****

**Blunsdon Pre-School Ltd**

**10.4 Registration form**

**Child’s details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s first name(s) | | | |  | | | | | | | | | Surname | | | | | |  | | | |
| Name known as | | | |  | | | | | | | | | | | | | | | | | | |
| Child’s full address | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Gender |  | | | | | Date of birth | | | | |  | | | | | Birth certificate seen Yes/No *(delete)* | | | | | | |
| **Family details** | | | | | | | | | | | | | | | | | | | | | | |
| Name of parent(s)/carer(s) with whom the child lives: | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| *Contact details 1 (including emergency information):* | | | | | | | | | | | | | | | | | | | | | | |
| Parent/carer full name | | | | | | | | |  | | | | | | | | | | | | | |
| Relationship to child | | | | | | | | |  | | | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | | |  | | | | | | | | | Mobile | | |  | |
| Home telephone | | |  | | | | | | | | | Email | | |  | | | | | | |
| Home address | | |  | | | | | | | | | | | | | | | | | | | |
| Work address | | |  | | | | | | | | | | | | | | | | | | | |
| Does this parent have parental responsibility for the child? Yes/No *(delete)* | | | | | | | | | | | | | | | | | | | | | | |
| Does this parent have legal access to the child? Yes/No *(delete)* | | | | | | | | | | | | | | | | | | | | | | |
| *Contact details 2 (including emergency information):* | | | | | | | | | | | | | | | | | | | | | | |
| Parent/carer full name | | | | | | | |  | | | | | | | | | | | | | | |
| Relationship to child | | | | | | |  | | | | | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | | |  | | | | | | | | | Mobile | | |  | |
| Home telephone | | | | | | | |  | | | | Email | | |  | | | | | | |
| Home address | | | | | | | |  | | | | | | | | | | | | | | |
| Work address | | | | | | | |  | | | | | | | | | | | | | | |
| Does this parent have parental responsibility for the child? Yes/No *(delete)* | | | | | | | | | | | | | | | | | | | | | | |
| Does this parent have legal access to the child? Yes/No I | | | | | | | | | | | | | | | | | | | | | | |
| *Contact details 3 (including emergency information):* | | | | | | | | | | | | | | | | | | | | | | |
| Parent/carer full name | | | | | | | |  | | | | | | | | | | | | | | |
| Relationship to child | | | | | | |  | | | | | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | | |  | | | | | | | | | Mobile | | |  | |
| Home telephone | | | | | | | |  | | | | Email | | |  | | | | | | |
| Home address | | | | | | | |  | | | | | | | | | | | | | | |
| Work address | | | | | | | |  | | | | | | | | | | | | | | |
| Does this parent have parental responsibility for the child? Yes/No *(delete)* | | | | | | | | | | | | | | | | | | | | | | |
| Does this parent have legal access to the child? Yes/No *(delete)* | | | | | | | | | | | | | | | | | | | | | | |
| **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 the setting needs to know about? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency contact details if parents are not available** *Emergency contacts must be local.* | | | | | | | | | | | | | | | | | | | | | | |
| *Contact 1* - Name | | | | |  | | | | | | | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | | |  | | | | | | | | | | | | | |
| Home telephone | | | | | | | | |  | | | | | | | | Mobile | | |  | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | |
| Relationship to child | | | | | | | | |  | | | | | | | | | | | | | |
| *Contact 2* - Name | | | | |  | | | | | | | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | | |  | | | | | | | | | | | | | |
| Home telephone | | | | | | | | |  | | | | | | | | Mobile | | |  | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | |
| Relationship to child | | | | | | | | |  | | | | | | | | | | | | | |

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Person 1* - Name | | |  | | |
| Daytime/work telephone | | |  | | |
| Home telephone | | |  | Mobile |  |
| Address |  | | | | |
| Relationship to child | | |  | | |
| *Person 2* - Name | | |  | | |
| Daytime/work telephone | | |  | | |
| Home telephone | | |  | Mobile |  |
| Address |  | | | | |
| Relationship to child | |  | | | |
| Password for the collection of child by authorised person | | | |  | |

**About your child**Has your child received the following immunisations? (Please confirm and date)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Two months old**  Yes/No *(delete)* | | Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Pneumococcal infection. | | | DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV) |
| Date: |  |
| **Three months old**  Yes/No *(delete)* | | Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C). | | | DTaP/IPV/Hib and MenC |
| Date: |  |
| **Four months old**  Yes/No *(delete)* | | Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C). Pneumococcal infection. | | | DTaP/IPV/Hib and MenC and PCV |
| Date: |  |
| **12 months old**  Yes/No *(delete) Date:\_\_\_\_\_\_\_\_\_* | | Haemophilus influenza type b (Hib) and meningitis C. | | | Hib/MenC |
|  | |
| **13 months old**  Yes/No *(delete)* | | Measles, mumps and rubella (German measles). Pneumococcal infection. | | | MMR and PCV |
| Date: |  |
| **Three years and**  **four months or**  **soon after**  Yes/No *(delete)* | | Diphtheria, tetanus, pertussis (whooping cough) and polio. Measles, mumps and rubella. | | | DTaP/IPV (or dTaP/IPV) and MMR |
| **Date:** |  |
| Has the child’s health record book been seen to confirm immunisation dates? Yes/No *(delete)* | | | | | |
| Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No *(delete)*  If so, please provide details: | | | | | |
|  | | | | | |
| Has a risk assessment, if required, been completed? Yes/No *(delete)* | | | | | |
| Has a health care plan and agreement to administer medicine, if required, been completed? Yes/No *(delete)* | | | | | |
| Does your child have any special needs or disabilities? Yes/No *(delete)*  If so, please provide details: | | | | | |
|  | | | | | |
| Are any of the following in place for the child? | | | | | |
| Early Years Action Yes/No *(delete)*  Early Years Action Plus Yes/No *(delete)*  Statement of special educational need Yes/No *(delete)* | | | | | |
| What special support will he/she require in our setting? | | | | | |
|  | | | | | |
| 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 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 *(delete)* | | | | | |
|  | | | | | |
| What other information is important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when. | | | | | |
|  | | | | | |

**Details of professionals involved with your child**

*GP*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Telephone |  |
| Address |  | | |
|  | | | |

*Health Visitor (if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Telephone |  |
| Address |  | | |
|  | | | |

*Social Care Worker (if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Telephone |  |
| Address |  | | |
|  | | | |
| What is the reason for the involvement of the social care department with your family? | | | |
|  | | | |

NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

*Any other professional who has regular contact with the child*

|  |  |  |  |
| --- | --- | --- | --- |
| Name 1 |  | Role |  |
| Agency |  | Telephone |  |
| Name 2 |  | Role |  |
| Agency |  | Telephone |  |
|  |  |  |  |

**General parental permissions**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Plasters**

*Please delate as appropriate*

*I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian****) do/do not*** *give permission for Blunsdon pre-school LTD to apply a plaster to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name) if required*

*Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**For inhaler/Epipens only**

|  |  |  |
| --- | --- | --- |
| I give permission for a named member of staff who has been trained to administer the inhaler/Epipen or | | |
| Anapen supplied by me to |  | (name of child). The named staff are: |

|  |
| --- |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Suncream**

|  |  |
| --- | --- |
| I give permission for staff to administer suncream as supplied by me to | |
|  | (name of child) when necessary and to record its use. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Short trip** *- general outings*

Your child will be taken out of the setting as part of the daily activities. The venues used are detailed here:

|  |
| --- |
| Local park, shops, library and surrounding areas |

|  |  |  |
| --- | --- | --- |
| 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 we take and are available for me to see as required. For any major outings, we will inform you and ask for your specific consent.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Website and Facebook**

We have a website and facebook page for the pre-school (blunsdonpreschool.co.uk), this contains lots of information about the setting, including a diary of dates and lots more.

We would love with your permission to include photographs of the children playing in the setting. Please complete below if you would be happy for us to do this.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian) agree to pictures of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name) being included on Blunsdon Pre-school’s website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signed Parent/Guardian) and Blunsdon pre-school’s facebook page\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signed parent/Guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date) (Please delate as appropriate)

**Famly App**

At Blunsdon Pre-school we use a computer system to track our children’s learning and development. It also allows us to communicate with family’s about things happening at pre-school, and private messages if you wish to liaise on a one to one basis. We also send invoices through the app. Please complete below if you are happy to use the app and allow us to upload observations and track your child’s learning in this way.

I (Parent/Guardian) agree to use the famly app and allow Blunsdon pre-school to use the famly app for my child.

(signed parent/guardian). (Date.)

**Danzone**

The pre-school would like the opportunity to offer a dance/exercise session with Danzone.

Danzone is a dance school established in Swindon 2003 by Clare Jones who is a qualified dance teacher with first aid training and a DBS. If you would like more information please visit [www.danzone.co.uk](http://www.danzone.co.uk).

We run a half hour session on a Friday morning

The cost of the half hour session is £2.50 and this will be added onto your child’s termly invoice.

If you would like your child to join in this session please complete the consent form below. (Their is no obligation to partake in this activity)

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) would like \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name) to join in with the Danzone session at Blunsdon pre-school. I understand that this is a cost of £2.50 per session which will be added on to my child’s invoice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signed Parent/guardian)

***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. These photographs are used for display and for your child’s records within the setting. We are happy to provide duplicate photos of your child to you if requested. We may also record events and activities on video. Photos/videos are stored on the setting’s computer only; we only store images during the period your child is with us. 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.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Animals**

We may occasionally have supervised visits of other animals to our setting. A risk assessment will be carried out for visiting animals, and parents informed. Please state below any known allergies or aversion your child has to animals:

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Key persons - Information for parents**

Each child joining the setting will have a key person appointed to them (you will be informed who this is once your child has started at the setting). It will be the key person’s responsibility to ensure that your child receives the best possible attention whilst in our care, compile a learning diary and to ensure that their records are kept up-to date. Your child’s key person may change as your child progresses through the setting. You will be notified of these changes. Your child’s key person is your first point of contact for anything you wish to discuss about your child.

Your child’s learning diary will need to be taken off the premises for short periods to enable the key person to effectively maintain the diary. However confidentiality will be maintained at all times.

Please complete the following:

I understand that the key person allocated to my child will need to take my child’s learning diary off the pre-school premises for short periods in order to maintain this record

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Please sign below to confirm that you have been provided with details of the setting’s policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent. | | | |
| Signed |  | Date |  |

*If you are in receipt of any of the below, the setting may be entitled to claim extra funding to help improve the quality of the Early Years Education YOUR child receives:*

* *Income Support*
* *Income Based Job Seekers Allowance*
* *Income Related Employment and Support Allowance*
* *Universal Credit*
* *Support through part 6 of the immigration and Asylum Act*
* *The guaranteed element of state Pension Credit*
* *Child Tax Credit (with no working tax credit) with an annual income of no more than £16,190*
* *Your child may also be eligible if they’re looked after by the local council or they have left care under a special guardianship order, child arrangement order or adoption order.*

*Swindon Borough Council are offering to check ALL parents of 3 & 4 year olds to make sure all those who are eligible can receive the Early Years Pupil Premium.*

*To enable them to check please provide us with your National Insurance Number:*

*Please sign below to confirm that you give consent for your details to be passed to Swindon Borough Council to check your child’s eligibility for this funding:*

*If you have any questions about Early Years Pupil Premium please contact:*

*Danielle Maundrell*

*Commissioner –Education*

*Place Planning and Funding*

*Swindon Borough Council*

*Email:* [*DMaundrell@swindon.gov.uk*](mailto:DMaundrell@swindon.gov.uk)

*Tel: 01793 466314*

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| 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. | | | |
| Parent 1 |  | | |
| Signed |  | Date |  |
| Parent 2 |  | | |
| Signed |  | Date |  |

**Equalities monitoring form** – to be completed by the provider

Ethnicity, where collected, should be recorded according to the following categories:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White – British** | | **Asian or Asian British** | | |
| * Irish |  | * Indian | |  |
| * Traveller of Irish Heritage |  | * Pakistani | |  |
| * Gypsy/Roma |  | * Bangladeshi | |  |
| * Any other white background |  | * Any other Asian background | |  |
|  | |  | | |
| **Mixed – White and Black Caribbean** | | **Black or Black British** | | |
| * White and Black African |  | * Caribbean | |  |
| * White and Asian |  | * African | |  |
| * Any other mixed background |  | * Any other Black background | |  |
|  | |  | | |
| **Chinese** | | **Any other ethnic background** | | |
| * Chinese |  | * Please state |  | |

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

|  |  |
| --- | --- |
| No special educational need |  |
| Early Years Action |  |
| Early Years Action Plus |  |
| Statement |  |

Providers should refer to the SEN Code of Practice for an explanation of the terms above.

**Statement on Blunsdon Pre-School Ltd Safeguarding Responsibilities**

As a provider of childcare registered with OFSTED, we are required by law to follow the safeguarding procedures agreed with the ***Local Safeguarding Children Board (LSCB)*** and OFSTED within my responsibility to safeguard children.

We will endeavour to share with you any concerns we may have regarding injury or specific issues of concerns at all times.

We will keep a record of such incidents and share this with you. We do have a duty to refer to ***Social Services*** ifwe suspect your child is at rick of child abuse.

We will inform you if we make a referral to Social Services, unless to do so would place your child at an increased risk of significant harm. Our first concern will always be the welfare of your child.

We have a copy of the “WHAT TO DO IF YOUR WORRIED A CHILD IS BEING ABUSED” documents for you to view if you wish to do so.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) have read the statement on Blunsdon Pre-School Ltd safeguarding responsibilities and understand the role and responsibilitie of the setting. I am aware that the setting holds a copy of “WHAT TO DO IF YOUR WORRIED A CHILD IS BEING ABUSED” and that i may view this document if i may wish to do so.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist (Parents/guardians copy)**

Please find the following items that your child should have with them each time they attend the pre-school.

Can you please ensure that all items are clearly labelled with your child’s name.

* Suitable outer garments
* Daps/indoor shoes
* A bag containing spare clothes to change in to if required [i.e underwear, socks, trousers/skirt and a top spare shoes]
* Protective hat
* Protective suncream
* Spare nappies/wipes etc if applicable
* Lunch box and water bottle if required
* wellies

Can all parents/guardians ensure that your child’s contact details are current, so that you can be contacted quickly in case of an emergency.

Messy activities are available to the children daily as part of the Early year’s foundation stage.

Although we do our best to encourage your children to wear aprons during these activities, it is not always possible to ensure they are completely covered, and therefore children’s clothes may be subject to staining.