

Little Acorns Pre-School Registration Form

Please note that children are accepted on the waiting list from the age of 1 year and 9 months, and are accepted at the pre-school from 2 years and 9 months (places permitting).



Child's details

Child's first name(s) _____ Surname _____

Child's full address _____

Gender _____ Date of birth _____

Is your child known to have any allergies or food intolerances? If so, please specify:

Family details

Name of parent(s)/carer(s) with whom child lives:

Name(s) of any siblings:

Contact details 1 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Occupation _____

Is this parent classed as a key worker Yes No

Does this parent have parental responsibility for the child? Yes No

NIN _____

Contact details 2 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Occupation _____

Is this parent classed as a key worker Yes No

Does this parent have parental responsibility for the child? Yes No

NIN _____

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 we need to be aware of?

Collection permission authorisation (other than parents). *Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, we will check before releasing the child. Only those over the age of 16 years can be named as authorised persons.*

*For example, it could be another parent who has a child at the pre-school. Should you be **delayed/late in collecting your child** from pre-school, this named person has your **authorisation** to collect your child from pre-school.*

Authorised Person 1 Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____ Mobile _____

Authorised Person 2 Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____ Mobile _____

Password for the collection of child by authorised person:

No Access – Name

Full address Relationship to the child

Reason: e.g. court order or other?

Evidence seen Yes No

Copy provided Yes No

About your child

The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.

Does your child have previous experience of attending a childcare setting? If so, please specify:

Health and development

Has your child received the following immunisations? *Please confirm and provide date of immunisations given.*

Two months old 6-in-1 Yes No Date:

Men B Yes No Date:

Rotavirus vaccine Yes No Date:

Three months old 6-in-1 Yes No Date:

Pneumococcal (PCV) vaccine Yes No Date:

Rotavirus, second dose Yes No Date:

Four months old 6-in-1 Yes No Date:

Men B, 2nd dose Yes No Date:

Between 12 and 13 months old Hib/Men C Yes No Date:

MMR vaccine – mumps, measles and rubella Yes No Date:

Pneumococcal (PCV) vaccine, 2nd dose Yes No Date:

Men B, 3rd dose Yes No
Date:

Two to three years Flu vaccine Yes No Date:

Three years and four months or soon after MMR vaccine, 2nd dose – mumps, measles and rubella. Yes No Date:

4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus,

Yes No Date:

pertussis (whooping cough) and polio.

Does your child have any on-going medical conditions? If so, please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

Does your child require a health care plan? Yes No Any other concerns:

Does your child have any special needs or disabilities? If so, please specify:

Are any of the following in place for the child?

SEN action plan

Yes

No

Education, Health and Care Plan

Yes

No

What special support will he/she require in our pre-school? Has an EHA been put in place?

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 by another nursery/pre-school/childminder/health visitor for your child? Yes No

Date completed & by whom _____

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you.

Cultural background

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 at our pre-school?

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

If so, discuss and agree with the key person how we can work together to support your child when settling in:

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. We will ensure these details 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 _____

Address _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Address _____

General parental permissions

Emergency treatment declaration

I give permission for the Supervisor and other first aid trained staff members to administer first aid as necessary. 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 Supervisor (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed _____ Date _____

Printed name _____

For inhalers/auto-injectors (e.g. Epipens) only

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

□

□

□

Signed _____ Date _____

Printed name _____

Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by me) to my child _____ when necessary.

Signed _____ Date _____
Printed name _____

Does your child have any special marks on body, like birthmarks etc.?

Short trip - general outings

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

- Stukeley Meadows Primary School (eg to watch a play or Sports Day, to collect leaves, go on a bug hunt or visit the chickens)*

Tesco Express (eg to buy fruit/milk)

Post Box near Tesco Express (eg to post a letter)

Little Acorns has adopted certain safeguards to minimise any risk to our children.

- A risk assessment is carried out before an outing takes place.
- Our adult to child ratio is high, normally one adult to two children.
- If the children are staying within the school buildings, for example if they are going to watch a play in the school hall, ratios will be the same as operated within the setting.
- Named children are assigned to individual staff/parents to ensure each child is individually supervised and to ensure no child gets lost and that there is no unauthorised access to children.
- A minimum of two staff should accompany children on outings and a minimum of two should remain behind with the rest of the children. Appropriate staff to children ratios will be maintained.
- Outings within the school grounds will take place in small groups. Staff will ensure that the school gates are closed.

I give permission for my 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 taken and are available for me to see as required. For any planned outings, I understand I will be informed and my specific consent obtained.

Signed _____ Date _____
Printed name _____

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. Only cameras supplied by the pre-school are used for this purpose, and photographs taken are only used for display and for your child's records within the setting. Photos are stored on the pre-school's camera only and deleted once printed.

I give permission for my child _____ to have his/her photo taken as per the above conditions.

Signed _____ Date _____

Printed name _____

Social media

'Little Acorns Pre-School' is a closed group on Facebook. We would like to use this to keep you updated and to post photographs of the activities and children's play at our pre-school. We will ensure children's names are not mentioned.

I give permission for my child _____ to have his/her photo taken as per the above conditions.

Signed _____ Date _____

Printed name _____

Media

On some occasions we may wish to publish a photo in the local newspaper to advertise an event we have taken part in, e.g Children In Need, World Book Day. We will ensure children's names are not given in the publication.

I give permission for my child _____ to have his/her photo taken as per the above conditions.

Signed _____ Date _____

Printed name _____

Parents taking own photos/videos, for example, on birthdays, Christmas Party, Leavers Party.

I agree to ensure that all the images I take will be for my personal use, will be kept securely and will be used appropriately. I agree not to distract or obscure the view of others whilst taking photos or videos. I agree not to publish the images on websites/social media networking sites, eg Facebook, Twitter, without the approval of the parents of all the children featured in the photograph or video.

Signed _____ Date _____

Printed name _____

Animals

We may occasionally have supervised visits of animals to our pre-school.

Please state below any known allergies or aversion _____ (name of child) has to animals:

Signed _____ Date _____

Printed name _____

Transfer of records

With your consent we will transfer your child's records to the receiving school when they leave our setting. This will enable the school to continue to effectively manage any special education, health or medical needs, and to continue with their development.

I agree with my child's records to be transferred to their receiving school

Name of child _____

Signed _____

Date How did you hear about Little Acorns Pre-School? _____

N.B. a voluntary £10.00 registration fee is payable on completion of this registration form. This goes towards our administrative costs.

- I have read the Little Acorns Pre-School Prospectus and am aware that copies of the policies are available upon my request or can be found on the pre-school website.
- I understand that the childcare provider has a duty to report suspected child abuse or neglect. I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.
- I enclose a voluntary payment of £10.00 for the registration fee. (Please make cheques payable to 'Little Acorns Pre-School')

Signed _____ Date _____

*PLEASE NOTE: a place at Little Acorns Pre-School does **not** guarantee a place at Stukeley Meadows Primary School.*

For Pre-School use only

- Birth Certificate seen
- Voluntary £10 enclosed

Start Pre-School _____

Start School _____

Equalities monitoring form

Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>
Other please state			

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

- | | |
|---------------------------------|--------------------------|
| No special educational need | <input type="checkbox"/> |
| SEN action plan | <input type="checkbox"/> |
| Education, Health and Care Plan | <input type="checkbox"/> |

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.