

# Childville Pre-school Registration Form

(Private & Confidential)



## Privacy Notice

We process personal data to assist us in the registration of a child within the setting to assist in the running of the setting. The personal data may include identifiers such as name, date of birth, personal characteristics such as gender, allergies .e.t.c. We will not share any identifiable information about you with third parties without your consent unless the law allows or requires us to do so. The personal data provided during an application process will be retained as long as required by law. If you would like to find out more about our data retention policy and how we use your personal data, you want to see a copy of the information about you that we hold or have any questions or issues regarding data protection, please speak to the manager about a "Data Protection Request".

## Child's Information

Child's First Name (PRINT)			Child's Surname (PRINT)		
Alternate name (Also Known As)			NHS Number		
Home Address				Postcode	
Date of Birth (DD/MM/YYYY)	Gender (M/F)	Child's Age		Religion	
Position in Family		Number of Brothers		Number of Sisters	

## Parent/ Carer / Persons with Parental Responsibility

### First Parent/ Carer

First Name (PRINT)			Surname (PRINT)		
Date of Birth (DD/MM/YYYY)					
Home Address				Postcode	
Telephone Number		Mobile Number		Email	
Workplace and Address			Work Number		
Does this person have parental responsibility? (tick box)	Yes	No	Does this person have legal access to the child (tick box)	Yes	No

## Parent/ Carer / Persons with Parental Responsibility

### Second Parent/ Carer

First Name (PRINT)			Surname (PRINT)		
Date of Birth (DD/MM/YYYY)					
Home Address				Postcode	
Telephone Number		Mobile Number		Email	
Workplace and Address			Work Number		
Does this person have parental responsibility? (tick box)	Yes	No	Does this person have legal access to the child (tick box)	Yes	No

Parent/ Carer / Persons with Parental Responsibility					
Person with Parental Responsibility if different from above					
First Name (PRINT)		Surname (PRINT)			
Date of Birth (DD/MM/YYYY)					
Home Address				Postcode	
Telephone Number		Mobile Number		Email	
Workplace and Address			Work Number		
Does this person have parental responsibility? (tick box)	Yes	No	Does this person have legal access to the child (tick box)	Yes	No

Please note that the person(s) stated on the child's birth certificate are deemed as having parental responsibility and legal access to the child unless documentation is provided to state otherwise.

TWO OTHER EMERGENCY CONTACTS (in the event that parent/ carers cannot be contacted)			
Emergency Contact 1			
Full Name		Relationship to child	
Telephone number		Mobile number	
Emergency Contact 2			
Full Name		Relationship to child	
Telephone number		Mobile number	

Child Collection			
Password for person collecting child if different from Parent/ Carer			
Name of person collecting			
Telephone Number		Mobile Number	

Nursery/ Pre-school Attendance									
On which days will your child attend? (Please tick)									
Monday		Tuesday		Wednesday		Thursday		Friday	
9am-12pm		9am-12pm		9am-12pm		9am-12pm		9am-12pm	
12-3pm		12-3pm		12-3pm		12-3pm		12-3pm	
A charge for late collection of children is applied at the discretion of the manager. In signing this form, you are consenting to notify us when you will be late to collect your child.									

Potential Start Date	
If you want to change your child's attendance days or require additional days, this must be discussed with the manager. If for any reason your child will be absent from the setting you should inform us as soon as possible.	

### Your Child's Ethnic Origin

(To be filled in by the parent and this part of the registration is voluntary, it helps with data collection in the Education Grant Forms and the setting's Self Evaluation)

<b>White</b>	Please tick	<b>Asian</b>	Please tick	<b>Black</b>	Please tick
British		Asian British		Black British	
Irish		Indian		Caribbean	
Traveller of Irish background		Pakistani		African	
Gypsy/Roma		Bangladeshi		Any other Black background	
Any other White background		Any other Asian background		Please specify	
Please specify		Please specify			
<b>Dual Heritage</b>				<b>Chinese</b>	
White and Black Caribbean	Chinese	White and Asian		Chinese	
Any other Dual Heritage background		White and Black African			
Please specify					

### Additional Information about your child

	Please tick		
Has your child got any learning &/or disabilities	Yes		No
Does your child have any support from other professionals (e.g Portage or Speech and Language Therapist)?	Yes		No
Do you have any concerns about your child's development?	Yes		No
Has your child received support for Special Educational Needs?	Yes		No
Does your child have an Educational Health Care Plan?	Yes		No
Does your child have any known medical issues or health requirements? If yes please give details below:	Yes		No
<b>Immunisation</b>			
My child has been immunised against: - (Please tick and include date)			
Diphtheria / tetanus/ whooping cough	Yes		No
Measles/ mumps/ rubella (MMR)	Yes		No
Polio	Yes		No
Has your child had any infectious diseases that you would like to discuss with staff?			
Please give us any additional information that you feel would be helpful to have on our records (e.g birthmark or permanent skin abrasions, individual needs or personal circumstances)			
What special support will he/she require in our setting?			

For children who have identified additional needs we may arrange with you for a practitioner and or Special Educational Needs Officer to make a visit to your home. This will help us to have an idea of how your child behaves in the most familiar environment to him/her. We will observe how your child plays and interacts with you. This will help us to plan how to provide for specific needs of your child/(ren).

Professionals working with your child			
Role	Name and Title	Address	Contact Telephone Number
Registered GP			
Health Visitor			
Speech Therapist			
Portage Worker			
Dentist			
Social Worker			
Is your child on a Child Protection or Child in Need Plan?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state under what category and date of Child Protection Plan			
Physical <input type="checkbox"/>	Sexual <input type="checkbox"/>	Emotional <input type="checkbox"/>	Neglect <input type="checkbox"/> Date (DD/MM/YYYY) <input type="text"/>
Which Local Authority is responsible for supervising the plan?			
Full name of worker responsible for plan?			
Contact Number <input type="text"/>		Email <input type="text"/>	

Dietary Requirements & Allergies			
Does your child have any dietary needs? (Halal, Vegetarian e.t.c)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your child have any food allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What are the food allergies?			
Does your child have any other allergies other than food?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What are the other allergies?			
Does your child have a major dislike of certain food? Which food?			

I have enclosed ALL of the following documents to support the registration process (please tick)			
Childs Full Original Birth Certificate	<input type="checkbox"/>	Address	<input type="checkbox"/>
Proof of NHS Number	<input type="checkbox"/>	Parent/ Carers Passport or Photographic Identification (I.D)	<input type="checkbox"/>
Parent/ Carer National Insurance Number/s (NI)	<input type="checkbox"/>		<input type="checkbox"/>

I agree to follow the policies and procedures of the setting. I confirm that the information on this form is correct. I agree to inform the setting as soon as any of this information changes.			
Signature of manager/ key person	<input type="text"/>	Date (DD/MM/YYYY)	<input type="text"/>
Name of Parent/ Carer (please print)	<input type="text"/>	Signature of Parent/ Carer	<input type="text"/>

### Record of Parent Permission

Child's Full Name				
Parent/ Carer's Full Name (please print)				
Date (DD/MM/YYYY)				
<b>Emergency medical advice/ treatment</b>				
I give permission that if my child has an accident or becomes ill and needs emergency medical attention I will be contacted immediately, but if it is not possible to contact me or there is insufficient time, I give permission for my child to receive emergency medical advice or treatment.				
I give permission that my child receives emergency medical advice & or treatment as stated above.	Yes		No	
<b>Signature</b>				

### Medication

If you would like the setting to administer prescribed or non-prescribed medication for your child you need to complete a 'Medication Consent Form' which can be obtained from the nursery. The nursery can only administer medication with your written consent and signature.				
I give permission to my child receiving medication at the setting only when I have signed my consent.	Yes		No	
<b>Signature</b>				

### Outings

I give permission that my child will go on regular short visits to the local environment. There will be a risk assessment for each outing. The setting will notify you in advance and seek a specific consent form for any visits or trips that are beyond the immediate environment.				
I give permission for my child to go on short local outings as described above.	Yes		No	
<b>Signature</b>				

### Photographs

I understand that my child will sometimes be photographed or videoed which may be used in his/her Learning Journal, for displays in the setting or for training purposes in the setting or borough and I give my permission for this to happen. I understand that there will be no name or means of identification with the photograph or video that is to be used out of the setting.				
I give permission for photographs of my child to be used in their Learning Journal	Yes		No	
I give permission for photographs of my child to be included in setting displays and training	Yes		No	
I give permission for photographs of my child to be included in Borough displays and training	Yes		No	
<b>Signature</b>				

### Late Collection Policy

The preschool opening hours are 9am – 12pm and 12 – 3pm (Monday to Friday). Term time only

Parents /carers must ensure that their child /children is (are) collected on time daily. Any parent/carer that feels they may be late should inform their Manager by telephone and if necessary, make alternative arrangement for the child/children collection.

If a child remained uncollected by 12 pm or pm, late collection fee of **£1** will be charged for every **minute**

Any child that is not collected by **12.45pm** or **3.45 pm** will be considered an 'abandoned' child and will be referred to the duty social workers team. Once involved, the uncollected child will be taken into their care and the parents/carers notified.

Childville pre-school will not be responsible for any decisions or actions taken by the duty social workers team after 12.45pm or 3.45pm.

Sign: \_\_\_\_\_

Name: \_\_\_\_\_

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