**Little Friends Pre-School Limited**

**Childcare and early education registration form**

***Child’s details***

|  |  |  |
| --- | --- | --- |
| Child’s first name(s): | Surname: |  |
| Name known by: |  |
| Child’s full address: |  |
|  |
| Gender: |  | Date birth: | Birth certificate seen and copy made Yes □ No □ |
| ***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: (funding purposes only)Parent D.O.B. |
| *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: (funding purposes only)Parent D.O.B. |
| **Other person(s) with legal contact** *to be completed where those persons with parental responsibility are separated and/or a 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: |
| Please give details of any siblings: |
| Siblings Names - Siblings D.O.B.- |
|   |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Ethnicity** **data** (g*athered 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 | □ | 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 |

***Collection permission authorisation*** *(other than parents)**Please note that if the authorised person is not the person listed, we will check before releasing the child. 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: |  |
| **Password for the collection of children by authorised persons:** |  |
| **No Access (not permitted access to your child)****Name:** |  |
| Full address: |  |
| Relationship to the child: |  |
| Reason: e.g. court order or other? |  |
| Evidence seen Yes □ No □ | Copy provided Yes □ No □ |
| **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. Pleas 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***

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/deputy/keyperson 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 all trained staff to administer the inhaler/EpiPen or Anapen supplied by me to:Child’s Name: |
| Signed: |   | Date: |  |
| Printed name: |  |

***Medical details***

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** | 5-in-1 (DTaP/IPV/Hib) vaccine – diphtheria, tetanus,whooping cough (pertussis), polio and Haemophilusinfluenzae type b (known as Hib); Pneumococcal (PCV)vaccine; Rotavirus vaccine; Men B vaccine | Yes □  | No □ | Date: |
| **Three months** | 5-in-1 (DTaP/IPV/Hib) vaccine, second dose; Men Cvaccine; Rotavirus vaccine, second dose | Yes □  | No □ | Date: |
| **Four months** | 5-in-1 (DTaP/IPV/Hib) vaccine, third dose;Pneumococcal (PCV) vaccine, second dose; Men Bvaccine second dose | Yes □  | No □ | Date: |
| **12 to 13 months** | Hib/Men C booster, given as a single jab containingmeningitis C (second dose) and Hib (fourth dose); Measles,mumps and rubella (MMR) vaccine, given as a singlejab; Pneumococcal (PCV) vaccine, third dose; Men Bvaccine third dose | Yes □  | No □ | Date: |
| **Eligible pediatric age groups** | Children’s flu vaccine (annual) | Yes □  | No □ | 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 □  | No □ | Date: |
| ***Health and development*** |
| Was your child born prematurely, if so, how many weeks early?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 have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance? Yes □ No □ |
| Notes: |  |
| Do you have any concerns about your child’s learning and development? Yes □ No □ |
| If yes, notes: |  |
| How does your child converse? i.e., speech, gesture etc. |
| Is your child known to have any allergies or food intolerances? If so, please specify: |
| Notes: (Please describe symptoms) –  |
| *A risk assessment is completed and kept on the child’s file for any known allergies or food intolerance as mentioned above.* |
| Does your child have any dietary requirements? Please specify: |

***Details of professionals involved with your child***

***GP***

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | Telephone:  |  |
| Address: |  |

***Health Visitor (if applicable)***

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | Telephone: |  |
| Address: |  |

***Social Care (if applicable)***

***Please inform us if your child/family is currently on the social services register? Or if Social Services have been involved with your family in the last year****. (This is to enable us to provide appropriate support and interventions should it be necessary; it also allows us to prepare for any potential changes in your child’s or your family’s situation).*

|  |  |  |  |
| --- | --- | --- | --- |
| Social Worker: |  | Telephone: |  |
| Give details: |  |

***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, have they already had their 2-year Integrated review with the Health Visitor? Yes □ No □ Date: |
| Date setting completes 2-year check with parent/carer and keyperson: (to be completed by setting) |

***Parental permissions***

***E:safety (staff and children)***

There are procedures in place that govern the use of IT equipment on site. Where iPad 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 setting 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: |  |

***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: |  |

***Sun Cream***

|  |
| --- |
| I give permission for staff to administer hypoallergenic sun cream to my child. |
| Signed: |  | Date: |  |

*Short trip - general outings*

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| --- |
| I give permission for my child to take part in short trips to local park/shops/library etc. (Parents are requested to accompany their child on general outings i.e., seaside. I uunderstand 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: |  |

***Face Painting/Children’s tattoos***

|  |
| --- |
| I give permission for staff to use face paints and children’s tattoos during festivals and events. |
| 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. 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, on rare occasions your key person may change, 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: |  |

***About your child***

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

Does your child have previous experience of attending an early year’s setting? If so, please give details:

|  |
| --- |
|  |

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

|  |
| --- |
|  |
| What languages does your child speak at home? |
| What religion does your family follow (if applicable)? |  |
| How would you describe your family’s cultural background? |
| Are there any religious or cultural festivals that your child takes part in? |
| Who lives in my house? |
| Detail of any pets in the family home -  |
| Does your child have any food preferences? If so, please specify –  | Yes | □ | No | □ |
| Does your child have a pacifier i.e., dummy or thumb? | Yes | □ | No | □ |
| Does your child have a special comforter that they may need to bring with them, if yes, please describe -  | 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? |
|  |

***Transition to school***

With your consent we will liaise with the receiving school to ensure a smooth transition for your child. 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 to the setting liaising with the receiving school***

|  |  |
| --- | --- |
| Name of child: |  |
| Signed: |  | Date: |  |

***Notice Period***

Once a place at the nursery has been confirmed, **four weeks’** written notice is required if you wish to cancel your space. Your fees/funding is still payable throughout the notice period.

Signed: Date:

***Declaration:***

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.

I fully agree to the terms

|  |  |
| --- | --- |
| Parent’s name: | Relationship to child: |
| Signed: |  | Date: |  |
| Parents name: |  | Relationship to child: |  |
| Signed: |  | Date: |  |

|  |  |
| --- | --- |
| Key person’s name: |  |
| Signed: |  | Date: |  |
| Setting manager’s name: |  |
| Signed: |  | Date: |  |

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