

10.4 Childcare and early education registration form



Little Berries Pre-School

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Email: admin@littleberriespreschool.co.uk Website: www.littleberriespreschool.co.uk

Child's details

Child's first name(s) _____ Surname _____

Name known as _____

Child's full address _____

Gender _____ Date of birth _____

Birth certificate seen and copy made Yes ☐ No ☐

Family details

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

Contact details 1 (including emergency information):

Parent/carers full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Parent NI number _____ (for funding purposes only)

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

In case of emergency priority of contact (please circle) **1 2 3 4 5 6**

Contact details 2 (including emergency information):

Parent/carers full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Parent NI number _____ (for funding purposes only)

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

In case of emergency priority of contact (please circle) **1 2 3 4 5 6**

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 _____

Daytime/work telephone _____

Relationship to child _____

In case of emergency priority of contact (please circle) **1 2 3 4 5 6**

Please give details of the legal 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 _____

In case of emergency priority of contact (please circle) **1 2 3 4 5 6**

Contact 2 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

In case of emergency priority of contact (please circle) **1 2 3 4 5 6**

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 known, staff will check before releasing the child.*

Person 1 – Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Person 2 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

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:

If applicable will your child continue to attend this setting? Yes ☐ No ☐

We would like to work collaboratively with other settings to ensure we have a better understanding of your child's learning and development. Do you give your permission for the setting to contact any other providers (if applicable) and exchange information regarding your child's learning and development? Yes ☐ No ☐

Health and development

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

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

Two months' old	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Hemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Three months' old	6-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Hemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis C vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Four months' old	6-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Hemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Between 12 and 13 months' old	Hib/Men C booster - Hemophilus influenza type b (Hib), forth dose and meningitis C, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	MMR vaccine – mumps, measles, and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Two to three years	Flu vaccine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 ☐

A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need ☐

SEN action plan ☐

Education, Health, and Care Plan ☐

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.

Which external agencies are involved e.g., Paediatrician, Speech, and Language Therapist etc:

What special support will he/she require in our setting?

Does your child have any on-going medical conditions including any regular medication? If yes, please specify.

Is your child known to have any allergies or food intolerances? If so, please specify:

What are your child's dietary requirements? Please specify:

Is our usual practice to provide both a meat and vegetarian option. If this is not in keeping with your child's dietary requirements, please discuss this with the setting manager to ensure that we are working in partnership with you to meet your child's needs. Please refer to our nutrition procedures

Does your child have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance? Yes ☐ No ☐

Please discuss any specific dietary requirements with your child's key person to ensure that we are working in partnership to meet your child's needs. Please also refer to our Meeting Dietary Requirements Policy.

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

Any other concerns:

Two-year-old progress check/Integrated health check

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 to share it with your child's health visitor. Please note that where a local authority has arrangements in place, we complete an integrated check with you and your child's health visitor.

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 _____

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 the setting?

Is English your child's main language?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
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	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child need a bilingual support plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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 _____ Telephone _____

Address _____

Health Visitor (if applicable)

Name _____ Telephone _____

Address _____

Social Worker (if applicable)

Name _____ Telephone _____

Address _____

What is the reason for the involvement of the children services 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 worker named above and keep these securely in the child's file.*

Dentist (if applicable)

Name _____ Telephone _____

e

Address

s

Any other professional who has regular contact with the child

Name 1 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Address _____

Parental permissions

ESafety (staff and children)

There are procedures in place that govern the use of IT equipment on site. Where iPads or similar are used by staff to record children's learning and development or as a management tool, a risk assessment is completed and only equipment owned by the Pre-School is used. Visitors to the setting using IT equipment, such as Ofsted or Social Care, are advised of the procedure for its use and must seek prior permission from the setting manager.

In some instances, children will use ICT equipment to promote their learning and development under the supervision of staff. Children do not normally have access to the internet and 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 and risk assessment 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.

Signe

d

Date _____

Outside agency involvement

If deemed appropriate, your child's key person or the settings Special Educational Needs Coordinator (SENCO) will involve outside agencies to improve your child's outcomes.

Signed: _____ Date: _____

Printed name: _____

Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary, and I understand my child may be taken to hospital accompanied by the manager for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed: _____ Date: _____

Printed name: _____

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 by me) to

_____ (name of child).

The named staff are:

- Mary Elia
- Kirsty Walsh
- Lauren Turner

Signed: _____ Date: _____

Printed name: _____

Nappy cream

I give permission for non-medicated nappy cream (supplied by me) to be administered to my child when required in accordance with manufacturer's instructions. If medicated nappy cream is supplied by me, I give permission for it to be applied as above and to record its use and inform me of when it was administered. (*Medication Administration Record*)

Signed:		Date:	
Printed name:			

Sun-cream

I give permission for staff to administer hypoallergenic sun cream (supplied by me) to my child when necessary.

Signed:		Date:	
Printed name:			

Short trip - general outings

Your child may be taken out of our setting as part of the daily activities.

I give permission for my 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 and videos

To record aspects of our curriculum and for children's individual development records, staff often take photographs or videos of children during their play. Only equipment supplied by us is used for this purpose and images taken are for display and for your child's learning records. We may be able to supply duplicates if requested although this might incur a small charge to cover our costs. Images are saved and stored on our equipment securely, and only kept for the period your child is with us. If we wish to use any images of your child for publicity or marketing purposes, we will seek your written consent for each image we wish to use.

I give permission for my child to be photographed/recorded as per the conditions above

Signed:		Date:	
Printed name:			

Animals

We occasionally have supervised visits of animals to our setting, and we have the following pets on site:

Coldwater Fish & Rabbits

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 and will be made available to parents on request.

Please state below any known allergies or aversion your child has to animals:

Signed:		Date:	
Printed name:			

Key persons

Your child will have a key person assigned to them. It is the key person's responsibility to ensure your child receives the best possible care and attention and to ensure that their records are kept up to date whilst they are with us. Your child's key person may change as they progress through the setting, but you will be notified of these changes in advance. The key person should be the first point of contact for anything you wish to discuss about your child.

Your child's key person is:

Your child's back up key person

is:

Ethnicity data gathered for monitoring purposes only. Parents are not obliged to give this information.

Ethnic origin is classified as special category of data under data protection legislation, and we

require your consent 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 received a copy of the Privacy Notice 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			

Marketing monitoring

How did you hear about us?

Word of mouth	<input type="checkbox"/>	Southampton Information Directory	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	Friends/Family recommendation	<input type="checkbox"/>
Website	<input type="checkbox"/>	Netmums	<input type="checkbox"/>
Other please state			

Transfer of records

With your consent we will transfer your child's records to the receiving school when they leave our setting. This will enable the school to continue to effectively manage any special education, health, or medical needs, and to continue with their development.

I agree for my child's records to be transferred to their receiving school

Name of child: _____

Signed _____ Date _____

Further information

I confirm that information about the setting's policies and procedures has been made available and explained to me, and I understand I can find more information as to how my personal data is handled through the Privacy policy.

For parent(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 setting, 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's name: _____

Signed _____ Date _____

Guarantor's name (if
app) _____

Signed _____ Date _____

Relationship to the
child

Daytime/work
telephone _____ Mobile _____

Email

Home address

Key person's name: _____

Signed _____ Date _____

Setting manager's
name: _____

Signed _____ Date _____

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