****

**10.4 Registration form**

**Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s first name(s) |  | Surname |  |
| Name known as  |  |
| Child’s full address |  |
|  |
| Gender |  | Date of birth |  | Birth certificate seen Yes □ No □ |
| **Family details** |
| 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 |  |
| 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 |  |
| 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/I] will check before releasing the child.*

|  |  |
| --- | --- |
| *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 |  |
| *Person 3* - 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/me] a little more about your child. As your child settles with [us/me], [we/I] 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 □ No □ | Date: |  |
|  | Pneumococcal (PCV) vaccine. | Yes □ No □ | Date: |  |
|  | Rotavirus vaccine. | Yes □ No □ | 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 □ No □ | Date: |  |
|  | Meningitis C vaccine. | Yes □ No □ | Date: |  |
|  | Rotavirus, second dose. | Yes □ No □ | 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 □ 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 □ |
| 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: |
|  |
| *It is [our/my] usual practice to provide both a meat and vegetarian option. If this is not in-keeping with your child’s dietary requirements, please discuss this with [our setting manager/me] 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: |
|  |
| 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 |  |  |  |  |
| Education, Health and Care Plan |  |  |  |  |
| What special support will he/she require in [our/my] 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 |  |
| As per the requirements of the Early Years Foundation Stage [we/I] will complete a progress check on your child between the ages of 24-36 months. [We/I] 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/my] 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 any food preferences? | 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/I] 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 |  |
| Name 3 |  | 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 |  |

**Plasters**

*Please delate as appropriate*

*I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian****) do/do not*** *give permission for Covingham Roundabout pre-school LTD to apply a plaster to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name) if required*

*Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For inhalers/auto-injectors (e.g. Epipens) only*

|  |
| --- |
|  |
| 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 |  |

*Paracetemol based medicine (e.g. Calpol or Sudafed)*

|  |
| --- |
| 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 suncream (supplied by me) to |
|  | (*name of child*) when necessary. |
| 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:

|  |
| --- |
| Local ParkLibrary |

|  |  |  |
| --- | --- | --- |
| 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 are happy to provide duplicate photos of your child to you if requested, although this might incur a small charge to cover our costs. We may also record events and activities on video. Photos/videos are stored on the setting’s computer/Devices 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 have the following pets on site

|  |
| --- |
| * Guinea Pig
 |

|  |
| --- |
| 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 |  |

**Danzone**

The pre-school would like the opportunity to offer a dance/exercise session with Danzone.

Danzone is a dance school established in Swindon 2003 by Clare Jones who is a qualified dance teacher with first aid training and a DBS. If you would like more information please visit [www.danzone.co.uk](http://www.danzone.co.uk).

We run a half hour session once a week on a Wednesday.

The cost of the half hour session is £2.50 and this will be added onto your child’s termly invoice.

If you would like your child to join in this session please complete the consent form below. (There is no obligation to partake in this activity)

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) would like \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name) to join in with the Danzone session running once a week at Covingham Roundabout pre-school. I understand that this is a cost of £2.50 per session which will be added on to my child’s invoice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signed Parent/guardian)

**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 learning diary may need to be taken off the premises for short periods to enable the key person to effectively maintain the diary. However confidentiality will be maintained at all times.

Please complete the following:

I understand that the key person allocated to my child will need to take my child’s learning diary off the pre-school premises for short periods in order to maintain this record

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Your child’s key person will be |  |

*To be completed by the manager:*

|  |  |  |
| --- | --- | --- |
| Date starting at  | Covingham Roundabout pre-school |  |
| Days and times of attendance |  |
|  |
| Are any fees payable? If so, note here |  |
| Has the settling-in process been agreed? Yes □ No □If so, please specify: |
|  |
| **Family app - Information for parents**Famly is an app we use which combines all our paperwork, invoices, newsletters, children’s information and EYFS documents in one place. It also allow you as parents to upload photos and achievements from home providing an easier link between us.We also hold our parent meetings three times a year, and as always any of the team are on hand daily to talk to you. For more information on Famly and the history behind it please visit [www.famly.co](http://www.famly.co)Please sign the slip below so we can keep a record that you are happy to use the Famly app.I/we are happy to use and allow members of staff at Covingham Roundabout Pre-School ltd to use the Famly app for my Child/Children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Insert child’s/children’s name.)Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/guardian)**Policies and procedures**I have been provided with details of Covingham roundabout pre-schools 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 |  |
|  |
| Name of key person |  |
| Signed |  | Date |  |
| Name of manager |  |
| Signed |  | Date |  |

*If you are in receipt of any of the below, the setting may be entitled to claim extra funding to help improve the quality of the Early Years Education YOUR child receives:*

* *Income Support*
* *Income Based Job Seekers Allowance*
* *Income Related Employment and Support Allowance*
* *Universal Credit*
* *Support through part 6 of the immigration and Asylum Act*
* *The guaranteed element of state Pension Credit*
* *Child Tax Credit (with no working tax credit) with an annual income of no more than £16,190*
* *Your child may also be eligible if they’re looked after by the local council or they have left care under a special guardianship order, child arrangement order or adoption order.*

*Swindon Borough Council are offering to check ALL parents of 3 & 4 year olds to make sure all those who are eligible can receive the Early Years Pupil Premium.*

*To enable them to check please provide us with your National Insurance Number:*

*Please sign below to confirm that you give consent for your details to be passed to Swindon Borough Council to check your child’s eligibility for this funding:*

*If you have any questions about Early Years Pupil Premium please contact:*

*Danielle Maundrell*

*Commissioner –Education*

*Place Planning and Funding*

*Swindon Borough Council*

*Email:* *DMaundrell@swindon.gov.uk*

*Tel: 01793 466314*

**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.