



# Ferring Funtime Community Pre-school

## 09.1c CHILDCARE REGISTRATION FORM

### 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

### Family and other contacts details

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

#### Contact details 1 (including emergency information):

Full name \_\_\_\_\_ Mr / Mrs / Ms / Miss

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Parental responsibility - Yes  No  Emergency Contact - Yes  No  (must be local) Authorised to collect - Yes  No

#### Contact details 2 (including emergency information):

Full name \_\_\_\_\_ Mr / Mrs / Ms / Miss

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Parental responsibility - Yes  No  Emergency Contact - Yes  No  (must be local) Authorised to collect - Yes  No

Contact details 3 (including emergency information):

Full name Mr / Mrs / Ms / Miss

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Parental responsibility - Yes  No       Emergency Contact - Yes  No   
(must be local)      Authorised to collect - Yes  No

**Password for the collection of child by authorised persons:** \_\_\_\_\_

**Other person(s) with legal contact** *To be completed where those persons with parental responsibility are separated and an S8 Order is in place.*

Full name Mr / Mrs / Ms / Miss

Address \_\_\_\_\_

Contact telephone numbers \_\_\_\_\_

Relationship to child \_\_\_\_\_

What are the contact arrangements that we/ need to be aware of?

\_\_\_\_\_

**NO ACCESS**

Name \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Reason: e.g. court order or other? \_\_\_\_\_

Evidence seen Yes  No       Copy provided Yes  No

**Ethnicity data** *gathered monitoring purposes only.* Parents are not obliged to give 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.

**Privacy Notice**

I confirm that I have received a copy of the Privacy Notice and give my consent to the processing of special category data.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Other please state \_\_\_\_\_

## Medical Details

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

<b>2 months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib);	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis B vaccine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>3 months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, second dose	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis C vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>4 months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, third dose	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis B vaccine, second dose	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Between 12 and 13 months old</b>	Hib/Men C booster, given as a single jab containing meningitis C (second dose) and Hib (fourth dose)-	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	MMR vaccine – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis B, third dose.			
<b>Eligible pediatric age groups</b>	Flu vaccine (annual)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>3 years and 4 months to 5 years</b>	MMR vaccine, second dose – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

*Has the child's health record book been seen to confirm immunisation dates? Yes  No*

## Health & Development

Was your child born prematurely? Yes  No  If so how many weeks early? \_\_\_\_\_

Does your child have any on-going medical conditions? Yes  No

*If yes, 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

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

*Notes:*

Do you have any concerns about your child's learning and development? Yes  No

*Notes:*

Is your child known to have any allergies or food intolerances? Yes  No

*If yes, please specify:*

*A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.*

Does your child have any dietary requirements? Yes  No

*If yes, please specify:*

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## 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 your 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 \_\_\_\_\_

## Details of professionals involved with your child

### *GP – Doctors Surgery*

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.*

### *Dentist (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

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

Name 1 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

## Parental permissions

Childs Full Name \_\_\_\_\_ DOB. \_\_\_\_\_

### *E:Safety (staff & children)*

There are procedures in place that govern the use of IT equipment on site. Where tablets or similar are used by staff to records children's' learning and development or as a management tool, a risk assessment it completed and only equipment owned by the Pre-School is used. 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 setting manager.

In some instances, children will use ICT equipment to promote their learning and development under the supervision of staff. Children do not normally have access to the internet and never have unsupervised access to the internet.

I give permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures and risk assessments in place to govern its use and that staff and visitors may also use ICT equipment to record and monitor children's' learning and development.

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

Printed name \_\_\_\_\_

### *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 a senior member of staff for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

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

Printed name \_\_\_\_\_

### *Suncream*

I give permission for staff to administer; suncream supplied by the setting  / supplied by myself

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

Printed name \_\_\_\_\_

### *Nappy/Toilet Assistance*

I give permission for staff to assist my child with any nappy changes or toilet routines if and when required.

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

Printed name \_\_\_\_\_

*Photographs*

To record aspects of our curriculum and for children’s individual development, staff often take photographs or videos of children during their play. Only equipment supplied by us is used for this purpose and images taken are for display and for your child’s learning records. We may be able to supply duplicates if requested, although this might incur a small charge to cover our costs. Images are saved and stored on our equipment securely and only kept for the period your child is with us. 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. **We also like to use photos for our newsletters, these are given out as hardcopies and uploaded to our website.** Please make you preferences known below by ticking the appropriate boxes.

I give permission for my child to have his/her photo to be taken, or to be videoed for use in;

preschool walls                   development records                   newsletters

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

Printed name \_\_\_\_\_

*Animals*

We may occasionally have supervised visits of animals to our setting. We will ensure that our pets are healthy and are inoculated as appropriate and that animals showing signs of disease are treated. Risk assessments will be carried out for visiting animals and will be made available to parents on request. Please state here any known allergies or aversion your child has to animals.

*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.

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

Printed name \_\_\_\_\_

## Key persons - Information for parents

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care 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 key person is:

\_\_\_\_\_

Your child's back up key person is:

\_\_\_\_\_

## About your child

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

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

\_\_\_\_\_

Does your child have difficulty walking, talking or socialising? If so, please give details:

\_\_\_\_\_

What language does your child speak at home?

\_\_\_\_\_

What religion does your family follow (if applicable)?

\_\_\_\_\_

Are there any religious or cultural festival that your child takes part in?

\_\_\_\_\_

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 name

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name of key person

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name of manager

Signed \_\_\_\_\_

Date \_\_\_\_\_