

09.1c Childcare and early education registration form



REGISTRATION DETAILS

Tolleshunt D'Arcy Pre-school
At Tolleshunt D'Arcy St. Nicholas C of E Primary Academy
Tollesbury Road
Tolleshunt D'Arcy
Maldon
CM9 8UB

Tel. 01621 868948
Email: enquiriestdps@gmail.com

Registered No: 07556040 Registered Charity No: 1146436

Communication with Parent(s)/Carers:

In the interest of the environment, our preferred method of forwarding correspondence is by email. If you would prefer to receive a paper copy instead, please tick []

Child's details

Child's first name(s) _____ Surname _____

Known as or preferred name _____

Child's full address _____

Post Code _____

Gender _____ Date of birth _____

Family details

Name of parent(s)/carer(s) with whom the child lives: _____

Contact details 1:

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____
Home telephone _____ Email _____
Home address _____
_____ Post Code _____

Does this parent have parental responsibility for the child? Yes No

Contact details 2:

Parent/carer full name _____
Relationship to child _____
Daytime/work telephone _____ Mobile _____
Home telephone _____ Email _____
Home address _____
_____ Post Code _____

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 or divorced and a Section 8 Order is in place.

Name _____
Address _____
Contact telephone numbers _____
Relationship to child _____

What are the legal contact arrangements that we need to be aware of?

Name of person(s) collecting your child regularly _____

Emergency contact details/Persons authorised to collect the child (if parents are not available)

Emergency contacts **must be local** and over 16 yrs of age. Please note that if another person is collecting the child you must indicate who this is on the signing in/out sheet. If somebody other than that authorised person or the person who brought the child in to pre-school comes to collect, we will check before releasing the child. Late changes to the collecting person should be notified by telephone and a password used on collection.

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 _____

Password for the collection of child by authorised persons

Please make us aware if there are any legal orders in place for contact for 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.

If your child attends **another childcare setting or childminder**, please specify:

Health and development

Has your child received the following immunisations? *Please confirm and provide date of immunisations given.*

8 weeks **DTaP/IPV/Hib/HepB and MenB and Rota** (diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae b (Hib), hepatitis B, meningococcal B and rotavirus vaccine). Yes No Date: _____

12 weeks **DTaP/IPV/Hib/HepB and PCV and Rota** (diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae b (Hib), hepatitis B, pneumococcal conjugate vaccine and rotavirus vaccine). Yes No Date: _____

16 weeks **DTaP/IPV/Hib/HepB and MenB** (diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae b (Hib), hepatitis B, meningococcal B vaccine) Yes No Date: _____

One year **Hib/MenC and MenB and PCV** (Haemophilus influenzae b (Hib) meningitis C, meningococcal B and pneumococcal conjugate vaccine) Yes No Date: _____

MMR vaccine – mumps, measles and rubella. Yes No Date: _____

Annually from 2 years

Influenza vaccine

Yes No Date:

Three years and four months

MMR vaccine, second dose – mumps, measles and rubella.

Yes No Date:

DTaP/IPV or dTaP/IPV (diphtheria or low dose diphtheria, tetanus, pertussis (whooping cough), polio vaccine) **PRE-SCHOOL IMMUNISATIONS**

Yes No Date:

Normal Body Temperature

Record three observations on different days/times:

Date: Time: Temp (°C)

Date: Time: Temp (°C)

Date: Time: Temp (°C)

Average Temperature:

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 have a health care plan in place? 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.

We offer the children a healthy snack in line with our Food and Drink Policy. The Department of Health supplies free, one third of a pint of semi-skimmed milk per child each day. If your child does not drink milk, water is always available. On special occasions, such as fundraising events and cultural celebrations, we offer the children a range of sweet and savoury party foods and fruit squash/cordial may also be available. This is in addition to the healthy snack option. If you do not want him or her to be offered certain foods, or if your child has any special 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 attention	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? Are they in receipt of Disability Living Allowance?
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 month 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:

Details of professionals involved with your child

GP

Name and Surgery _____ Telephone _____

Dentist

Name and practice _____ Telephone _____

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 will ensure these details 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 _____ Role _____
Agency _____ Telephone _____
Address _____

General parental permissions

Emergency treatment declaration

In the event of an accident or emergency involving your child every effort will be made to contact you immediately. Emergency services will be called as necessary and your child may be taken to hospital accompanied by the manager or authorised deputy for emergency treatment. Health professionals are responsible for any decisions on medical treatment made in your absence.

I give permission for the emergency services to be called and treatment provided, as deemed necessary, by the health professionals for

_____ (name of child)

Signed _____ Date _____

Printed name _____

Sunscreen

During hot weather, you are asked to apply sunscreen to your child before they come to pre-school. Should we feel the need to top-up we will use the hyper-allergenic supply we have at school or the sunscreen supplied by you. We need your permission for staff to administer this sunscreen when necessary (please tick box where applicable).

I give permission for pre-school's sunscreen [] to be applied

I give permission for my supply of sunscreen [] to be applied to

_____ (name of child)

Signed _____ Date _____

Printed name _____

Short trip - general outings

The pre-school has occasional outdoor activities/visits where your child would be taken off the premises. Individual risk assessments are carried out for each type of trip or outing taken and are available for you to see as required. For any planned outings, you will be informed and your specific consent obtained.

I give permission for _____ (name of child) to be taken off the premises for

occasional outdoor activities/visits.

Signed _____ Date _____

Printed name _____

Internet Access

I give permission for staff to access the internet with my child in the session for the purposes of promoting their learning. (Please refer to our E-Safety Policy, available on our website, for further information).

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 the camera and iPad supplied by the setting are used for this purpose. Photographs taken are used for display and for your child's learning journals within the setting. Your child may appear in photos used for other children's learning journals as part of a group or paired photo. 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 computers only and are deleted when your child leaves.

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 pets and supervised visits of animals at pre-school.

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.

Please state below any known allergies or aversion or write none _____ (name of child) has to animals:

Signed _____ Date _____

Printed name _____

You can withdraw consent for any parental permission by doing so in writing to us at any time.

Policies and procedures

The Policies and Procedures are available on our website www.tolleshuntarcy-pre-school.co.uk. Please sign to say you have read and understood the policies and procedures, and understand our responsibilities that there may be circumstances where information is shared with other professionals or agencies without your 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 _____

Ethnicity Data *Gathered for monitoring purposes only. Parents are not obliged to give this information.*

Name of Child:

Ethnic origin is classified as special category of data under the data protection legislation and we require your consent in order to process and store this information. The Privacy policy explains how the data provided in this form will be processed and explains your rights with respect to the information given.

Privacy Notice

I confirm that I have read the Privacy Notice on the Pre-school website and give my consent to the processing of special category data.

Signed:

Date:

- | | | | |
|--------------------|--------------------------|---------------------------|--------------------------|
| White British | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| White other | <input type="checkbox"/> | Asian other | <input type="checkbox"/> |
| Black British | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Chinese other | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> |
| Black Other | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | White and Black Asian | <input type="checkbox"/> |
| Other please state | <hr/> | | |

Please tick box if you do not wish to complete this data. []