**Child Registration Form**

### Childs Name: Key Person:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate how your place will be funded: | Paying for sessionsYes / No | Funded 2 year old placeYes / No | 15 hrs universal entitlementYes / No | 30 hours extended entitlementYes / No |
| For Pre-School Completion |
| Start date |  |
| *D.O.B.* |  |
| *Sessions* |  |
| *Allergies* |  |
| *Health Concerns* |  |
| *Name and date of birth checked on passport or birth certificate* | **Parents/Carers – please bring in for pre-school to check and confirm it has been seen** |
| *Address checked via utility bill* | **Parents/Carers – please bring in for pre-school to check and confirm it has been seen** |
| Forms checked: | By Whom: | Date: | Follow Up Actions: | Update Details: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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# What Are Your Contact Details? (We have a statutory obligation to collect this information)

|  |  |
| --- | --- |
| Child’s First names |  |
| Child’s Surname |  |
| Preferred Name / Known As |  |
| Gender and Pronouns  |  |
| Date of Birth |  |
| Full name and address of parents / carers.Please provide information about any other person who has parental responsibility for the child.With whom does your child usually live with? | **1 - name, address and contact numbers:****2 - name, address and contact numbers:** |
| Home and mobile telephone numbers of important family and friends who we can call if needed. | **Please provide name, number and relationship to child** |
| Number to be used in an emergency |  |
| e-mail address of parent/carer |  |
| Name of person who will normally collect the child |  |

|  |  |
| --- | --- |
| Immunisations: * Diphtheria
* Whooping cough
* Tetanus
* Polio
* Measles
* Mumps
* Rubella
* HIB/MenC
* Meningitis C
* Other
 |  |
| Name, Address and Contact number of Child’s Doctor |  |
| Contact Number of Child’s Health Visitor | Has your child had their two year check? |
| Allergiesplease see additional informationregarding allergens |  |
| **Please note that we are a nut-free setting. Do not bring in nuts, peanut butter or nutella in packed lunches.**  | **To discuss further, please speak to Jane.** |
| Special Dietary Requirements |  |
| Health requirements or illnesses | Please note that for medication that needs to stay at pre-school (e.g. inhaler or epi-pen), we need to have a set, prescribed to your child to stay in the setting. |
| Name and contact details of social worker (if applicable) |  |

|  |  |
| --- | --- |
| Language spoken at home |  |
| Child’s religion / culture and festivals celebrated during the year (so we can incorporate these into our setting planning) |  |
| Contact details of any other setting that your child currently attends.Or has recently attended, so we can share information. Please provide details of leaving date. |  |
| Password in case of emergency collection |  |

# Details of Your Child’s Ethnicity:



# Your Child’s Birth Certificate

Please bring in your child’s Birth Certificate so that we can note the details.

# Learning and Development

Do you have any concerns about your child’s development, e.g. speech, mobility, social skills? Please provide details below:

# How Did You Hear About Our Setting?

|  |  |
| --- | --- |
| Recommendation from friend / relative |  |
| From advert  |  |
| Children’s Information Link |  |
| Other (please give details) |  |

# Parental Responsibility

Parental responsibility (PR) was established in the Children Act 1989 and updated December 2003. Not all parents have parental responsibility.

These people have parental responsibility:

* The natural mother of the children’s
* The natural father of the child, provided he was married to the mother when the child was born, or registers the birth of the child alongside the mother, or subsequently marries her
* Anyone who has a Residence Order which is currently in force in respect of the child

These people **do not** automatically have PR:

* The father of the child if he and the mother have not been married and he has not registered the birth alongside the mother
* Grandparents or other relatives
* Step-fathers
* Guardians of the child appointed by will

What this means for a child at The Villages Pre-School:

* Consent forms (Permissions) can **only** be signed by parents with PR
* Children can be collected by parents who do not have PR but staff **must** have written consent from parents who do have PR

## How do parents get parental responsibility?

Parental responsibility can be acquired by formal written agreement with the mother or by order of court. If you want to find out more, many solicitors offer a short consultation free of charge.

If your child will be brought to Pre-School or collected by someone other than parents, please complete the form below, giving your explicit consent. This must be signed by the person with Parental Responsibility.

# Collection Consent

I hereby give consent for ….........................................................................

to collect ….............................................................................. from The Villages Pre-School on a regular basis.

**Signed by …...................................................Date...............................**

**Signed by …...................................................Date...............................**

# Contacting You

Please provide the email address that you would like us to use for all communications such as newsletters and key date reminders.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state the mobile number you would like us to use for messages, such as emergency closure of Pre-School:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###

### The Villages Pre-School

### Part 2 - All About Me

We would like to welcome you and your child to our setting. So that we get to know your child quickly, it would be really helpful for you to share some information with us.

Working in partnership with our parents and carers is essential to our work. You know your child the best and we are keen to share in that knowledge.

On the following pages there are some questions to help us understand your child better so we can meet their individual needs.

You may also want to refer to the document ‘What to expect, when?’ © 4Children 2015 to help you complete this booklet

<http://www.foundationyears.org.uk/2015/03/what-to-expect-when-a-parents-guide/>

#

# All About Me

Picture of me



My name is ……………………………………

My Date of Birth …………………………………..

Date of Entry ………………………………….

My Parent’s/Guardian’s names

……………………………………………………………………………………………………………………………….

My sibling’s names and ages are

…………………………………………………..

……………………………………………………

……………………………………………………

……………………………………………………

# Family and Other Special People

Who lives in my house?



I live with ……………………………………………………………………………………………………...

……………………………………………………………………………………………………………………..

Please tell us a bit about your family

………………………………………………..........................................................................

…………………………………………………………………………………………..……………………………

I have previously attended, or I am still attending a nursery, childminder or cared by anybody other than my parents/ carers (including grandparents)

……………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………….………

# My Unique Child

I really enjoy and have a particular interest in (this could include certain activities, toys or food)

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

I dislike (this could include certain activities, toys or food)

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

There has been some important events happened recently (such as a new baby or a holiday)

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

The name of my Health Visitor and any other professional who helps me (this could include a family support worker, Speech and Language Therapist etc)

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

# Individual Needs

What calms and comforts me?

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

What helps me feel secure and confident?

……………………………………………………………………………………………………………..

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

What affects my behaviour?

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

# My Communication

Please use this space to record the different ways your child let’s you know what they need (e.g. gestures, talking, signing)

I speak ----------------------------------------- (record languages spoken at home). I can talk in words, phrases, sentences.

My family can understand what I say.

…………………………………………………………………………………………………………….

……………………………………………………………………………………………………………..

……………………………………………………………………………………………………………..

……………………………………………………………………………………………………………..

Favourite books

……………………………………………………………………………………………………………..

……………………………………………………………………………………………………………..

Favourite rhymes or songs

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

# My Physical Development

I can do things for myself (e.g. feed myself, put my own coat on, use the toilet etc)

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

I can move in different ways (e.g. crawl, walk, run, roll etc)

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

I use my hands to (clap, join things, build things, hold things such as chunky pencils, crayons or paint brushes)

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

# My 2 Year Check

Please confirm if you have / have not (please delete as appropriate) had your child’s 2 year check completed. If yes, the date that it was completed............................

If you have, did the Health Visitor indicate that your child required a follow up appointment or referral to another professional? Yes / no

If yes, please give details:

………………………………………………………………………………………………………………

It would help us greatly to see the completed 2 year check form once completed by the Health Visitor – please bring it with you to pre-school and discuss with your child’s Key Person.

|  |
| --- |
| Parents/Carers Views and Comments: |



### The Villages Pre-School

### Part 3 - Permission Slips

# Permission Slips Contents

1. Policies and Procedures
2. Emergency Medical Treatment or Advice
3. Sun Cream
4. Observations and Photographs
5. Sharing of Information
6. Messy Play
7. Changing of Clothing
8. Nappy Changing
9. Outings
10. I.C.T.
11. Mud Kitchen
12. Pets and animals in setting

## 1. Policies and Procedure File

I hereby agree to the policies and procedures of The Villages Pre-School as shown on the web-site at [www.thevillagespre-school.co.uk](http://www.thevillagespre-school.co.uk):

1.0 Safeguarding Children Policies 1.1 – 1.11

2.0 Equality of Opportunity and Inclusion Policies 2.1 -2.3

3.0 Promoting Health & Hygiene Policies 3.1 – 3.8

4.0 Employment Policies 4.1 – 4.4

5.0 Health and Safety Policies 5.1 – 5.6

6.0 Childcare Practice Policies 6.1 – 6.4

7.0 Partnership Policies 7.1 – 7.2

 8.0 Record Keeping Policies 8.1 – 8.4

**Signed………………………………………………. Dated………….**

**Name of child……………………………….………………**

## 2. Emergency Medical Treatment or Advice

In the event of your child requiring professional medical treatment or advice from either the local doctor’s surgery or hospital, we will first try to make contact with yourself and other named emergency contacts. However, if we are unable to make contact, we will seek appropriate medical attention.

I confirm that I agree to The Villages Pre-school seeking professional medical treatment or advice for my child if required.

I also give permission for plasters to be applied to my child if necessary, whilst at pre-school.

**Signed………………………………………………. Dated………….**

**Name of child……………………………….………………**

## 3. Privacy Notice for The Villages Pre-School Ltd

The Data Protection Act 1998 gives you various rights regarding the information that businesses, the Government and other organisations hold about you. Personal information that The Villages Pre-School Ltd uses and holds is covered by the Data Protection Act. This note is to make sure you are fully aware of why we request certain information, how this is stored, how we may use your personal information and with whom it is shared.

HOW WE COLLECT INFORMATION

When you send your children to The Villages Pre-School Ltd, we receive

information about you and any children who attend in a number of different

ways.

You may give us the information. This may happen when you:

* Complete and submit your Child’s Registration Form and Permission Slips
* Complete and submit information via Bradford Council’s Funded Hours Parental Agreement Form
* When you let us know about a change in your personal circumstances (for example, if you change your name, contact number or new address).
* We may receive it from another organisation, for example, should we be required to work with social services, Speech and Language, Paediatrics, etc.

HOW WE USE PERSONAL INFORMATION

We use information that we have about you and your children for early education and care purposes. These purposes generally fall into the following areas which applies to past, current and potential future children and their parents / guardians.

1 Statutory Requirement under the Early Years Foundation Stage

The types of personal information we collect, and use include:

* The personal details of your child and their family;
* Health requirements of your child including medical and allergy needs;
* Contact details of family members and close friends, so we can contact a number
* of people in an emergency
* Ethnic background of your child

2 Developmental levels and interests of your child

We use this information to ensure that your child’s development needs are

catered for, monitored and assessed.

The types of information we collect, and use include:

* Resources that your child enjoys playing with, so we can include these in our planning
* Personal hygiene needs so we can provide what your child needs and support an increasing level of independence
* Well-being needs – any comforters they have, things that may upset them (e.g. loud noises, or masks)
* Language levels – so we can plan activities in line with the Letters and Sounds Programme

HOW THE INFORMATION IS STORED

We are required to keep certain personal information including registers, medication records and accident details pertaining to the children for at least 3 years after the child has left The Villages Pre-School Ltd (sometimes much longer). This is in order to comply with ‘Early Years Foundation Stage Welfare Requirements’ (given legal force by Childcare Act 2006) and other legislation (e.g. Limitation Act 1980/The Statute of Limitations (Amendment) Act 1991).

WHO WE SHARE PERSONAL INFORMATION WITH

Generally we only use your information within The Villages Pre-School Ltd. There

are some occasions when we need to share personal information about you and / or your child with third parties. These are:

* If you choose to pay for pre-school fee’s using vouchers (e.g. Childcare vouchers) we will share the minimum amount of your personal information necessary with the voucher scheme operator so they can identify you and make the appropriate payments on your behalf.
* If your child is entitled to Nursery Education Funding, we are required to share your personal details with Bradford Council in order to identify your child and prove entitlement to funding.
* Every now and again, we receive requests for information from schools, government departments, the police and other enforcement agencies. If there is a proper legal basis for sharing your personal information, we will provide it to the organisation that is asking for it.
* We may on occasion use your personal information for the purposes of recovery of overdue fees.
* In case of an emergency, we may need to share with the emergency services details of your child including details of any medical conditions as provided to us by you.
* To contact you when we want to inform you about events at pre-school.
* Basic information about your child is stored on the Early Essence observational system and details such as observations, developmental levels and report comments are stored on this ‘cloud’ and accessed by you at home, through your parental gateway.

WHERE WE PROCESS PERSONAL INFORMATION

* We will only store and use your personal information in the United Kingdom.
* Personal and confidential information (anything that can identify your family or
* child) will only be shared with other agencies with your permission, unless we are
* compelled to do so by law. For example, we will ask for your permission to send
* your child’s report to their receiving school to support a smooth transition. Or, we
* may be asked to provide information to the police or social services. Key
* Practitioners may update observations at home, but this will only be done so
* through the Early Essence password protected portal to the ‘cloud’, where
* security is a key aspect of their service.

OUR COMMITMENT TO YOU

We will process your personal information in line with the Data Protection Act.

This means that we will:

* only collect and hold information about you which we need for some reason; keep your personal information up to date and accurate (to help us do this, please let us know if any of your details change);
* take appropriate steps to protect your personal information from being used without permission, or illegally, and to safeguard your rights; and destroy your personal information in a secure way once we no longer need it.

WHAT RIGHTS YOU HAVE OVER YOUR PERSONAL INFORMATION

You have certain rights over your personal information. Most importantly, you

have a right to ask for a copy of all the personal information we hold about you

but there are some legal exceptions to this, such as information which is

confidential to The Villages Pre-School Ltd. If you would like a copy of your

personal information, you should contact our Manager. We will process your

request under the terms of our Subject Access Policy.

I.......................................................confirm that The Villages Pre-School can use the

personal data that we provide for the purposes detailed within this Privacy Notice.

**Name of Child.........................................................................................................**

**Signed....................................................................Dated......................................**

## 4. Sun cream Policy

Sun cream is an essential part of keeping children safe in the sun, as is the education of children about the need for sun cream, drinking water and wearing hats for protection during warm weather. Each child should have a named sun cream bottle and sun hat either brought with them each visit in their bag, for use as and when required. Please sign below to give permission for The Villages Pre-School to apply this individual sun cream. There may also be occasions where individual sun cream is unavailable (e.g. empty) and it may be necessary for us to use one provided by The Villages Pre-School. Signing below also gives your permission for this emergency provision and therefore if your child is allergic to any particular brands, make a note of it below.

**Signed…………………………………………………….Dated………………..……….**

**Name of child………………………………..**

**Allergies to known brands: ……………………………………………………………**

## 5. Observations, Video Clips and Photographs

It is important to check your child’s progress against Government guidelines so that we can ensure our planning meets your child’s needs and any special needs can be addressed early. As part of the monitoring against these standards, we will be taking specific observations, details of which will be given to you when your child leaves the setting. To show their enjoyment/ interactions/ explorations, we will also be taking photographs which will be kept within their personal file and video clips of them interacting with other children / adults during their time with Pre-School. In addition, at group events such as a concert or nativity, we will allow photographs and video clips to be taken by members of the audience, for their own personal use. These must not be published on the internet, social network sites such as Facebook or media such as newspapers without prior permission from all of the children in the clips and also from The Villages Pre-School.

I hereby give The Villages Pre-School permission to make observations, video clips and take photographs for the purposes detailed above and share these with families of children within the setting. I agree to the condition that I or anybody attending such an event to support my child will not publish any of the photo's or clips without prior consent.

**Signed………………………………………………. Dated………….**

**Name of child……………………………….………………**

We also would like to make displays using photographs of the children. However, as we are in a shared building, these will be seen by other users of the building and therefore we ask for you explicit permission to do so…….

I hereby give permission for photographs of my child to be used in displays within the Pre-School building.

**Signed………………………………………………. Dated………….**

**Name of child……………………………….………………**

## 6. Sharing Information

To support smooth transitions between The Villages Pre-School and your child's next setting or a setting they currently or previously attended, it is important to share relevant information such as observations, key milestones reached and photographs of them engaged in different activities. To share this information, we need your explicit permission.

**Signed………………………………………………. Dated………….**

**Name of child……………………………….………………**

* 1. It may also be necessary to contact your child’s Health Visitor or G.P. as detailed in the Chid
	2. Registration Form, to discuss any health, development or Child Protection concerns. By signing
	3. below, you give The Villages Pre-School authority to make contact.

**Signed………………………………………………. Dated………….**

**Name of child……………………………….………………**

## 7. Messy Play

We believe that children learn best when fully engaged in an activity and provide a range of resources to stimulate all of the senses, both indoor and outdoor environments. These often take the form of messy play using items such as paint, cornflour, jelly, glue, cooking ingredients, shaving foam and similar substances. Whilst we have aprons available for the children to wear, some children will not put them on and decide not to engage in messy play if they have to and we therefore do not insist. We feel it is very important to offer children sensory resources and therefore ask that you do not send your child in clothes that you want to keep very clean…....please also bear in mind that the British weather can be unkind (!) and clothes, coats, boots, etc can become muddy. Please sign below to show that you agree with our messy play ethos.

**Signed………………………………………………. Dated………….**

**Name of child……………………………….………………**

## 8. Changing of Clothes

It may become necessary to change your child’s clothing as a result of, for example:

* exuberant messy play or wet/soiled clothing

I hereby give permission to The Villages Pre-School to change my child’s clothing if required.

**Signed………………………………………………. Dated………….**

**Name of child……………………………….………………**

## 9. Changing of Nappy

I hereby give permission to The Villages Pre-School to change my child’s nappy during a session as and when required. Details are to be recorded in the Nappy Change Log.

**Signed………………………………………………. Dated………….**

**Name of child……………………………….………………**

## 10. Outings

I hereby give permission to The Villages Pre-School to take my child on trips within the local vicinity, provided a prior risk assessment has been undertaken and sufficient adult : child ratio’s are provided to match this risk assessment.

**Signed………………………………………………. Dated………….**

**Name of child……………………………….………………**

## 11. I.C.T.

I hereby give permission for my child to engage in I.C.T. resources within the setting.

**Signed……………………………………………….Dated………….**

**Name of child……………………………….………………**

## 12. Mud Kitchen

I give permission for my child to engage in mud kitchen activities.

**Signed……………………………………………….Dated………….**

**Name of child……………………………….………………**

## 13. Pets and animals in setting

I give permission for my child to pet and handle animals that are invited into our setting.

**Signed……………………………………………….Dated………….**

**Name of child……………………………….………………**

14. Mobile phones

Camera facilities on mobile phones can lead to serious safeguarding concerns / issues and we therefore operate a policy of 'no mobile phones' in the pre-school area. This includes using it for telephone calls, taking photographs, checking messages and using social media. Anybody seen using their mobile phone will be asked by a member of our team to either leave the pre-school area or to turn off the phone immediately.

I understand and agree to this policy of 'no mobile phones' within the pre-school area. Please note that you are signing on behalf of all adults that will be collecting your child from pre-school so please ensure that they are informed. Thank you.

**Signed……………………………………………….Dated………….**

**Name of child……………………………….………………**