**Grove Pre-school**

**Developing brighter futures**

**Registration form**

**Child’s Details**

Child’s name (in full)…………………………….......................................................................................

Name known as……………………………….......................................................................Gender M/F

Child’s full address……………………………….......................................................................................

………………………………........................................................Postcode………………………………....

 Date of birth………………………………................... Birth Certificate/Passport seen yes/no (delete)

**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………………………………....................ID seen …………………………….............

Daytime/work telephone………………………………............ mobile………………………………............

Home telephone………………………………..............Email……………………………….........................

Home address………………………………..............................................................................................

Work address………………………………...............................................................................................

Does this parent have parental responsibility for the child yes/no (delete)

Does this parent have legal access to the child yes/no (delete)

Contact details 2 (including emergency information)

Parent/carer full name………………………………..................................................................................

Relationship to child………………………………...................ID seen ……………………………..............

Daytime/work telephone………………………………............mobile………………………………..............

Home telephone………………………………..............Email……………………………….........................

Home address………………………………..............................................................................................

Work address………………………………...............................................................................................

Does this parent have parental responsibility for the child yes/no (delete)

Does this parent have legal access to the child yes/no (delete)

Contact details 3 (including emergency information)

Parent/carer full name………………………………..................................................................................

Relationship to child………………………………....................ID seen ……………………………….........

Daytime/work telephone………………………………............mobile………………………………..............

Home telephone………………………………..............Email……………………………….........................

Home address……………………………….............................................................................................

Work address………………………………..............................................................................................

Does this parent have parental responsibility for the child yes/no (delete)

Does this parent have legal access to the child yes/no (delete)

**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 the setting needs to know about?……………………………....

……………………………….....................................................................................................................

**Emergency contact details (preferably local) If parents are not available**

Contact 1 - Name………………………………...................................................ID Seen…………………

Daytime/work telephone ………………………………............. Home Telephone………………………….

Mobile……………………………….....................Relationship to child………………………………..........

Address……………………………….......................................................................................................

Contact 2 - Name……………………………….....................................................ID Seen……………….

Daytime/work telephone ………………………………............. Home Telephone………………………….

 Mobile……………………………….....................Relationship to child………………………………..........

Address………………………………........................................................................................................

**Person(s) other than parent(s) authorised to collect the child**. Must be over 16 years of age

Person 1 - Name……………………………….........................................ID Seen.………………………..

Daytime/work telephone……………………………….......... Home telephone……………………………..

Mobile………………………………..........................Relationship to child………………………………......

Address………………………………........................................................................................................

Person 2 - Name……………………………….............................................ID Seen…………………….

Daytime/work telephone……………………………….......... Home telephone……………………………..

Mobile………………………………..........................Relationship to child………………………………......

Address………………………………........................................................................................................

**Data Sharing**

When a person other than a parent collects we need permission to pass on information regarding the child such as accident information, allowing the diary to be taken home, allowing them to attend staff/parent meetings.

Please confirm that those listed above to collect have your permission. Yes/no (delete)

**About your child**

Are your child’s immunisations up to date? Yes/no (delete)

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/no (delete)

If so, please provide details:

………………………………....................................................................................................................

Has a risk assessment, if required, been completed? yes/no (delete)

An agreement to administer medicine, if required, been completed yes/no (delete)

|  |
| --- |
| 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? Yes/no (delete)

If so please provide details:

……………………………….....................................................................................................................

……………………………….....................................................................................................................

Are any of the following in place for your child?

SEN action plan

Education, health care plan

What special support will he/she require in our setting?

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

*Two year progress check – children aged between 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 (delete)

Setting completing check ……………………………….. Date completed………………………….

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 will discuss it with you.

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 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 (delete)

If so, discuss and agree with the key person how you will support your child when settling-in:

……………………………….....................................................................................................................

We wish to value your diversity, so are there key words you would like us to speak? Yes/No (delete)

………………………………....................................................................................................................

What other information is important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

……………………………….....................................................................................................................

When is your child expected to start school?…………………….School (if known)……………………….

Does your child attend another setting? Yes/no (delete)

If yes do you give permission for us to share progress information with this setting yes/no (delete)……………………………………………………………………………………………………………………….

If so please give details below

Name of setting………………………………………… Name of key person…………………………………………..

Address……………………………………………………………………………………………………………………….

Telephone number…………………………………… email address……………………………………………

Details of days and times your child attends…………………………………………………………………………….

Has your child attended a nursery, pre-school previously yes/no (delete) If yes please can we share their previous learning journal/diary. Yes/no (delete)

Have you been made aware of the government scheme for two year old funding? Yes/no (delete)

If no please talk to your key person/pre-school leader for more details.

If yes have you contacted the Family Information service to check your eligibility for this funding Yes/no (delete)

If no please talk to your key person/pre-school leader who will provide you with information about this.

Are you aware if your child is eligible for Early Year’s pupil premium and the benefits of this? Yes/no (delete)

Please discuss this with your key worker/ pre-school leader.

National Insurance number of parent 1……………………………………………

National Insurance number of parent 2……………………………………………

\****Please only provide national insurance number/s for parent/s who live with the child.***

***\*This information will be used for the sole purpose of checking eligibility for Two year old funding/Early year’s pupil premium. It will be kept securely within your child’s file.***

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

Name of Child’s Doctor ……………………………….......... Clinic……………………………….................

Telephone………………………………...............................

Health Visitor (if applicable)

Name……………………………….......................................Clinic……………………………….................

Telephone………………………………................................

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. Ensure these are obtained from the social care worker named above and keep these securely in the child’s file.

Any other professional who has regular contact with the child dentist, speech therapist etc.

Name 1.……………………………..............................Role………………………………...........................

Agency………………………………............................Telephone………………………………..................

Name 2.……………………………..............................Role………………………………...........................

Agency………………………………............................Telephone………………………………..................

**Information for parents**

**Key persons**

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 during the course of their time in 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……………………………….....................................................................

Has the settling-in process been agreed? Yes/no (delete)

If so, detail:

……………………………….....................................................................................................................

To be completed by the key person/manager

Date starting……………………………….................................................................................................

Days of attendance……………………………….....................................................................................

Are any fees payable? If so, note here……………………………….......................................................

**Fees are payable daily/weekly/monthly/half termly in advance. Fees continue to be payable if a child is absent. In cases of prolonged absence, e.g. holidays or sickness, parents should consult the staff about fee payment. Each child’s attendance at the group is conditional upon continued payment of any necessary fees and/or nursery funding. We expect children who are eligible for funding to use funding for all of their sessions at pre-school or to pay fees to the value of the funding.**

**Notice of any change in sessions required is one half term. Fees are payable for sessions during the notice period, unless taken up by another child. Notice also applies to sessions requested for the spring and summer terms.**

**Parental permissions**

I/we accept the pre-schools policies and accept that the group will run in accordance with these.

I/we have been provided with details of the settings policies and procedures, including information sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without my/ our consent.

I/we consent for photographs of my/our child to be taken during the pre-school session or at special events for inclusion in our learning diaries □, Quality Assurance □, display purposes□, inclusion in our photograph albums □, local newspapers □, Grove Pre-school website □, Pre-school face book page□ (Please tick) Staff will obtain permission from the child before taking photographs or doing observations. We may also record events and activities on video.

I/we consent for my/our child to be taken out as part of the daily activities of the setting. The regular venues used are the postbox, the local convenience store to purchase our daily snack, the playing fields and Morgan’s Hill for walks and games, the local park, the local church, Backwell Lake, library and Hannah More School. I/we understand that my/our further consent will be requested for major outings. Individual risk assessments are carried out for each type of trip or outing we take and are available for you to see as required.

I/we give permission for staff to administer hypoallergenic sun cream as supplied by me (minimum SPF 30) and will record its use. Sun cream should be applied by parent/care prior to the session – staff will only top up between sessions.

Animals - We may occasionally have supervised visits of animals to our setting. Please state below any known allergies or aversion your child has to animals.

……………………………….....................................................................................................................

Emergency Treatment - In the event of an accident or emergency involving my/our child I/we understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I/we understand my/our child may be taken to hospital accompanied by the setting leader (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

I/we give our consent to all the above and acknowledge that the information given on this form is accurate and correct. I/we will notify you of any changes as they arise.

Signed by Parent/Carer 1.……………………………......................... Date………………………………..

Signed by Parent/Carer 2.…………………………….......................... Date………………………………..

**Parental Participation**

I/we will join in the life of the pre-school for as long as my/our child attends. I would be particularly interested in:

Helping during the session yes/no (delete) working on the committee yes/no (delete)

Helping with fundraising yes/no (delete) Making/mending equipment yes/no (delete)

Taking part in outings yes/no (delete) other (please specify)…………………………….....

Links within the Community (please specify)……………………………...................................................

**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.