

09.1d 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

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/carers 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 _____

Three 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 _____

Contact 3 - 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 | Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenza type b (Hib) and hepatitis B - DTaP/IPV/Hib/HepB Meningococcal group B (MenB) - Men B <u>Rotavirus gastroenteritis - Rotavirus</u> | Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ |
| 12 weeks | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B - DTaP/IPV/Hib/HepB Pneumococcal (13 serotypes) – PCV <u>Rotavirus – Rotavirus</u> | Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ |
| 16 weeks | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B - DTaP/IPV/Hib/HepB MenB - MenB | Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ |
| One year (on or after child's first birthday) | Hib and Meningococcal group C – (MenC) Pneumococcal - PCV booster Measles, mumps, and rubella (German Measles) – MMR | Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ |

MenB – MenB booster

Eligible pediatric age groups Influenza (each year from September) – LAIV

Three years and four months old (or soon after) Diphtheria, tetanus, pertussis, and polio – DTaP/IPV Yes ☐ No ☐ Date: _____
Measles, mumps, and rubella – MMR (check first dose given)

Health and development

Did your child spend any time in neonatal unit following birth?

Special notes _____

Was your child born prematurely, if so, how many weeks early?

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

Updated September 2025

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: If none, please tick this box []

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

I give permission for a named member of staff who has been trained to administer the inhaler/Epipen or Anapen, supplied by me.

(name of child)

Signed _____ Date _____
Printed name _____

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

E-safety

There are procedures in place that govern the use of IT equipment on site.

In some instances, children will use ICT equipment to promote their learning and development under the supervision of staff. Children never have unsupervised access to the internet.

I give permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures in place to govern its use and that staff and visitors may also use ICT equipment to record and monitor children's learning and development.

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 here any known allergies or aversions your child has to animals, or write 'NONE'.

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 _____

For parent(s)/carer(s)/guardian(s) under the age of 18, a guarantor aged over 18 must also sign this form on your behalf. The agreement would therefore be between the Tolleshunt D'Arcy re-school, you, and the guarantor.

Please sign below to indicate that the information on this form is accurate and that you will notify us of any changes as they arise.

Parent/carers name:

Signed _____ Date _____

Guarantor's name (if app)

Signed _____ Date _____

Relationship to the child

Daytime/work telephone

Mobile

Email

Home address

Please note that the information on this form is always stored and maintained confidentially.

Ethnicity Data *Gathered for monitoring purposes only. You 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 ☐

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 _____

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