



Registration Form

Child's details

First name(s)	
Surname	
Name known as	
Full address	
Gender	
Date of birth (or expected DOB) Birth certificate been seen.	

Family details

Name(s) of parent(s) with whom the child lives	
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Contact details (including emergency information):

	Contact 1	Contact 2
Parent/carer full name		
Relationship to child		
Mobile phone number		
Home phone number		
Work phone number		
Best number to contact	Mobile / Home / Work	Mobile / Home / Work
E-mail address		
Does this parent/carer have parental responsibility for the child?	Yes / No	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 made aware of?	

Other emergency contact details

Emergency contact details if parents are not available and/or person(s) other than parent(s) authorised to collect the child. **Emergency contacts must be local and 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 have a Safeguarding Duty to confirm their validity before releasing the child.

	Contact 1	Contact 2
Name		
Relationship to child		
Mobile phone number		
Home phone number		
Work phone number		
Best number to contact	Mobile / Home / Work	Mobile / Home / Work



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.

		Yes	No	Date
Two months old	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, Hepatitis B tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).			
	Pneumococcal (PCV) vaccine.			
Three months old	6-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, Hepatitis B tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).			
	Meningitis C vaccine.			
	Rotavirus, second dose.			
Four months old	6-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, Hepatitis B tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).			
	Pneumococcal (PCV) vaccine, second dose.			
Between 12 and 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.			
	MMR vaccine – mumps, measles and rubella.			
	Pneumococcal (PCV) vaccine, third dose.			
Two to three years	Flu vaccine			
Three years and four months or soon after	MMR vaccine, second dose – mumps, measles and rubella.			
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.			



Does your child have any on-going medical conditions or dietary needs? If so, please specify:

Does your child have any special needs or disabilities? If so, please specify:

KEYWORKER NOTE:

Complete a Care Plan immediately if necessary and inform Setting Manager and Setting SENCo

Please explain about One Page Profiles and One Plans

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

If your child is aged **3 years or over**, does he or she have difficulty with any of the following:



	Yes	No
Speaking and communicating		
Listening and attending		
Understanding simple instructions		
Eating and drinking		
Sitting and sharing a book		
Walking and climbing		
Rolling a ball		
Holding a crayon		
Socialising with adults and other children		
Using the toilet		
Putting on their shoes and socks		
Do you have any concerns (if so, please specify below)?		

Two-year old integrated review – children aged 24-36 months

If your child is aged between 24-36 months, has a two-year progress check already been completed for your child?
 Yes No

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, if any, in your family?



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

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	
Address	
Telephone number	

Health visitor (if applicable)	
Name	
Address	
Telephone number	

Social worker (if applicable)	
Name	
Address	
Telephone number	

What is the reason for the involvement of the social care department with your family?

Note: 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.

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Please provide details of any other professionals – therapists/consultants etc.

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General parental consent

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 (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed		Date	
Name			

For inhalers/auto-injectors (e.g. Epipens) only

I give permission for a named member of staff (or members of staff) who has/have been appropriately trained to administer the inhaler/Epipen or Anapen (supplied by me) to _____ (name of child)

The named staff are:

1	
2	
3	

Signed		Date	
Name			

Toilet Training

	Yes	No
Is your child in nappies?		
Is your child being toilet trained?		

I have been made aware of the Nappy Changing Policy.

Signed		Date	
Name			

Sun cream



I give permission for sun protection cream, Nivea factor 50, to be administered to _____ (child name) when required, in accordance to the manufacturer's instructions. *This usually only applies to Thursday afternoon sessions.*

Signed		Date	
Name			

Paracetamol based medicine (e.g. Calpol or Sudafed) in an emergency

I give permission for staff to administer paracetamol based products (e.g. Calpol or Sudafed), subject to initial contact with parent/carer by telephone or other means, to _____ (name of child) in the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the setting's procedures on the administration of medicines.

Signed		Date	
Name			

Short trip – general outings

Your child may be taken out of our setting as part of the daily activities. If you give permission, the signed slip will be used throughout your child's time at Rowhedge Under 5s. You can withdraw your consent at any time. (Please note separate permission will be sought for all trips where the mode of transport is not on foot.) The outings are to the local woods, Co-op, park, Rowhedge Recreation Ground, St Lawrence Church and St Lawrence Primary School.

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 major outings, I understand that I will be informed and my specific consent will be obtained.

Signed		Date	
Name			



Clothing

It has been explained to me that whilst precautions are taken I understand that it is possible that my child's clothing may get dirty or stained from indoor and outdoor activities. I therefore undertake to dress my child in suitable clothing.

I also undertake the responsibility of my child to wear safe and suitable footwear (i.e. well-fitted, comfortable and NO backless shoes, e.g. flip -flops).

Signed		Date	
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 may also record events and activities on video. 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. We use Snap fish developing services. If you give your permission, this signed slip will be used throughout your child's time at Rowhedge Under 5s. You can withdraw your consent at any time.

I give permission for _____ (name of child) to have his/her photo taken or to be videoed, as per the above conditions.

Signed		Date	
Name			

I will not post or share photographs of other children on any social media or websites.

Signed		Date	
Name			



Policies and procedures

I am aware of Rowhedge Under 5s Policies and Procedures and where to locate them. The policies and procedures have been explained to me.

Signed		Date	
Name			

Information Sharing Policy

I have been provided with details of Rowhedge Under 5s 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	
Name			

Previous Injuries

I understand that if my child sustains an injury outside of Pre-school that I will be asked to inform the setting and complete a **PREVIOUS INJURY** form.

Signed		Date	
Name			

Accidents at Pre-school

I understand that if my child sustains an injury whilst at pre-school I will be informed and asked to sign an **ACCIDENT AT PRE-SCHOOL** form.

Signed		Date	
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.



Signed		Date	
Parent Name			

For more information on how we store child and parent data, please refer to our Privacy Policy found on our website or ask a member of staff.