10.4 Registration form

Stowey Bears's Registration Form
Mill Close
Nether Stowey
Bridgwater
Tel: 01278 734636
stoweybearspreschool@outlook.com
Registered Charity Number: 1023538
Ofsted Registration: EY409802

Child's details

Child's first name(s) _____ Surname _____

Name known as _____

Child's full address _____

Gender _____ Date of birth _____ Birth certificate seen and copy made Yes □ No □

Family details (mandatory information)

Name of parent(s)/carer(s) with whom the child lives: _____

Contact details 1 *(including emergency information):*

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address (voluntary) _____

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

Contact details 2 *(including emergency information):*

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address (voluntary) _____

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 _____ Mobile _____

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/I] need to be aware of?

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

Contact 1 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Contact 2 - Name _____

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 daily signing in/out sheet, staff will check before releasing the child. By naming these people, Stowey Bears Preschool is relying on you to have ensured that they have given their consent for their details to be kept by the preschool for collection purposes.*

Person 1 – Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Person 2 - Name _____

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:

Name of Setting –

How long did your child attend the named setting?

Receipt of Funding – YES NO (Please circle)

Health and development

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

Two months old	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes □	No □	Date:
	Pneumococcal (PCV) vaccine.	Yes □	No □	Date:
	Rotavirus vaccine.	Yes □	No □	Date:
Three months old	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes □	No □	Date:
	Meningitis C vaccine.	Yes □	No □	Date:
	Rotavirus, second dose.	Yes □	No □	Date:

Four months old	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes □ No □	Date:
	Pneumococcal (PCV) vaccine, second dose.	Yes □ No □	Date:
Between 12 and 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), forth dose and meningitis C, second dose.	Yes □ No □	Date:
	MMR vaccine – mumps, measles and rubella.	Yes □ No □	Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes □ No □	Date:
Two to three years	Flu vaccine	Yes □ No □	Date:
Three years and four months or soon after	MMR vaccine, second dose – mumps, measles and rubella.	Yes □ No □	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes □ No □	Date:

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

Has your child had any of the following illnesses?

Measles	Yes □ No □
Mumps	Yes □ No □
Rubella	Yes □ No □
Chicken Pox	Yes □ No □
Whooping Cough	Yes □ No □
Scarlet Fever	Yes □ No □
Convulsions/Fits?	Yes □ No □

Does your child have any on-going medical conditions? If so, please specify: NA (Please circle if this applies).

Illnesses or Medical Conditions –

Medications required – Dosage and Time:

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?

We provide fresh drinking water and milk at snack times. Please specify any dietary requirements and preferred drink at snack time, although we will let the children choose (if no allergies or intolerances)

Please discuss with our setting manager to ensure that we are working in partnership to meet your child's needs. Please refer to our Food and Drink 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	□	No	□
Listening and attending	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 a crayon	Yes	□	No	□
Socialising with adults and other children	Yes	□	No	□
Using the toilet	Yes	□	No	□
Putting on their shoes and socks	Yes	□	No	□

Any other concerns: Keyworkers will complete assessments in the first term of child attending.

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 YES NO

Education, Health and Care Plan YES NO

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 been completed for your child?
Yes □ No □

Setting completing check: _____ Date completed: _____

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child, if the check raises concerns, the information will be shared with the appropriate professionals surrounding the Early Years Team, for example, Health Visitor/ Area SENCO

I do/do not give permission for my child's information to be shared with other agencies.

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 (voluntary)

What is your child's usual sleep pattern?

Does your child have any food preferences? Yes □ No □

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 (mandatory)

Name 1 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 3 _____ Role _____

Agency _____ Telephone _____

Address _____

General parental consents

Emergency treatment declaration

I give permission to Stowey Bears staff to administer first aid to my child if needed. In the event of a more serious 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 (and give my permission) that my child may be taken to hospital accompanied by the manager (or authorized 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 Ana pen (supplied by me) to _____ (*name of child*).

The named staff are:

- _____
- _____
- _____

Signed _____ Date _____

Printed name _____

Plasters

I give permission for plasters to be administered to _____

(name of child)

Signed _____ Date _____

Printed name _____

Nappy cream

I give permission for nappy cream to be administered to _____

(name of child) when required, in accordance with manufacturer's instructions.

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:

The local library, the school library, the local doctor's surgery, the local fire station, walks around the village.

I give permission for _____ (name of child) to take part in short trips or 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.

Tapestry – YES NO

Website – YES NO

Stowey Bears Facebook page – YES NO

Signed _____ Date _____

Printed name _____

Animals

We may occasionally have supervised visits of animals to our setting. We currently have no pets at the Preschool.

We will ensure that when we have any pets, they 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 appointed to your child on their induction day

Each key person has a co-key person Who will be responsible for your child in case of absence by the key person.

To be completed by the [key person/manager/childminder]:

Date starting at _____ *(name of provider)*

Days and times of attendance _____

Are any fees payable? If so, note here £50 Retainer Fee or £20 Registration Fee is applicable.

The settling in process will be agreed during the home visit (if requested) or during your child's induction.

Policies and procedures

Copies of the preschool's policies and procedures will be emailed to you. If you do not have an email address, paper copies will be made available for you.

I have been provided with details of the early years prospectus for parents, and the preschool's 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 _____

Name of key person _____

Signed _____ Date _____

Name of manager _____

Signed _____ Date _____

Equalities monitoring form

Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.

White British	□	Pakistani	□
White Irish	□	Indian	□
White other	□	Asian other	□
Black British	□	Chinese	□
Black African	□	Chinese other	□
Black Caribbean	□	White and Black Caribbean	□
Black Other	□	White and Black African	□

Bangladeshi □ White and Black Asian □

Other please state _____

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

No special educational need □

SEN action plan □

Education, Health and Care Plan □

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