



**Elham Pre-School's Registration Form**

**Village Hall, High Street, Elham, Canterbury, Kent CT4 6SX**

**Tel: 01303 840041 email: elhampreschool@gmail.com**

**Charity Number: 1125226**

**Company Registration Number: 6630170**

**Child's details**

Child's first name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Name known as \_\_\_\_\_

Child's full address \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_

**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 \_\_\_\_\_

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 \_\_\_\_\_

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 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 will check before releasing the child.*

*Person 1* – Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work tel \_\_\_\_\_ Mobile \_\_\_\_\_

*Person 2* - Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work tel \_\_\_\_\_ Mobile \_\_\_\_\_

Password for the collection of child by authorised persons \_\_\_\_\_

## About your child

The following information will tell us a little more about your child. As your child settles with us, we 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** 5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, 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:

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**Three months old** 5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, 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:

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**Four months old** 5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). Yes  No  Date:

Pneumococcal (PCV) vaccine, second dose. Yes  No  Date:

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**Between 12 and 13 months old** Hib/Men C booster - Haemophilus influenza type b (Hib), fourth 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:

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**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:

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*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:

If your child is aged three years or over, does he or she have difficulty with any of the following:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Speaking and communicating                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Listening and attending                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Understanding simple instructions          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Eating and drinking                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Sitting and sharing a book                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Walking and climbing                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Rolling a ball                             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Holding a crayon                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Socialising with adults and other children | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Using the toilet                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Putting on their shoes and socks           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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 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 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.

*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 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*

Does your child have a pacifier i.e. dummy or thumb? 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

## ***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 \_\_\_\_\_ *(name of child)*) by me) to \_\_\_\_\_

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 \_\_\_\_\_

## ***Suncream***

I confirm I will apply suncream prior to bringing my child to Pre-School during summer. I give permission for staff to reapply at lunchtime (or earlier if necessary) either suncream supplied by me or if not available the Pre-Schools to

\_\_\_\_\_ *(name of child)*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

## ***Short trip - general outings***

Your child may be taken out of our setting as part of the daily activities on fully supervised excursions.

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 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

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 \_\_\_\_\_

**Absences or Term Time Holidays**

I understand that I have to pay Pre-School fees even when my child is absent or on holiday.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

**Refundable Deposit – only applicable to fee paying children**

I enclose a cheque/have made an online payment(please delete) to the value of £50 by way of a refundable deposit. I understand it will be refunded to me when my child leaves Pre-School providing all fees are paid and four weeks’ notice has been given. Online payments can be made to Sort code: 08-92-99 A/C No: 65335037 referencing it with your child’s name.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

### **Other Care Providers**

If your child attends another care provider it may be necessary for us to contact them from time to time to discuss how both settings can work together to provide the best outcomes for your child. We only do this with your permission and will discuss this before we make contact.

I give Elham Pre-School to contact our child's other care provider.

Name of other setting:

Contact details:

Keyworker/Contact name:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

### **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 key person will be \_\_\_\_\_

*To be completed by the key person/manager:*

Date starting at \_\_\_\_\_ *Elham 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:

### **Policies and procedures**

I have been provided with details of Elham 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 \_\_\_\_\_

Birth certificate seen Yes  No  Cert No:

Date:

# DOCTORS INFORMATION AND PERMISSION FOR EMERGENCY TREATMENT

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Doctor's telephone number: \_\_\_\_\_

Allergies or any medical information: \_\_\_\_\_

I/We\* \_\_\_\_\_ give/do not give\* permission  
for Elham Pre-School to seek emergency medical advice in my/our\* absence and for my/our\* child to  
receive medical treatment (\*delete as applicable).

If permission not given, please provide your reasons. Thank you.

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

Date: \_\_\_\_\_

## Elham Pre-School Sessions

At our Pre-School we like to offer flexibility to parents when selecting their child's hours of attendance.

You can choose from the following start and finish times to fit in with your needs.

You can use your Universal entitlement for 3 & 4 year olds (15 hours), Free for Two (15 hours) or extended entitlement (30 hours) for any of the sessions free of charge but any additional hours above your free entitlement will be charge at £5.00 an hour:

START TIME	END TIME	FEE PAYING COST
8.00	12.00	£20.00
8.30	12.00	£17.50
9.00	12.00	£15.00
8.00	13.00	£25.00
8.30	13.00	£22.50
9.00	13.00	£20.00
8.00	15.00	£35.00
8.30	15.00	£32.50
9.00	15.00	£30.00



## **Elham Pre-School's Privacy Notice**

Elham Pre-School  
Village Hall  
High Street  
Elham  
Canterbury  
Kent  
CT4 6SX  
Telephone: 01303 840041  
Email: [elhampreschool@gmail.com](mailto:elhampreschool@gmail.com)

### **Introduction**

We are committed to ensuring that any personal data we hold about you and your child is protected in accordance with data protection laws and is used in line with your expectations.

This privacy notice explains what personal data we collect, why we collect it, how we use it and how we protect it.

### **What personal data do we collect?**

We collect personal data about you and your child to provide care and learning that is tailored to meet your child's individual needs. We also collect information in order to verify your eligibility for free childcare as applicable.

Personal details that we collect about your child include:

- your child's name, date of birth, birth certificate number, address, health and medical needs, development needs, and any special educational needs

Where applicable we will obtain child protection plans from social care and health care plans from health professionals.

We will also ask for information about who has parental responsibility for your child and any court orders pertaining to your child.

Personal details that we collect about you include:

- your name, home and work address, phone numbers, emergency contact details, and family

This information will be collected from you directly in the registration form.

If you apply for up to 30 hours free childcare, we will also collect:

- your national insurance number or unique taxpayer reference (UTR), if you're self-employed. We may also collect information regarding benefits and family credits that you are in receipt of.

### **Why we collect this information and the legal basis for handling your data**

We use personal data about you and your child in order to provide childcare services and fulfil the contractual arrangement you have entered into. This includes using your data to:

- contact you in case of an emergency
- to support your child's wellbeing and development
- to manage any special educational, health or medical needs of your child whilst at our setting
- to carry out regular assessment of your child's progress and to identify any areas of concern
- to maintain contact with you about your child's progress and respond to any questions you may have
- to process your claim for up to 30 hours free childcare (only where applicable)
- to keep you updated with information about our service

With your consent, we will also record your child's activities for their individual learning record. This may include photographs and videos. You will have the opportunity to withdraw your consent at any time, for images taken by confirming so in writing.

We have a legal obligation to process safeguarding related data about your child should we have concerns about their welfare. We also have a legal obligation to transfer records and certain information about your child to the school that your child will be attending (see *Transfer of Records* policy).

### **Who we share your data with**

In order for us to deliver childcare services we will also share your data as required with the following categories of recipients:

- Ofsted – during an inspection or following a complaint about our service
- banking services to process chip and pin and/or direct debit payments (as applicable)
- the Local Authority (where you claim up to 30 hours free childcare as applicable)
- the government's eligibility checker (as above)
- our insurance underwriter (if applicable)
- the school that your child will be attending

we will also share your data if:

- we are legally required to do so, for example, by law, by a court or the Charity Commission;
- to enforce or apply the terms and conditions of your contract with us;
- to protect your child and other children; for example by sharing information with social care or the police;
- it is necessary to protect our rights, property or safety
- we transfer the management of the setting, in which case we may disclose your personal data to the prospective buyer so they may continue the service in the same way.

We will never share your data with any other organisation to use for their own purposes

### **How do we protect your data?**

We protect unauthorised access to your personal data and prevent it from being lost, accidentally destroyed, misused, or disclosed by:

Registration form and other forms are kept in a locked filing cabinet in our locked storage cupboard.  
Children's learning journals are filed in a box which is kept at the back of the locked storage cupboard overnight.  
All other current written records are kept in a cupboard in our locked storage cupboard.  
Older written records that we have to legally keep are stored in a locked storage area in the Village hall.

### **How long do we retain your data?**

We retain your child's personal data for up to 3 years after your child no longer uses my setting, or until our next Ofsted inspection after your child leaves our setting. Medication records and accident records are kept for longer according to legal requirements. Your child's learning and development records are maintained by us and handed to you when your child leaves.

In some instances (child protection, or other support service referrals) we are obliged to keep your data for longer if it is necessary to comply with legal requirements (see our Children's and Provider Records policies).

### **Automated decision-making**

We do not make any decisions about your child based solely on automated decision-making.

### **Your rights with respect to your data**

You have the right to:

- request access, amend or correct your/your child's personal data
- request that we delete or stop processing your/your child's personal data, for example where the data is no longer necessary for the purposes of processing; and
- request that we transfer your, and your child's personal data to another person

If you wish to exercise any of these rights at any time or if you have any questions, comments or concerns about this privacy notice, or how we handle your data please contact us. If you continue to have concerns about the way your data is handled and remain dissatisfied after raising your concern with us, you have the right to complain to the Information Commissioner Office (ICO). The ICO can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or [ico.org.uk/](http://ico.org.uk/)

### **Changes to this notice**

We keep this notice under regular review. You will be notified of any changes where appropriate.