



Parkside Montessori Preschool

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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/Copy supplied 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

Does this parent have legal access to 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

Does this parent have legal access to 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

Does this parent have legal access to 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 the setting needs to know about?

Emergency contact details if parents are not available *Emergency contacts must be local.*

Contact 1 - Name _____
Daytime/work telephone _____
Home telephone _____ Mobile _____
Address _____
Relationship to child _____

Contact 2 - Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____

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

Person 1 - Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____

Person 2 - Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____

Password for the collection of child by authorised person _____

About your child

Has your child received the following immunisations? (Please confirm and date)

Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Pneumococcal infection.	DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)
Yes/No _____		
Date: _____		
Three months old	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C).	DTaP/IPV/Hib and MenC
Yes/No _____		
Date: _____		
Four months old	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C). Pneumococcal infection.	DTaP/IPV/Hib and MenC and PCV
Yes/No _____		
Date: _____		
12 months old	Haemophilus influenza type b (Hib) and meningitis C.	Hib/MenC
Yes/No _____		
Date: _____		

13 months old

Yes/No

Measles, mumps and rubella (German measles).
Pneumococcal infection.

MMR and PCV

Date: _____

**Three years and
four months or
soon after**

Yes/No

Diphtheria, tetanus, pertussis (whooping cough) and
polio.
Measles, mumps and rubella.DTaP/IPV (or dTaP/IPV) and
MMR

Date: _____

Has the child's health record book been seen to confirm immunisation dates? Yes/No

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

If so, please provide details:

Has a risk assessment, if required, been completed? Yes/No

Has a health care plan and agreement to administer medicine, if required, been completed? Yes/No

Does your child have any special needs or disabilities? Yes/No

If so, please provide details:

Are any of the following in place for the child?

Early Years Action Yes/No

Early Years Action Plus Yes/No

Statement of special educational need Yes/No

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

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 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

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

Details of professionals involved with your child

GP

Name _____ Telephone _____

Address _____

Health Visitor Details: (Please ensure we are given notice when you will be completing The Healthy Child Programme Health and Development Review at age 2, to enable us to prepare your 2 year progress check booklet.)

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. 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

Name 1	_____	Role	_____
Agency	_____	Telephone	_____
Name 2	_____	Role	_____
Agency	_____	Telephone	_____
Name 3	_____	Role	_____
Agency	_____	Telephone	_____

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 setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed _____ Date _____

For inhaler/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 to _____ (name of child). (All first aid trained staff have received training)

Signed _____ Date _____

Suncream

I give permission for staff to administer hypoallergenic suncream as supplied by me to _____ (name of child) when necessary and to record its use.
(On hot days, please ensure children have had suncream applied, before entrance to nursery.)

Signed _____ Date _____

Short trip - general outings

Your child will be taken out of the setting as part of the daily activities. Some of the venues used are detailed here:

Local green area, Supermarket, Fire Station (Other local locations as advised)

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 we take and are available for me to see as required. For any major outings, we will inform you and ask for your specific consent. I understand that a nursery mobile phone will be taken on each outing and will store my phone number in case I must be contacted in an emergency. Only registered staff will have access to the phone.

Signed _____ Date _____

Calpol

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 _____

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. These photographs 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. We may also record events and activities on video. Photos/videos are stored on the setting's computer 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 _____

Animals

We may occasionally have supervised visits of animals to our setting.

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 your child has to animals:

Signed _____ Date _____

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/ Manageress if your first point of contact for anything you wish to discuss about your child.

Your child's key person will be displayed
in the lobby area and emailed to you.

Has the settling-in process been agreed? Yes / No

If so, detail:

Please sign below your consent to share information about any additional needs your child may have, or to pass on child development summaries, to the next school/provider.

Signed _____ Date _____

Please sign below to confirm that you have been provided with details of the setting's policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent. (This will only be when it is a matter of safeguarding a child.) Data is also shared with the government for funding or census purposes.

Please note that under the Data Protection Act 1998 your information will be safely stored on a computer as well as on paper. (The basic principles of the Data Protection act, and a copy of our privacy notice is in your welcome pack)

Signed _____ Date _____

Bookings

Intended Start Date _____

Please indicate the days you would like your child to attend:

Mornings:

	MON	TUES	WED	THURS	FRI
8.30 – 9.15 (£8) (including breakfast)					
9.00 – 9.15 (£5) (early drop off fee)					
9.15 – 12.15 (£24.50)					
9.15 – 13.15 (£31)					

Afternoons:

	MON	TUES	WED	THURS
12.15 – 15.15 (£21)				

	MON	TUES	WED
12.15 – 16.15 (£27)			

Full Days:

	MON	TUES	WED	THURS
9.15 – 15.15 (£42)				

	MON	TUES	WED
9.15 – 16.15 (£47.50)			

(Parkside Pre-School offers access to nursery funding for all 3 and 4 year olds. Funding is calculated by the London Borough of Barnet. We will happily discuss available packages and apply for funding on your behalf.)

Booking Fee

Please return with a non - refundable reservation fee of £50.

In the term proceeding entry we will require a further fee of £250. This will be refunded against your final terms fees at Parkside. (This is non refundable in the event that you do not take up your confirmed place).

Cheques should be made payable to Parkside Pre-School Ltd. You may also pay directly online:

Sort Code.. 12-24-82 A/C 06286181 (Please use your child's name as a reference)

Please note we accept all nursery voucher payments.

Please return with a copy of your child's birth certificate. (Ofsted requirement)

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 1	<hr/>	
Signed	<hr/>	Date <hr/>
Parent 2	<hr/>	
Signed	<hr/>	Date <hr/>
	<hr/>	
Manager	<hr/>	
Signed	<hr/>	Date <hr/>
	<hr/>	

Equalities monitoring form – to be completed by the provider

Ethnicity, where collected, should be recorded according to the following categories:

White – British		Asian or Asian British	
▪ Irish	<input type="text"/>	▪ Indian	<input type="text"/>
▪ Traveller of Irish Heritage	<input type="text"/>	▪ Pakistani	<input type="text"/>
▪ Gypsy/Roma	<input type="text"/>	▪ Bangladeshi	<input type="text"/>
▪ Any other white background	<input type="text"/>	▪ Any other Asian background	<input type="text"/>
Mixed – White and Black Caribbean		Black or Black British	
▪ White and Black African	<input type="text"/>	▪ Caribbean	<input type="text"/>
▪ White and Asian	<input type="text"/>	▪ African	<input type="text"/>
▪ Any other mixed background	<input type="text"/>	▪ Any other Black background	<input type="text"/>
Chinese		Any other ethnic background	
▪ Chinese	<input type="text"/>	▪ Please state _____	

A child’s learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need	<input type="text"/>
Early Years Action	<input type="text"/>
Early Years Action Plus	<input type="text"/>
Statement	<input type="text"/>

Providers should refer to the SEN Code of Practice for an explanation of the terms above.