

Widecombe Pre-school & Outdoor Classroom

Registration Form



It is our policy that this form should be completed by parent/carer prior to, or during the child's first session. This is to ensure that we have all the necessary details, contacts, medical needs, and consents in place and can start the funding application process if appropriate. Children may not be left at preschool before these forms have been completed. Information provided in this form will be used by the staff and management committee in accordance with our Privacy Notice.

Child's details			
Child's forename(s)		Surname	
Name known as			
Child's home address (Must be the address where the child is normally resident)			
Gender		Date of birth	
Ethnicity		Religion	
First language			
Will this be your child's first experience of being in an English-speaking environment?			

Family details		
	Contact details 1	Contact details 2
Title		
Parent/carer full name		
Relationship to child		
Home address (If different from child's)		
Home telephone number		
Work telephone number		
Mobile telephone number		
Email Address		
Does this parent have parental responsibility?	Yes/No	Yes/No
Does this person have legal access to 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 the setting needs to know about?	

Emergency contact details - must be local & over 16 years of age (additional to those above)

Contact 1 - Name	Contact 2 - Name
Address	Address
Daytime/work telephone	Daytime/work telephone
Mobile	Mobile
Relationship to child	Relationship to child
Is this person authorised to collect the child in an emergency? Yes/No	Is this person authorised to collect the child in an emergency? Yes/No
This information will be used solely in the case of an 'emergency' when we are unable to contact the parents. Sign if you consent for us to hold this information for this purpose. You have the right to withdraw it at any time.	
Signed by emergency contact	Signed by emergency contact

Doctor Details

Name		Telephone	
Address			
Does your child have any involvement with outside professional agencies e.g speech and language therapist, social worker? Yes/No – if yes please provide details below.			

About your child	
Is your child up to date with immunisations?	Yes/No
If no, please provide details:	
Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences?	Yes/No
If so, please provide details:	
Has your child suffered from any major illnesses or had any operations recently?	Yes/No
If yes, please list:	
Has a health care plan and agreement to administer medicine, if required, been completed?	Yes/No
Does your child have any special needs, disabilities or health/ developmental concerns that we should be aware of?	Yes/No
If so, please provide details:	
Are any of the following in place for your child? Early Years Action, Statement of special educational need, Early Years Action Plus, Devon Assessment Framework	
If so please give details:	
Two year old progress check – children aged 24-36 months If your child is aged between 24-36 months, has a two year old progress check already been completed? Yes/No Setting completing the check: _____ Date completed: _____ If not, we will complete a progress check on your child before they turn 36 months and will discuss it with you.	
Are there any festivals or special occasions that your child will be taking part in that you would like to see acknowledged in our setting?	
Any other information that 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.	
Are there any home issues which you would like to discuss in confidence with staff?	Yes/No

Which sessions would you like your child to attend?				
Date Starting at Widecombe Pre-school				
Days and Times of Attendance (delete as applicable)				
Tuesday	Morning	9.15 – 11.45am	Lunch Club	11.45 – 12.45
Wednesday	Morning	9.15 – 11.45am	Lunch Club	11.45 – 12.45
Friday	Morning	9.15 – 11.45am	Lunch Club	11.45 – 12.45
Afternoon		12.45 – 3pm		
Are any fees payable? If so, note here:				
Birth certificate seen	Yes/No	Health visitor book seen	Yes/No	
3 & 4 year old funded	<input type="checkbox"/>	2 year old 2gether funded	<input type="checkbox"/>	

General parental permissions				
Should your child be taken to hospital, this form will be taken with them and provided to medical staff.				
In the event of a minor injury do you give permission for staff to administer first –aid?		Yes/no		
Do you agree that Staff will use their judgment to assess whether you are contacted immediately or informed of the incident at the end of the session?		Yes/no		
In the case of a more serious accident or emergency involving your child every effort will be made to contact the persons listed above, in order, immediately. Emergency services will be called as necessary. Do you understand that health professionals are responsible for any decisions on medical treatment taken in your absence as pre-school staff cannot take responsibility?		Yes/no		
Inhaler/Epipen				
I give permission for a named member of staff who has been trained to administer the inhaler/Epipen.		Signed		Date
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 are used for display and for your child's records within the setting. Photos/videos are taken using the pre-school camera and are stored on the setting's computer only.				
<input type="checkbox"/> I give consent for digital images of my child to be used for the following purposes. Delete as appropriate: Learning journeys/Website/Display boards in the Church House (NB this is a public building)				
<input type="checkbox"/> I give consent for my child to be photographed by the local press. I understand that their name is likely to feature with the news report				
<input type="checkbox"/> I do not consent for my child's photograph to be used for anything other than their personal learning journey				
Please ensure that any photos or videos you take of preschool children during events (e.g. sports day, Christmas play) NEVER get used on social media. We will check beforehand that everyone is happy for cameras to be used.				
Signed:		Date:		
Print Name:				

Suncream	
I give permission for staff to administer suncream as supplied by me to my child.	Yes/No
Short trip - general outings	
Your child will be taken out of the setting as part of the daily activities. We go on walks around the village, to the tennis courts, the school and our Outdoor Classroom regularly. I give permission for my child to take part in short trips or general outings. For any major outings, we will inform you and ask for your specific consent.	Yes/No
Animals	
We may occasionally have supervised visits of animals to our setting, for example during 'pet-days', or make visits to local farms etc. Please state below any known allergies or aversion your child has to animals:	
Nappy Changing and toilet training	
Does your child require nappies	Yes/No
Does your child require toileting assistance	Yes/No
Pre-school staff are happy to assist and work together with parents with toilet training; Please supply sufficient nappies etc for your child each session, plus change of clothes, and let us know the child's normal changing routine. I agree to staff changing my child's nappies and/or assisting with toileting during sessions.	
	Yes/No

Other settings	
Does your child or has your child previously attended another nursery or pre-school setting?	
If so, please provide details	
When appropriate, we are duty bound to contact other settings to share information.	

Starting school	
When is your child expected to start school?	
Which school? (If known)	

Equalities monitoring form			
Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.			
White British		Pakistani	
White Irish		Indian	
White other		Asian other	
Black British		Chinese	
Black African		Chinese other	
Black Caribbean		White and Black Caribbean	
Black Other		White and Black African	
Bangladeshi		White and Black Asian	
Other please state			

Any other information?**Shared Information**

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. In signing you confirm that you understand where to access pre-schools operational plan, policies and procedures, including Information Sharing procedures, should you want to. In signing you accept that there may be circumstances where information is shared with other professionals or agencies without your consent, if this is in the best interests of your child.

Parent 1

Signed		Date	
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Parent 2

Signed		Date	
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Key person

Signed		Date	
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Manager

Signed		Date	
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Date of first review	
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**NB. IT IS VITAL THAT ANY CHANGES TO THE ABOVE INFORMATION PROVIDED
IS NOTIFIED TO THE PRE-SCHOOL STAFF**

Headcount Information Sheet

Please provide child's original birth certificate to be copied by the treasurer.

This information can be collected before your child turns 3 and will help to speed up the process of applying for government funding when applicable.

Child Information

First name		Surname	
Other names			
D.O.B			
Address			
Other settings attending including hours			

Main parent/carers Information

First name		Surname	
Other names			
D.O.B		NI no.	
Address (If different from child's)			
Home phone		Mobile	
I agree for this information to be shared with Devon County Council for the purposes of obtaining funding for my child. I understand that the information will not be passed on for any other reason.			
Signed		Date	