



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:

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:

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:

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:

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:

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: _____