

Hart Plain Church Preschool Childcare registration form

Child's details

Child's first name(s) _____ Surname _____
Name known by _____
Child's full address _____
Postcode. _____
Gender _____ Date of birth _____ Birth certificate seen Yes No Date _____

Family details

Who does the child live with? _____

Contact details 1 (including emergency information):

Parent/carer full name _____
Relationship to child _____
Daytime/work telephone _____ Mobile _____
Email _____
Home address _____
Work address _____
Does this parent have parental responsibility for the child? Yes No
Parent NI number _____ (for funding purposes only)

Contact details 2 (including emergency information):

Parent/carer full name _____
Relationship to child _____
Daytime/work telephone _____ Mobile _____
Email _____
Home address _____
Work address _____
Does this parent have parental responsibility for the child? Yes No
Parent NI number _____ (for funding purposes only)

Contact details 3 (including emergency information):

Parent/carer full name _____
Relationship to child _____
Daytime/work telephone _____ Mobile _____
Email _____
Home address _____
Work address _____
Does this parent have parental responsibility for the child? Yes No
Parent NI number _____ (for funding purposes only)

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

Name _____
Address _____
Contact telephone numbers _____
Relationship to child _____
Please give details of the legal contact arrangements that we need to be aware of

Ethnicity data gathered for monitoring purposes only. Parents are not obliged to give this information. Ethnic origin is classified as special category of data under data protection legislation and we require your consent in order to process and store this information. The Privacy policy explains how the data provided in this form will be processed and explains your rights with respect to the information given.

Privacy Notice

I confirm that I have received a copy of the Privacy Notice and give my consent to the processing of special category data.

Signed	_____	Date	_____
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 _____

Collection permission authorisation (other than parents) please note that if the authorised person is not the person indicated on the daily registration form, we will check before releasing your child/ren. Only those over the age of 16 years can be named as authorised persons.

Authorised Person 1 (parent/carer) – Name _____

Relationship to child _____
 Full address _____
 Daytime/work telephone _____
 Home telephone _____ Mobile _____

Authorised person 2 (other family member) - Name _____

Relationship to child _____
 Full address _____
 Daytime/work telephone _____
 Home telephone _____ Mobile _____

Authorised person 3 (other family member)-
Name _____

Relationship to child _____
 Full address _____
 Daytime/work telephone _____
 Home telephone _____ Mobile _____

Password for the collection of child by authorised persons

No Access – Name

Full address _____
 Relationship to the child _____
 Reason: e.g. court order or other? _____

Emergency contact details for two named contacts – if parents are not available *Only those over the age of 16 years can be named as emergency contacts. Please ensure emergency contacts are local and their consent has been given.*

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 _____

Emergency treatment declaration for Childs name

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me and emergency services will be called as necessary. I understand that my child may be taken hospital accompanied by the manager or authorised deputy for emergency treatment. I understand that health professionals will be responsible for decisions about medical treatment in my absence.

Signed _____ Date _____

Name _____

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

I give permission for a named member of staff who has been trained to administer the inhaler/

Epipen or Anapen (supplied by me for) Childs name

Signed _____ Date _____

Printed name _____

Medical detail

Has your child received the following immunisations, this enables us to effectively manage any special education, health or medical needs of your child (please confirm and date);

Two months	6-in-1 vaccine – diphtheria, hepatitis, Haemophilus influenza type b (Hib) polio, tetanus, whooping cough (pertussis) Rotavirus vaccine; Men B vaccine 1 st dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Three months	6-in-1 vaccine – diphtheria, hepatitis, Haemophilus influenza type b (Hib) polio, tetanus, whooping cough (pertussis) Rotavirus vaccine; 2 nd dose Pneumococcal vaccine 1st	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Four months	6-in-1 vaccine – diphtheria, hepatitis, Haemophilus influenza type b (Hib) polio, tetanus, whooping cough (pertussis) Men B vaccine 2nd dose		
12 to 13 months	Hib/Men C booster, Hib Haemophilus influenza, Men B 3 rd dose Measles, mumps and rubella (MMR) vaccine, given as a single Pneumococcal (PCV) vaccine, 2 nd dose; Men B vaccine third dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Eligible pediatric age groups	Children's flu vaccine (annual)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Three years and four months to five years	Measles, mumps and rubella (MMR) vaccine, second dose; 4-in-1 (DTaP/IPV) pre-school booster, diphtheria, tetanus, whooping cough (pertussis) 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

Health and development

Was your child born prematurely, if so how many weeks early?

Special notes: _____

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

Special notes

If yes, complete health care plan with parents.

Does your child have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance? Yes No

Special notes:

Do you have any concerns about your child's learning and development? Yes No

If yes, special notes:

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

Special notes:

A risk assessment is 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:

Child's dietary requirements please discuss this with the setting manager to ensure that we are working in partnership with you to meet your child's needs. Please refer to our nutrition procedures.

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 _____

Special notes _____

Dentist (if applicable)

Name _____ Telephone _____

Address _____

Any other professional who has regular contact with the child

Name _____ Role _____

Agency _____ Telephone _____

Address _____

Two year old progress check/Integrated health check

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 to share it with your child's health visitor. Please note that where a local authority has arrangements in place we complete an integrated check with you and your child's health visitor.

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 _____

Parental permissions

E :safety (staff and children)

There are procedures in place that govern the use of IT equipment on site. Where ipads or similar are used by staff to record children's learning and development or as a management tool, a risk assessment is completed and only equipment owned by the Alliance is used. Visitors to the setting using IT equipment, such as Ofsted or Social Care, are advised of the procedure for its use and must seek prior permission from the setting manager.

In some instances children will use ICT equipment to promote their learning and development under the supervision of staff. Children do not normally have access to the internet and never have unsupervised access to the internet.

I give permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures and risk assessment in place to govern its use and that staff and visitors may also use ICT equipment to record and monitor children's learning and development.

Signed _____

Date _____

Teething gel (babies)

I give permission for staff to administer teething gel (supplied by me) to my child when required in accordance with the manufacturer's instructions and to record and inform me of when it was administered.

(Medication Administration Record)

Name of child: _____

Signed _____

Date _____

Nappy cream

I give permission for non-medicated nappy cream (supplied by me) to be administered to my child when required in accordance with manufacturer's instructions. If medicated nappy cream is supplied by me, I give permission for it to be applied as above and to record its use and inform me of when it was administered. *(Medication Administration Record)*

Name of child: _____

Signed _____

Date _____

Paracetamol or Ibuprofen based medicine (e.g. Calpol or Nurofen for babies under two years old only)

I give permission for staff to administer paracetamol or ibuprofen based products to my 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 policies and procedures./

Name of child: _____

Signed _____

Date _____

Suncream

I give permission for staff to administer hypoallergenic sun cream (supplied by me) to _____ (Name of child) when necessary and to record its use.

Signed _____ Date _____

Short trip - general outings

I give permission for my 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 and are available for me to see as required.

Name of child: _____

Signed _____ Date _____

Photographs and videos

To record aspects of our curriculum and for children’s individual development records, staff often take photographs or videos of children during their play. Only equipment supplied by us is used for this purpose and images taken are for display and for your child’s learning records. We may be able to supply duplicates if requested although this might incur a small charge to cover our costs. Images are saved and stored on our equipment securely, and only kept for the period your child is with us. If we wish to use any images of your child for publicity or marketing purposes we will seek your written consent for each image we wish to use. I give permission for my child to be photographed/recorded as per the conditions above.

Name of child: _____

Signed _____ Date _____

Animals

We may occasionally have supervised visits of animals to our setting or have pets on site. We will ensure that our pets are healthy and are inoculated as appropriate and that animals showing any signs of disease are treated. Risk assessments will be carried out for visiting animals and will be made available to parents on request. Please state here any known allergies or aversion your child has to animals

Name of child: _____

Signed _____ Date _____

Key persons

Your child will have a key person assigned to them. It is the key person’s responsibility to ensure your child receives the best possible care and attention and to ensure that their records are kept up to date whilst they are with us. Your child’s key person may change as they progress through the setting, but you will be notified of these changes in advance. The key person should be the first point of contact for anything you wish to discuss about your child.

Your child’s key person is: _____

Your child’s back up key person is: _____

To be completed by Manager

Date starting at: Hart Plain Church Preschool ____/____/____

Days and times of attendance _____

About your child

The following information will tell us a little more about your child.

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

Does your child have difficulty with walking, talking or socialising? If so, please give details:

Is your child disabled? Yes No

Does your child require a care plan? Yes No

What languages does your child speak at home? _____

How would you describe your family's cultural background? _____

Are there any religious or cultural festivals that your child takes part in? _____

What is your child's usual sleep pattern? _____

Does your child have a feeding routine (for children under 2 years)? Yes No

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?

Is there any other background information about your child that may be useful for us to know? For example, how do they prefer to be comforted when they are upset? Do they have a dummy, suck their thumb, have a comforter//favourite toy?

What upsets you/ any dislikes _____

Family information

Who lives with you/ do you have brothers or sisters? How old are they?

Transfer of records

With your consent we will transfer your child’s records to the receiving school when they leave our setting. This will enable the school to continue to effectively manage any special education, health or medical needs, and to continue with their development.

I agree for my child’s records to be transferred to their receiving school

Name of child: _____

Signed _____ Date _____

Further information

I confirm that information about the setting’s policies and procedures has been made available and explained to me, and I understand I can find more information as to how my personal data is handled through the Privacy policy.

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

Parent’s name: _____

Signed _____ Date ____/____/____

Please note that the information on this form is stored and maintained confidentially at all times.