

PRE-SCHOOL LEARNING ALLIANCE
NEWSTEAD ROAD PRE-SCHOOL REGISTRATION FORM

I agree to inform the Pre-school staff if circumstances change

Child's and parent's contact details

Child's full name_____		
Child's preferred name_____		
Child's full address details_____		

_____		Postcode_____
Sex_____	Date of birth_____	Birth certificate seen Yes / No
Parent's telephone numbers		
Work_____	Home_____	Mobile_____

Family details

Mother /Main Carer		
name_____		
Full address details (if different from above)_____		

<input type="checkbox"/> Has parental responsibility		
Contact telephone numbers		e-mail address_____
Work_____	Home_____	Mobile_____
Father's / Partner's name_____		
Full address details (if different from above)_____		

Contact telephone numbers		e-mail address_____
Work_____	Home_____	Mobile_____
Other person with parental responsibility (if relevant)		
Full address details (if different from above)_____		

Contact telephone numbers		e-mail address_____
Work_____	Home_____	Mobile_____

Emergency contact details (if parents are not available) for two named contacts

If these details change you must inform the Pre-school

Persons listed below must be contactable when the child is in the Pre-school

First contact_____ Relationship to the child _____
Is English your first language YES / NO (if no please specify)_____
Address_____

Telephone numbers
Work_____ Home_____ Mobile_____
Second contact_____ Relationship to the child _____
Is English your first language YES / NO (if no please specify)_____
Address_____

Telephone numbers
Work_____ Home_____ Mobile_____
Child's first language_____

In the event that a child is not collected by an authorised adult at the end of a session, the setting puts into practice agreed procedures. These ensure the child is cared for safely by an experienced and qualified practitioner who is known to the child.

(Please refer to our non collection of children policy)

If no-one collects the child after one hour and there is no-one who can be contacted to collect the child, we apply the procedures for uncollected children.

We contact our local authority social services department.

Health Visitor details

Health Visitor's name_____
Health Visitor's address_____

Health Visitor's phone number_____

Medical details

Has your child been immunised against any of the following

Diphtheria, Tetanus and Pertussis (DTP)

Yes / No

Date_____

Whooping cough

Yes / No

Date_____

Meningococcal Type C

Yes / No

Date_____

Polio

Yes / No

Date_____

Measles, Mumps, Rubella (MMR)

Yes / No

Date_____

HIB

Yes / No

Date_____

BCG

Yes / No

Date_____

Hepatitis

Yes / No

Date_____

Has your child any on-going health problems or special needs (Please give full details)

Is your child allergic to anything (Please give full details)

What reaction may this cause_____

What action should staff take_____

We will need training to administer certain medication from your G.P. / Consultant. They must give written information: what the medicine is, the dose and how to administer it.

Does your child take any medication?

Please give full details, including any medication given outside of the Pre-school session_____

For inhalers / epipens only

I give permission for staff to administer the inhaler/Epipen/Anapen

or _____ (supplied by me) to give (name of child) _____

as instructed and to record its use.

Signed _____

Date _____

Doctor's details

Doctor's name _____

Doctor's address _____

Doctor's phone number _____

Emergency treatment

To ensure that your child receives the best and most appropriate care, attention and treatment should an emergency or accident happen, you need to complete and sign the following declaration.

Declaration

I give permission to the registered person (or authorised deputy) to take the necessary steps to ensure that (name of child) _____ receives the best and most appropriate care, attention and treatment should an emergency or accident happen. I understand that every effort will be made to inform me of the accident or emergency as soon as possible, but they may need to accompany my child to the hospital in the case of a serious accident in my absence. I give permission for the person in charge to authorise hospital staff to administer essential treatment in my absence until my arrival.

Signed (by person with parental responsibility) _____ Date _____

Blood transfusion

I give/do not give permission to the registered person (or authorised deputy) to take the necessary steps to ensure that (name of child) _____ receives a blood transfusion (if required) should an emergency or accident happen.

Signed (by person with parental responsibility) _____ Date _____

Key persons

Each child joining the Pre-school will have a key person appointed to them. It will be the key person's responsibility to ensure your child receives the best possible care and attention and to ensure that your child's records are kept up-to-date. Your child's key person will change as your child progresses through the Pre-school. You will be notified of these changes. If you have any problems, your child's key person is your first point of contact, unless you have a problem with your key person, then you speak directly to the Manager or Deputy.

Your key person initially will _____

About your child

Is English your main language? Yes / No

If not, what language is spoken at home? _____

Does your child need a bilingual support plan? Yes / No

What religion does your family follow (if applicable)? _____

How would you describe your family's cultural background?

Are there any cultural or religious festivals that your child takes part in?

Does your child have any other nursery or childcare experience?

What are your child's dietary preferences / restrictions?

Likes

Dislikes

Photographs and Observations

As part of the on-going recording of our curriculum, we regularly take photos of the children during their play. These photos are used for display work and for your child's records within the Pre-school environment. We are happy to provide duplicates if requested. We may also record events and activities on DVD. Photographs are displayed within the pre-school, Children's Centre and occasional external displays for the Pre-school Learning Alliance.

We need your written permission to do this. If you are happy for your child to have their photo taken and/or be in the occasional DVD, please sign below.

I give permission for (name of child) _____

to have their photo taken and/or be in the occasional DVD

I give permission for staff to make written observations

Signed _____ Date _____

Animals

Occasionally the Pre-school may keep animals or have animals visit. The animals that may be kept on the premises may include hamsters, rabbits, guinea pigs or fish. Visiting animals may add to this selection. All of these animals will be healthy and fully inoculated.

Please answer the following:

My child is allergic or has an aversion to animals Yes / No

I have no objection to animals being kept on the premises Agree/Disagree

I have no objection to animals visiting the premises Agree/Disagree

Signed _____ Date _____

Outings

As part of our curriculum we will make visits to shops, parks, libraries and other local places of interest. Other trips further a field will require extra permission from you.

I give permission for Pre-school staff to take my child on local visits.

Signed _____ Date _____

Does your child have any special toy or object that they like to take everywhere with them and that they might like to bring with them to the Pre-school?

What does your child enjoy doing at home?

Do you have any special requests / requirements or background information on your child that may be useful for us or which you feel we should be made aware of?

Ethnic Monitoring

(Please enter the code for each person from the table below)

Child		Mother		Father	
-------	--	--------	--	--------	--

WHITE

British	1	Irish	2	Eastern European	3
Western European	4	White other	5		

BLACK

Black Caribbean	6	Black African	7	Black Other	8
-----------------	---	---------------	---	-------------	---

ASIAN

Indian	9	Pakistani	10	Bangladeshi	11
Tamil	12	Other	13		
Chinese	14	Vietnamese	15	Any other	16
Not given	17				

MIXED

White & Black Caribbean	18	White & Black African	19	White & Asian	20
-------------------------	----	-----------------------	----	---------------	----

I have read, understood and agree to all the Pre-school policies

Parent/main carer signature _____ Date _____

Please sign below to indicate that the information given is accurate and correct and that you will notify us of any changes.

In addition you also agree to refrain from using your mobile phone within the pre-school at all times.

Parent/main carer name _____

Parent/main carer signature _____ Date _____

Key person name _____ Date _____

Key person signature _____ Date _____

Manager name _____ Date _____

Manager signature _____ Date _____

Note: All this information will be kept confidential.

How did you find out about the Pre-school?

Please tick as appropriate -

Own enquiries		Relative or friend			
Children's Centre		Family Info Service			
Other please specify					