |  |       |
|-----------------------|---|--|-------|
| <b>Two months old</b> | 5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |
|                       | Pneumococcal (PCV) vaccine.   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |
|                       | Rotavirus vaccine.  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |

|                         |  |  |       |
|-------------------------|--|--|-------|
| <b>Three months old</b> | 5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |
|                         | zMeningitis C vaccine.   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |
|                         | Rotavirus, second dose.  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |

|                        |   |  |       |
|------------------------|---|--|-------|
| <b>Four months old</b> | 5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |
|                        | Pneumococcal (PCV) vaccine, second dose.  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |

|                                     |  |  |       |
|-------------------------------------|--|--|-------|
| <b>Between 12 and 13 months old</b> | Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |
|                                     | MMR vaccine – mumps, measles and rubella.  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |
|                                     | Pneumococcal (PCV) vaccine, third dose.  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |

|  |   |  |       |
|--|---|--|-------|
| <b>Two to three years</b>                        | Flu vaccine   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |
| <b>Three years and four months or soon after</b> | MMR vaccine, second dose – mumps, measles and rubella.  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |
|  | 4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |

*For internal use:* Has the child's health record book been seen to confirm immunisation dates? Yes  No

If your child is aged 3 years or over, does he or she have difficulty with any of the following?

|  |     |  |    |  |
|--|-----|--|----|--|
| Speaking and communicating                 | Yes |  | No |  |
| Listening and attention                    | Yes |  | No |  |
| Understanding simple instructions          | Yes |  | No |  |
| Eating and drinking                        | Yes |  | No |  |
| Sitting and sharing a book                 | Yes |  | No |  |
| Walking and climbing                       | Yes |  | No |  |
| Rolling a ball                             | Yes |  | No |  |
| Holding and crayon                         | Yes |  | No |  |
| Socializing with adults and other children | Yes |  | No |  |
| Using the toilet                           | Yes |  | No |  |
| Putting on their shoes and socks           | Yes |  | No |  |

Any other concerns;

Does your child have any special needs or disabilities? If so please specify:

Are any of the following in place for your child?

SEN action plan

Education, Health and Care Plan

What special support will he/she require in our setting?

2 year progress check – children aged 24-36 months.

If your child is aged between 24 and 36 months, has a 2 year old progress check already been completed for your child?  
Yes/No

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child, between the ages of 24 and 36 months. We will ask you to be involved in completing the check and will discuss it with you.

Has your child previously attended a Parent and Toddler Group? Yes/No

If so please specify; .....

Another Pre-School/Childcare Setting? Yes/No

If so please specify; .....

Is your child on any other pre-school waiting list? Yes/No

If yes, please specify; .....

**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?

.....

**What language(s) is/are spoken at home?**

.....

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

If so, discuss and agree with the key person how you will support your child when settling in

.....

.....

What other information is important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when

.....

.....

Does your child have a pacifier? i.e. dummy or thumb Yes/No If yes; .....

Does your child have a comforter? i.e. blankie Yes/No If yes; .....

Does your child have a special toy or object they bring with them? Yes/No If yes; .....

Do you have any pets/animals at home? Yes/No

Details .....

We may occasionally have supervised visits of animals. A risk assessment will be carried out for visiting animals, and parents will be informed.

Please state below any allergies or aversions your child has to animals;

.....

.....

Has your child received all their necessary vaccinations?

Has your child had any major illness?

Has your child had an operation or been in hospital recently?

Does your family have a social care worker for any reason? Yes/No (delete)

Name ..... Based at: .....

Telephone .....

What is the reason for the involvement of social care department with your family?

NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

| <b>Names of professionals involved with child</b> |                 |
|---|-----------------|
| Name 1 .....                                      | Role .....      |
| Agency .....                                      | Telephone ..... |
| Name 2 .....                                      | Role .....      |
| Agency .....                                      | Telephone ..... |
| Name 3 .....                                      | Role .....      |
| Agency .....                                      | Telephone ..... |
| Do you have a health visitor?                     | Based at .....  |
| Name .....  |                 |
| Telephone .....                                   |                 |

**General parental permissions -**

**Nappy Cream.**  
 I give permission for the nappy cream supplied by me to be administered to my child if when required in accordance with manufacturer's instructions.

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

I shall apply sun cream each morning when required to my child prior to each session and am aware that my child will not be able to stay if they do not have sun cream applied.  
 I give permission for hypoallergenic sun cream (supplied by me) to be applied after lunch if my child attends all day.

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

I hereby give authorisation for my child to be taken off the premises for visits to the shops/library/park/Quay/local area, and for photos and videos to be taken while in the pre-school for observation use, progress books, signs, advertising, training, parentmail and my child's online journal.  
 I/We understand that our further consent will be requested for major outings.

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

Information relating to you and your child is confidential to the pre-school, including personal and health details and the child's achievements. Our responsibility is for the welfare of the children in our care, so if we have any concerns they will be discussed with you and if necessary we will refer them to the relevant authority without consent. I have read and understand the Information Sharing policy and understand that there may be circumstances where information is shared with other agencies without my consent.

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

If someone other than yourself or an authorised carer is to collect your child, please inform the Manager/Supervisor as we are unable to allow anyone unauthorised to do so. They Must be over 18and be on your collection form.

It is your responsibility to inform us of any change of details, i.e. e-mail, telephone number, address for us to be able to contact you (including other emergency contacts).

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

Before your child starts we will include a home visit and introduce your child to his/her Key person who will be your first port of call although all staff will give support to families and children. This is a time for us to get to know you both and for any questions to be answered.

In the event of an accident or emergency involving my child, I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by a member of staff for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

If your child needs an Epi-pen you are required to arrange training through your GP before your child starts Pre-School.

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

I am aware, have read, and will follow the Pre-School policies and procedures on the website and know I can download a copy at any time. I will also abide by the terms and conditions of the Pre-School.

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

All fees must be paid regularly at least a week in advance or will be subject to a £5 per week late payment fee. Note: 4 weeks' notice is required to withdraw your child from pre-school or to reduce hours or change start date. Normal fees must be paid to cover this period. Once offered a place you will pay a non-refundable £40 deposit which will be refunded to you/taken off fees during the last term your child attends at our setting (as long as there are no outstanding fees or payments due). This applies to those paying fees. Fully funded children don't pay a deposit. (Deposit withheld if your child does not attend or the start date is changed to a later date or leaves without 4 weeks' notice).

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

#### Photographs.

As part of the ongoing recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. Only cameras and tablets supplied by the setting are used for this purpose. Photographs taken are used for display, for your child's records and for your child's online journal. We may also record events and activities on video. Photos and videos are stored on the setting's tablets and computers only. If you do not want us to use any image of your child for training, publicity or marketing purposes, please let us know in writing prior to your child starting.

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

Signed by:

Parent 1 ..... Date .....

Parent 2..... Date .....

Key Person ..... Signature..... Date .....

Manager ..... Signature..... Date .....