



Threemilestone Pre-School Registration Form

Child's Personal Details

First Name	Surname	Known As	D.O.B	Sex

Details of Parents whom the child lives with

Title	First Name	Surname	Relationship to child
Does this parent have parental responsibility?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Title	First Name	Surname	Relationship to child
Does this parent have parental responsibility?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Home Address			
Post Code			
Email			
Contact Numbers			
Home			
Mobile	Relationship		
Mobile	Relationship		

Details of Parent whom the child does not lives with

Title	First Name	Surname	Relationship to child
Does this parent have parental responsibility?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Home Address			
Post Code			
Contact Numbers			
Home			
Mobile	Relationship		
Mobile	Relationship		
Does this parent have parental responsibility?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Emergency Contact Details

Parent 1 – Work/daytime contact number

Parent 2 – Work/daytime contact number

Further Emergency Contact Number

Name

Telephone Number

Mobile

Relationship

Persons Authorised to collect your child (must be over 16 years of age)**Main person who will be collecting your child**

Name

Telephone Number

Mobile

Relationship

1. Other nominated person authorised to collect your child

Name

Telephone Number

Mobile

Relationship

2. Other nominated person authorised to collect your child

Name

Telephone Number

Mobile

Relationship

3. Password for the collection of your child by authorised persons if unknown to staff**Personal Details of Child**Does your child have any special dietary needs or preferences? Yes No

If yes; please provide details below

How would you describe your child's ethnicity or cultural background?

What is the main religion 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 a English-speaking environment? Yes No

If so, please discuss and agree with your child's playleader how you will support the child when settling in.

Toileting

In accordance with the nappy changing policy, we ask for parents/carers to confirm their child's ability at the time of entering Pre-School. Please indicate below.

Is your child

Using a toilet at home? Yes No **If yes** Dependently Assisted
Currently potty training? Yes No
In pull-up nappies? Yes No or In full nappies? Yes No

If your child is still in nappies or pull-up's when they first start at Pre-School, we ask parents/carers to read our Nappy Changing Policy (a copy of which is available on our website or on request). On signing this registration form, you are also confirming that you have read and understand our policy regarding nappy changing and agree to adhere to its terms.

Other Childcare Providers

A number of our Pre-School children also attend other childcare providers on a regular basis; whether this be a childminder or other childcare facility. We feel it is good practice to liaise and share information with the other childcare providers that are associated with your child and so ask you to give permission by signing below.

If so; please provide details of the other childcare provider

Type of Childcare Provider	Contact Name if appropriate	Contact Number

Permission given Yes No Parent/Carer Signature

Disabilities or other needs

Do you feel your child has any form of disability or special need? Yes No
If so, please provide details in the space below

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Additional Information

What they like?	
Do they have any fears?	
Do they use any special words?	
Do they have a comforter and when would they normally use it?	
Other information	

Illness / Allergies

Does your child suffer from any illness or allergies? Yes No

If yes; please provide details and tell us how this displays in your child

(A risk assessment will be completed and kept on your child's file for any known allergies or food intolerance as mentioned above)

Does your child regularly take any form of medication? Yes No

If yes; please provide details below

Safeguarding Children

We are aware that on occasion, children/families may have involvement from other professional bodies. If this is the case, please provide details below.

Contact Name	Role	Agency	Contact Number
Contact Name	Role	Agency	Contact Number

Do you have a health visitor? Yes No If yes, please provide details below

Name	Based at	Contact Number

Has the Health Visitor completed a 2 Year Old Check Yes No

(If yes, please provide us with a copy)

Does your family have a social worker for any reason? Yes No

If yes, please provide details below

Name	Based at	Contact Number

Please indicate here if your child is on the child protection register Yes No

We do prefer where possible to gain permission to discuss anything relevant with the professionals involved with your child. Please sign below to give permission

Parent/Carer Signature

Please be advised that there under certain circumstances there are times where it is our obligation to discuss issues your child with relevant professionals regardless of permission.

Any additional information

Photographs of Children

Sometimes the occasion will arise when our setting wishes to take photographs or make a video recording of the children. There are also occasions when the local press visit to record particular events and they may wish to publish photographs of the children.

The setting needs your consent before taking photographs or making video recordings. We should therefore be grateful if you could indicate you agree with the following

Name of Child

Consent Form

I agree that the setting can take photographs of my child which may be used in setting literature (newsletters and other promotional material etc...)

Yes No

I agree that the setting can use images of my child on its Website (which can be viewed across the world)

Yes No

I agree that the setting can use images of my child in video recordings to promote the setting

Yes No

I agree that the setting can take photographs and make video recordings of my child for the setting's own records, archives and future interest (e.g. activities, play sessions etc...)

Yes No

I agree that my child can appear in video recordings or in collections of photos stored on CD ROMs which the setting may make of events and which it may sell to parents of children at the setting to raise funds for the benefit of the setting

Yes No

I am happy for the Pre-School to continue using images of my child once they have left the setting

Yes No

I am happy for the press to take and use images of my child

Yes No

The setting may give the press the first name only of my child for publishing with the child's photograph in a newspaper or for captioning on TV

Yes No

I am happy for my child to be photographed, with adult supervision, by other children as part of their learning development

Yes No

I agree that images of my child can be included in the electronic Learning Journals of other children which will be available for other parents to view as evidence of their child's learning and development

Yes No

I confirm that I have signed the eyLog Registration & Consent form and understood it's content together with the Photography Acceptable use Agreement

(Please tick)

I am happy for images of my child to be displayed on walls or in digital photo frames where they may be visible at times to the general public or anywhere which could be defined as a 'public place'

Yes No

I understand that I can withdraw my consent, or can request to see images taken at any time

(Please tick)

I agree that images of my child on a digital camera can be uploaded and stored on the setting's computer at the earliest convenience in line with the setting's procedures

Yes No

Name of person

Signature

Declaration

I/we have read the Pre-School's policies and accept that the group will run in accordance with these.

I/We have read Threemilestone Pre-school's Privacy Notice and Information Sharing Policy and understand the principles contained therein.

I/We have read and understood the reasons why we use digital images of children within your care.

I/We have read and understood the ways in which the setting stores any digital images of children.

I/we will pay fees in the amounts and at the time specified by the Pre-School and have read the policy relevant to late/unpaid fees

I/we will collect the child at the end of the session and will inform the group/child if they will be collected late or by another person not listed on this form

I/we will notify the Pre-School of any changes in personal details/circumstances which are relevant to the child such as change of address, telephone number, persons collecting etc

I/we will inform the Pre-School of any new information regarding the child's health/welfare including illness, medication, injury and absence

I/We agree that children may be taken out of the premises as part of the daily activities of the setting

Conditions of Consent

The information which you provide in this Consent Form is valid from the time when the setting receive this form. If your circumstances alter, or you change your mind about any issues addressed in this form, please let the setting know immediately.

The setting will only use images of children who are appropriately dressed.

The setting will not pass to the press the names of any children appearing in photographs or recording which the press wish to publish or broadcast, unless a parent has consented to this.

If you agree that the media can take and use images of your child you should note that the media's use of images of children is governed separately by the Data Protection Act, other legislation and industry codes of practice.

Please sign to confirm that you have read the declaration, photograph permission statements and conditions of consent

First Parent/Carer

Signature

Name (in capitals)

Date

Second Parent/Carer

Signature

Name (in capitals)

Date

Emergency Medical Treatment

On rare occasions, it may be necessary for pre-school staff to obtain emergency medical treatment for your child. In order for us to do this, we need to have prior consent from the parents/guardians of the child/children.

I parent/guardian of
give/do not give Threemilestone Pre-school permission to seek emergency medical care for my child as named above.

Name (in capitals)		Date	
Signature			

Nursery Education Funding

All children are eligible for 3 year old funding and some 2 year old children depending on family circumstances. In order to apply for this funding, the setting needs proof of your child's date of birth. In this connection, we shall need sight of a copy of your child's Birth Certificate or of a current Passport, if available.

Many Thanks

Transfer of Records to School

We recognise that children sometimes move to another setting before they go on to school as well as leaving to enter mainstream education in a reception class. As part of these transitions, we prepare children and involve parents and the receiving setting or school by sharing information relevant to your child's learning and development. In order for us to enable a smooth transition, we would like your prior consent to undertake this process. If you are happy for us to share information please kindly give your permission below:

I parent/guardian of
give/do not give Threemilestone Pre-school permission to share information as part of the transition process with my child's new setting/primary school

Date:

For Office Use Only

To be completed by the Playleader / Manager

Name of Child

Date starting at setting

Fees or Funded

Days due to attend initially (please tick)

AM

Monday Tuesday Wednesday Thursday Friday

PM

Monday Tuesday Wednesday Thursday Friday

Has the settling in process been discussed/agreed

Yes No

If yes; please detail

Has the child any illness/allergies/dietary needs

Yes No

If yes, have all staff been made aware and necessary arrangements been made?

Yes No

Has a risk assessment been written with regard to the above

Yes

Are there any child protection issues

Yes No

If yes, have necessary required procedures been put into place and any necessary arrangements been made?

Yes No **Toileting**

Does the child use nappies/pull-up's

Yes No

If yes, has the parent/carer read and understood the nappy changing policy and necessary staff been made aware?

Yes No **Photo Consents:**

Have all staff been informed of the permissions granted by parents with regard to photographs, videos, web permission etc?

Yes

Have these been annotated on the Photo Consent Form for all staff to see?

Yes

Key Worker's Name

The playleader must sign below to confirm that they have checked this form has been fully completed including all permission areas and signed by the parent/carer accordingly.

The playleader has noted anything within the form that needs to be carried forward within the child's development plan and notified the manager or other relevant staff accordingly.

Name (in capitals)

Date

Signature

Birth Certificate:

Cert No:

Date Seen:

