

10.4 Registration form

Enstone Pre-school's Registration Form

The Portakabin, C/O Enstone Primary School, Oxford road, Enstone, Oxon, OX7 4LP

(01608) 677192

enstonepreschool@gmail.com

Charity Number: 1027774

Child's details

Child's first name(s)		Surname	
Name known as			
Child's full address			
Gender		Date of birth	Birth certificate seen Yes <input type="checkbox"/> No <input type="checkbox"/>

Family details

Name of parent(s)/carer(s) with whom the child lives:			
<i>Contact details 1 (including emergency information):</i>			
Parent/carer full name			
Relationship to child			
Daytime/work telephone		Mobile	
Home telephone		Email	
Home address			
Work address			
Does this parent have parental responsibility for the child? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>Contact details 2 (including emergency information):</i>			
Parent/carer full name			
Relationship to child			
Daytime/work telephone		Mobile	
Home telephone		Email	
Home address			
Work address			

Does this parent have parental responsibility for the child? Yes No

Contact details 3 (including emergency information):

Parent/carer full name

Relationship to child

Daytime/work telephone

Mobil
e

Home telephone

Email

Home address

Work address

Does this parent have parental responsibility for the child? Yes No

Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and an S8 Order is in place.*

Name

Address

Contact telephone numbers

Relationship to child

What are the contact arrangements that we need to be aware of?

Emergency contact details if parents are not available *Emergency contacts must be local.*

<i>Contact 1 - Name</i>			
Relationship to child			
Address			
Daytime/work telephone			
Home telephone		Mobile	
<i>Contact 2 - Name</i>			
Relationship to child			
Address			
Daytime/work telephone			
Home telephone		Mobile	

Persons other than parent(s) authorised to collect the child *Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the register staff will check before releasing the child.*

<i>Person 1 – Name</i>			
Relationship to child			
Address			
Daytime/work telephone			
Home telephone		Mobile	
<i>Person 2 - Name</i>			
Relationship to child			
Address			
Daytime/work telephone			
Home telephone		Mobile	
<i>Person 3 - Name</i>			
Relationship to child			
Address			
Daytime/work telephone			
Home telephone		Mobile	

Password for the collection of child by authorised persons

About your child

The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.

Does your child have previous experience of attending a childcare setting? If so, please specify:

Health and development

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

Two months old	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, 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:
Three months old	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis C vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Four months old	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, 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:
Between 12 and 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), forth 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:
Two to three years	Flu vaccine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Three years and four months or soon after	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

Does your child have any on-going medical conditions? If so, please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

Does your child require a health care plan? Yes No

Is your child known to have any allergies or food intolerances? If so, please specify:

A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.

What are your child's dietary requirements? Please specify:

Our snack food is donated by parents and lunch is not provided by the setting (please bring in your child's lunch box. Please refer to our Food and Drink Policy and lunchbox policy.

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

Speaking and communicating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Listening and attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Understanding simple instructions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eating and drinking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sitting and sharing a book	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walking and climbing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rolling a ball	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Holding a crayon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Socialising with adults and other children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Putting on their shoes and socks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any other concerns:

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

Are any of the following in place for the child?

SEN action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education, Health and Care Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Two year old progress check – children aged 24 – 36 months

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

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

Cultural background

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

What is the main religion in your family (if applicable)?

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

Does your child need a bilingual support plan?

Yes

No

If so, discuss and agree with the key person how we can work together to support your child when settling-in:

General information

What is your child's usual sleep pattern?

Does your child have a pacifier i.e. dummy or thumb?

Yes

No

Does your child have a special toy or object they might bring with them?

Yes

No

What sort of things does your child enjoy doing at home, i.e. drawing or cooking?

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

Details of professionals involved with your child

GP

Name		Telephone	
Address			

Health Visitor (if applicable)

Name		Telephone	
Address			

Social Care Worker (if applicable)

Name		Telephone	
Address			

What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.*

Dentist (if applicable)

Name		Telephone	
Address			

Any other professional who has regular contact with the child

Name 1		Role	
Agency		Telephone	
Address			
Name 2		Role	
Agency		Telephone	
Address			

General parental permissions

Emergency treatment declaration

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 the manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed		Date	
Printed name			

For inhalers/auto-injectors (e.g. Epipens) only

[For group provision:]		
I give permission for a named member of staff who has been appropriately trained to administer the inhaler/		
Epipen or Anapen (supplied by me) to		(name of child).
The named staff are:		

-
-
-

Signed		Date	
Printed name			

Nappy cream

I give permission for nappy cream (supplied by me) to be administered to _____
 (name of child) when required, in accordance with manufacturer's instructions.

Signed		Date	
Printed name			

Paracetamol based medicine (e.g. Calpol)

I give permission for staff to administer paracetamol based products (e.g. Calpol) to _____
 (name of child) in the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the setting's procedures on the administration of medicines.

Signed		Date	
Printed name			

Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by me) to
 (name of child) when necessary and to record its use.

Signed		Date	
Printed name			

Short trip - general outings

Your child will be taken out of our setting as part of the daily activities. The venues used are detailed here:

- Enstone Primary school playground
- Enstone Primary school pond
- Enstone playing fields

I give permission for		(name of child) to take part in short trips or
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general outings. I understand that individual risk assessments are carried out for each type of trip or outing taken and are available for me to see as required. For any **planned** outings, I understand I will be informed and my specific consent obtained.

Signed		Date	
Printed name			

Photographs

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child's records within the setting. We may also record events and activities on video. Photos/videos are stored on the setting's computer only; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use.

I give permission for _____ (name of child) to have her/his photo taken, or to be videoed, as per the above conditions.

Signed		Date	
Printed name			

Animals

We may occasionally have supervised visits of animals to our setting and we may have the following pets on site

- caterpillars/butterflies
- Tadpoles/frogs

We will ensure that our pets are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals, and parents informed.

Please state below any known allergies or aversion (name of child) has to animals:

Signed		Date	
Printed name			

Key persons - Information for parents

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's key person may change as your child progresses through the setting. You will be notified of these changes. Your child's key person is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be	
[Your child's 'back up' person will be]	

To be completed by the key person:

Date starting at		(name of provider)
Days and times of attendance		
Are any fees payable? If so, note here		
Has the settling-in process been agreed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, please specify:		

Policies and procedures

I have been provided with details of Enstone pre-school's early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

Signed

Date

Printed
name

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

Parent name

Signed

Date

[For group provision:]

Name of key person

Signed

Date

Name of manager

Signed

Date

Date of first review

Equalities monitoring form

<i>Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.</i>			
White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>
Other please state			

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

No special educational need	<input type="checkbox"/>
SEN action plan	<input type="checkbox"/>
Education, Health and Care Plan	<input type="checkbox"/>

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.