

Beansheaf Community Pre-School - Registration Form

CHILDS DETAILS

Childs first name(s).....Surname.....

Name known as:

Child's full address Incl
postcode.....
.....

Gender..... Date of birth..... Birth certificate seen yes/no (req)

FAMILY DETAILS

Name of parent(s)/ carers(s) with whom child lives.....

Contact details 1 (including emergency information)

Parent/carer full name.....

Relationship to child.....

Daytime/work telephone.....mobile.....

Home telephone.....e-mail.....

Home address(or as above).....

Work address.....

Does this parent have parental responsibility for the child? YES / NO (delete)

Does this parent have legal access to the child? YES / NO (delete)

Contact details 2 (including emergency information)

Parent / carer full name.....

Relationship to child.....

Daytime/ work telephone.....mobile.....

Home telephone.....e-mail.....

Home address(or as above).....

Work address.....

Does this parent have parental responsibility for the child? YES / NO (delete)

Does this parent have legal access to the child? YES / NO (delete)

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 the setting needs to know about.....
.....
.....

Emergency contact details if parents are not available (emergency details must be local)

Contact 1 – Name.....
Daytime work/telephone.....
Home telephone.....Mobile.....
Address.....
Relationship to child.....

Contact 2 – Name.....
Daytime work / telephone.....
Home telephone.....Mobile.....
Address.....
Relationship to child.....

Person other than parent(s) authorised to collect the child (must be over 16 years of age)

Person 1 – Name.....
Daytime/ work telephone.....
Home telephone.....Mobile.....
Address.....
Relationship to child.....

Person 2 –Name.....
Daytime/ work telephone.....
Home telephone.....Mobile.....
Address.....
Relationship to child.....

Password for the collection of child by authorised person.....

About your child

Has your child received the following immunisations?

Two months old

Diphtheria, tetanus, pertussis(whooping cough)polio and Haemophilus influenza type b 9 (HIB) pneumococcal infection

YES / NO (delete) Date.....

Three months old

Diphtheria, tetanus, pertussis(whooping cough)polio and Haemophilus influenza type b 9 (HIB) pneumococcal Infection meningitis c

YES / NO (delete) Date.....

Four months old

Diphtheria, tetanus, pertussis(whooping cough)polio and Haemophilus influenza type b 9 (HIB) pneumococcal Infection meningitis c, pneumococcal infection

YES / NO (delete) Date.....

12 months old

Haemophilus influenza type b (HIB) and Meningitis C

YES / NO (delete) Date.....

13 months old

Measles, mumps and rubella. Pneumococcal infection

YES / NO (delete) Date

Three years, 4 months

Diphtheria. Tetanus, pertussis (whooping cough) and Polio. Measles, mumps and rubella.

YES / NO (delete)date.....

Does your child suffer from any known medical conditions or allergies, or have and special dietary needs or preferences? YES / NO (delete)

If so please provide details

Has an agreement to administer medicine, if required been completed? YES / NO (delete)

Does your child have any special needs or disabilities? YES / NO (delete)

If so please provide details

Are any of the following in place for the child?

| | |
|-------------------------------------|-------------------|
| Early years action | YES / NO (delete) |
| Early years action plus | YES/ NO (delete) |
| Statement of special education need | YES/ NO (delete) |

What support will he/she need in our setting?

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 be acknowledged and celebrated while he/she is in our setting?

.....

.....

What languages are spoken at home.....

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 protection plan make a note here, but do not include details.

General parental permissions

Emergency treatment declaration

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

Signed.....date.....

For inhalers/Epipens only

I give permission for a named member of staff who has been trained to administer the inhaler/epipen supplied by me to(name of child)

Suncream

I give permission for staff to administer suncream supplied by me to(name of child).

Signed.....date.....

Outdoor play/out of premises

I give permission for(name of child)to take part in outdoor play and short trips around the premises. I understand for major outings I will be informed and my specific consent obtained.

PHOTOGRAPHS

I give permission for the above mentioned child to be photographed during pre-school sessions as part of on-going staff training and record keeping. Photos will be printed at pre-school and kept in the photo albums or on a child’s profile. Images will be deleted from the camera once printed. During certain events (Nativity play, Sports day, ect) this could also include photography /videing by other parents and /or local newspapers.

Parent / Carer’s signatureDate.....

HEALTH VISITOR OBSERVATION / AREA SENCO

I give permission for my child to be observed by the local Health Visitor and/or area SENCO (special educational Needs Co-ordinator) for ongoing observational staff training. Notice of visits will be shown on the pre-school noticeboard.

Parent / carer’s signature.....Date.....

CHANGING

I give permission for the Beansheaf pre-school to change clothes / nappy of the above mentioned child if required

Parent / carer,s signatureDate.....

LEAVING PRE-SCHOOL

I agree to give the pre-school one month’s written notice of my intention to withdraw my child from pre-school and understand that I will be invoiced for the missed sessions if I do not

Parent/carers signature.....Date.....

POLICIES AND PROCEDURES

Please sign below to confirm you have been provided with how to find details of the settings and policies and procedures

Signed.....date.....

Please circle preferred sessions:

Mon Tue Wed Thur Fri AM

Mon Tue Thur Fri PM

To be completed by the manager

Date starting.....

Dates and times of attendance.....

Registration fee received YES/ NO

Birth certificate received YES / NO

2 Year funding letter received YES / NO