



Registration Form

Tiny Feet Preschool
Callebaut Hall
15 Kingston Road
Taunton
Somerset
TA2 7SA
01823 617560

Tinyfeetpreschoolpartnership@gmail.com

Child details

Name of child:	Date of Birth:	Preferred name/known as
Address:	Ethnic Origin:	Languages spoken:
Postcode:	Religion:	

Family details

Parent/Carer Details 1	Parent/Carer Details 2
Full Name:	Full Name:
Address:	Address:
Home phone no:	Home phone no:
Mobile:	Mobile:
Work phone no:	Work phone no:
Email address:	Email address:
Occupation:	Occupation:

Is Parent/Carer 1 Legal Guardian of child? Yes/No	Is Parent/Carer 2 Legal Guardian of child? Yes/No
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Does your child attend any other settings?	Name and ages of siblings?
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Emergency Contact Details

If possible, please provide details of 3 emergency contacts in case a parent is unavailable.
Ideally, they should be local to preschool.

Name of child:

Name:	Relationship to Child:
Address:	
Phone No:	
Name:	Relationship to Child:
Address:	
Phone No:	
Name:	Relationship to child:
Address:	
Phone no:	
Parental Responsibility: I/We give consent for the above named people to be contacted in case of emergency. I/We confirm that Tiny Feet have permission to share the necessary details with them.	
Signed:	

Please Note: It is important that you keep us updated of any changes to your personal details.

Person's authorised to collect your child other than those already named:

Password for emergency collection procedure:

Child's Health

Doctors Name:

Surgery address and telephone No:

Health Visitor name and telephone No:

Child's NHS Number:

Does your child have any ongoing medical conditions? Yes/No

Does your child have a SEN plan Yes/No

Does your child have a EHCP Yes/No

If Yes to any of the above questions has your child seen any of the following Health Professionals? Please give names and contact numbers.

- Speech and Language Therapist
- Occupational Therapist
- Paediatrician
- Educational Psychologist
- Social Worker (contact with social services)
- Visual Impairment
- Hearing Impairment
- Family Support Worker
- Any other Agencies

Please circle the immunisations your child has received.

Diphtheria

whooping cough

Tetanus

Polio

MMR

Hibs

Has your child visited the health visitor for their 2 year old progress check Yes/No

Have you any relevant information from your child's red book that you can share with us to better know your child needs. Yes/No

Please note we follow guidelines of 48 hours after the last bout of sickness and diarrhoea

Allergy Information

Has your child any food allergies or intolerances? Yes/No

If yes please circle any of the following allergies your child has:

Milk/Dairy Wheat Gluten Eggs Food Colourings and Preservatives
Soya Nuts Latex Lupin Medication eg: penicillin
Plasters

Any others please list

And what is your child's reaction to the allergy?

What medication/treatment does your child receive for the allergy ?

Dietary Requirement

Please specify any dietary requirements that your child needs eg: vegan, vegetarian, Halal

Equalities monitoring form

Ethnicity – gathered for monitoring purposes only. Parents are not obliged to complete this data.

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

Other please state _____

General Parental Permissions

I give consent for (child's name): _____

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.

Yes/No

My child's name and signature being visible to other parent/carers on the signing in sheet

Yes/No

For staff to administer hypoallergenic sun cream either supplied by me or Tiny Feet.

Yes/No

Short trips – general outings

Your child will be taken out of our setting as part of our daily activities. The venues are detailed here:

Local Area: The park on Greenway Road, train station and railway bridge, Tesco Express on Priorswood Road and Taunton Museum by bus.

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 to see as required. For any planned outings I understand I will be informed and my specific consent obtained.

Yes/No

Photographs

As part of the ongoing recording of our curriculum and for child'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 your child's records within the setting. We may also record events and activities on video. Photo's and videos are stored on the settings computer and Ipad. We only store photos of your child while they are 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 first.

Yes/No

I understand our Family online journals will sometimes be taken home to be updated by their child's key worker.

Yes/No

Group observations

On occasion we will do group observations and as such your child may appear in the background of other children's photo's/journals.

Yes/No

We occasionally have supervised visits from animals to the setting. Does your child has any known allergies to animals?

Yes/No

Health visitor termly visits

We have a local Health Visitor who visits various settings in the local area. They help support and advise us about any concerns or worries about the children. This has proven to be a valuable resource to us at Tiny Feet but does mean we share information about your child with the Health Visitor if necessary.

Yes/No

We/I the parent of (child's name) _____ . Are happy to consent to the above permissions.

Signed:

Date:

Parent/Setting Partnerships

We like to work together as a team with your child, if you feel you would like to share any information with us that you think will help us better understand your child. Please add your comments below. All information shared will be kept confidential within the setting and only shared with the relevant staff.