

**Little Acorns Pre-School Registration Form**

*Children are accepted on the waiting list from the age of 1 year 9 months*

 *and are accepted at the pre-school from 2 years 9 months.*

**Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s first name(s) |  | Surname |  |
| Name known by |  |
| Child’s full address |  |
|  |
| Gender |  | Date of birth |  | Birth certificate seen: Yes □ No □ |
| Is your child known to have any allergies or food intolerances? If so, please specify:  **Family details** |
| Who does the child live with? *(including siblings)* |  |
| *Contact details 1 (including emergency information):* |  |
| Parent/carer full name |  |
| Relationship to child |  |
| Daytime/work telephone  |  | Mobile |  |
| Email |  |
| Home address |  |
| Work address |  |
| Does this parent/carer have parental responsibility for the child? Yes □ No □ |  |
| *Contact details 2 (including emergency information):* |  |
| Parent/carer full name |  |
| Relationship to child |  |
| Daytime/work telephone  |  | Mobile |  |
| Email |  |
| Home address |  |
| Work address |  |
| Does this parent/carer have parental responsibility for the child? Yes □ No □ |  |
| *Contact details 3 (including emergency information):* |  |
| Parent/carer full name |  |
| Relationship to child |  |
| Daytime/work telephone  |  | Mobile |  |
| Email |  |
| Home address |  |
| Work address |  |
| Does this parent/carer have parental responsibility for the child? Yes □ No □ |  |
| **Other person(s) with legal contact** *to be completed where those persons with parental responsibility are separated and/or an S8 Order is in place.* |  |
| Name |  |
| Address |  |
| Contact telephone numbers |  |
| Relationship to child |  |
| Please give details of the legal contact arrangements that we need to be aware of |
|  |

**Collection permission authorisation** (other than parents)*Please note, only those over the age of 16 years can be named as authorised persons.*

|  |  |
| --- | --- |
| **Authorised Person 1** – Name |  |
| Relationship to child |  |
| Full address |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |
| **Authorised person 2** – Name |  |
| Relationship to child |  |
| Full address |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |
| **Authorised person 3** – Name |  |
| Relationship to child |  |
| Full address |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |
| **No Access** – Name |  |
| Relationship to child |  |
| Full address |  |
| Reason: e.g. court order or other? |  |
| Evidence seen Yes □ No □ | Copy provided Yes □ No □ |
| **Emergency contact details for two named contacts – if parents/carers are not available** *Only those over the age of 16 years can be named as emergency contacts. Pleas ensure emergency contacts are local and their consent has been given.* |
| *Contact 1* - Name |  |
| Relationship to child |  |
| Address |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |
| *Contact 2* - Name |  |
| Relationship to child |  |
| Address |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |

**Medical details**

Has your child received the following immunisations, this enables us to effectively manage any special education, health, or medical needs of your child (please confirm and date);

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8 weeks old** | Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenza type b (Hib) and hepatitis B - DTaP/IPV/Hib/HepBMeningococcal group B (MenB) - Men BRotavirus gastroenteritis - Rotavirus | Yes □ No □ | Date: |  |
| **12 weeks old** | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B - DTaP/IPV/Hib/HepBPneumococcal (13 serotypes) – PCVRotavirus – Rotavirus | Yes □ No □ | Date: |  |
| **16 weeks old** | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B - DTaP/IPV/Hib/HepBMenB - MenB | Yes □ No □ | Date: |  |
| **One year old (on or after child’s first birthday)** | Hib and Meningococcal group C – (MenC) Pneumococcal - PCV boosterMeasles, mumps, and rubella (German Measles) – MMRMenB – MenB booster | Yes □ No □ | Date: |  |
| **Eligible paediatric age groups** | Influenza (each year from September) – LAIV | Yes □ No □ | Date: |  |
| **Three years and four months old (or soon after)** | Diphtheria, tetanus, pertussis, and polio – dTaP/IPVMeasles, mumps, and rubella – MMR (check first dose given) | Yes □ No □ | Date: |  |
| **Health and development** |
| 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 □ |
| Special notes |  |
| *If yes, complete health care plan with parents.* |
| Does your child have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance? Yes □ No □ |
| Special notes: |  |
| Do you have any concerns about your child’s learning and development? Yes □ No □ |
| If yes, special notes: |  |
| Is your child known to have any allergies or food intolerances? If so, please specify: |
| Special notes: |  |
| *A risk assessment is completed and kept on the child’s file for any known allergies or food intolerance as mentioned above.* |

**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  |  |
| Special notes |  |

*Dentist (if applicable)*

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Role |  |
| Agency |  | Telephone |  |
| Address |  |
| **Two-year-old progress check/Integrated health check** |
| 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 to share it with your child’s health visitor. Please note that where a local authority has arrangements in place we complete an integrated check with you and your child’s health visitor.If your child is aged between 24-36 months, has a two-year-old progress check already been completed for your child? Yes □ No □ |
| Setting completing check |  | Date completed |  |

**About your child**

The following information will tell us a little more about your child.

Does your child have previous experience of attending an early years setting? If so, please give details:

|  |
| --- |
| What languages does your child speak at home? |
|  |
| What religion does your family follow (if applicable)? |  |
| How would you describe your family’s cultural background? |
|  |
| Are there any religious or cultural festivals that your child takes part in? |
|  |
| What is your child’s usual sleep pattern? |
|  |

**Parental/carer permissions**

*Emergency treatment declaration*

I give permission for first aid trained staff members to administer first aid as necessary. In an accident or emergency involving my child, I understand that every effort will be made to contact me, and emergency services will be called as needed. I understand that my child may be taken to hospital accompanied by the Supervisor or authorised deputy for emergency treatment. I understand that health professionals will be responsible for decisions about 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 trained to administer the inhaler/Epipen or |
| Anapen (supplied by me) to |  | (*name of child*).  |
| Signed |  | Date |  |
| Printed name |  |

*Suncream*

|  |
| --- |
| I give permission for staff to administer hypoallergenic suncream (supplied by me) to |
|  | (*name of child*) when necessary. |
| Signed |  | Date |  |

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

|  |
| --- |
|  |

*Short trip - general outings*

|  |
| --- |
| I give permission for my child to be taken out of pre-school as part of the daily activities, eg * Stukeley Meadows Primary School to watch a play/Sports Day, to collect leaves/go on a bug hunt, physical activity in the hall or on the field.
* Tesco Express to buy fruit/milk.
* Post Box near Tesco Express to post a letter.

I understand that individual risk assessments are carried out for each type of trip and are available for me to see as required. |
| *Name of child:* |  |
| Signed |  | Date |  |

**E-safety**

There are procedures in place that govern the use of IT equipment on site. Visitors to the setting using IT equipment, such as Ofsted, or Social Care, are advised of the procedure for its use and must seek prior permission from the Supervisor.

*Photographs*

To record aspects of our curriculum and for children’s individual development records, staff often take photographs of children during their play. Only equipment supplied by us is used for this purpose and images taken are for your child’s learning records. If we wish to use any images of your child for publicity or marketing purposes, we will seek your written consent for each image we wish to use.

I give permission for my child to be photographed as per the conditions above.

|  |  |
| --- | --- |
| Name of child: |  |
| Signed |  | Date |  |

*Social media*

‘Little Acorns Pre-School’ has a closed group on Facebook. As well as a useful source of communication, we use this to upload photographs of the activities and children’s play at our pre-school. We ensure children’s names are not mentioned.

 I give permission for my child to be photographed as per the conditions above.

|  |  |
| --- | --- |
| Name of child: |  |
| Signed |  | Date |  |

*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, Instagram, without the approval of the parents of all the children featured in the photograph or video.

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

*Animals*

We may occasionally have supervised visits of animals to our setting or have pets on site. Risk assessments will be carried out for visiting animals. Please state here any known allergies or aversion your child has to animals:

|  |
| --- |
|  |
| Name of child: |  |
| Signed |  | Date |  |

**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 for my child’s records to be transferred to their receiving school.

|  |  |
| --- | --- |
| Name of child: |  |
| Signed |  | Date |  |

**We ask for a voluntary £10.00 registration donation 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.

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

What sessions do you request:-

*Please leave if not relevant at time of registration.*

Mondays Full Day Morning Afternoon

Tuesdays Full Day Morning Afternoon

Wednesdays Full Day Morning Afternoon

Thursdays Full Day Morning Afternoon

Fridays Full Day Morning Afternoon

When would you like your child to start?

**Ethnicity** **data** g*athered for monitoring purposes only. Parents are not obliged to give this information.*

Ethnic origin is classified as special category of data under data protection legislation, and we require your consent to process and store this information. The Privacy policy explains how the data provided in this form will be processed and explains your rights with respect to the information given.

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# For Pre-School use only

* Birth Certificate seen
* Voluntary £10 enclosed

Start Pre-School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please note that the information on this form is always stored and maintained confidentially.**

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