Registration form

Child’s name:

Date of birth:

Address :

Parents’ names:

Address if different to the one above:

Telephone number:

Mobile:

Other telephone numbers:

Email address (see below ):

This email address will be put on our system and used as a group email to inform parents.

Parent’s name, address and telephone number who do not live with the child:

Please indicate if they have parental responsibility: Yes/No

Does this parent have legal access to the child? Yes/No

Please list the telephone numbers (in order) which should be used in an emergency:

1.

2.

3.

Other persons (over sixteen years of age)who are authorised to collect the child:

Name and telephone number:

Relationship to child:

Name and telephone number:

Relationship to child:

Does your child have any dietary needs (include allergies and intolerances)?

Does your child attend any other setting?

Yes (give details) As part of our partnership working we will share information with other settings.

 No

What is the main religion of your family?

Do you celebrate any particular religious or cultural festivals?

Is English the child’s first language?

If not, is English spoken at home? Please give further details:

Does your child have any additional or special needs?

Please give details:

Are any of the following in place for the child:

Early Years Action? Yes/No (delete)

Early Years Action Plus? Yes/No (delete)

Statement of Special Educational Need Yes/No (delete)

What special support will he/she require in our setting?

Is there anything else you would like us to know about your child?

Has your child been immunised against the following:

2 months - 5 in 1 and Prevenar

3 months - 5 in 1 and Meningitis C

4 months - 5 in 1 Prevenar and Meningitis C

12 months \*MMR 1 Hib/Men C and Prevenar

3 years 4 months -\*MMR 2 and pre-school booster\*Children require 2 doses of MMR (Measles mumps and rubella) to ensure maximum protection.

Names of professionals involved with child (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Name 1 |  | Role |  |
| Agency |  | Telephone |  |
| Name 2 |  | Role |  |
| Agency |  | Telephone |  |
| Name 3 |  | Role |  |
| Agency |  | Telephone |  |
| Do you have a health visitor? | Yes/No (delete) |
| Name |  | Based at |  |
| Telephone |  |  |  |
| Does your family have a social care worker for any reason? | Yes/No (delete) |
| Name: |  | Based at: |  |
| Tel: |  |  |  |
| 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. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

Equalities monitoring form – to be completed by the provider

Ethnicity, where collected, should be recorded according to the following categories:

|  |  |
| --- | --- |
| **White – British** |  |
| * Irish
 |  |
| * Traveller of Irish Heritage
 |  |
| * Gypsy/Roma
 |  |
| * Any other white background
 |  |
|  |  |
| **Mixed – White and Black Caribbean** |  |
| * White and Black African
 |  |
| * White and Asian
 |  |
| * Any other mixed background
 |  |
|  |  |
| **Asian or Asian British** |  |
| * Indian
 |  |
| * Pakistani
 |  |
| * Bangladeshi
 |  |
| * Any other Asian background
 |  |
|  |  |
| **Black or Black British** |  |
| * Caribbean
 |  |
| * African
 |  |
| * Any other Black background
 |  |
|  |  |
| **Chinese** |  |
| * Chinese
 |  |
|  |  |
| **Any other ethnic background** |  |
| * Please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |

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

|  |  |
| --- | --- |
| No special educational need |  |
| Early Years Action |  |
| Early Years Action Plus |  |
| Statement |  |

Application for a place at

The Willows.

Name of Child ………………………………….. Date of birth ....…………………….

Name of Parent/Carer …………………………………………………

Address …………………………………………………………………………………………………………………………………………………………………………………………………… Daytime contact number ………………………………………………

Email address...........................................................

Would you like to be added to the mailing list for hot school lunches (£2.30 per meal) Yes/No

Please tick the boxes below to indicate your preferences. Children attending between 12 and 1 are here for lunch.

I would like my son/daughter to start attending from: (date)

I would like my son/daughter to attend on a:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Early start option (8.30) |  |  |  |  |  |
| 9am – 12pm |  |  |  |  |  |
| 9am – 1pm  |  |  |  |  |  |
| 9am – 3pm |  |  |  |  |  |
| 12pm – 3pm  |  |  |  |  |  |
| 1pm – 3pm(unfunded children only) |  |  |  |  |  |

Universal funded hours are 15. This applies the term after your child turns 3.

If you think you may be eligible for the additional 15 hours (thus 30 hours in total), please check through the government website: <https://www.childcarechoices.gov.uk/> If eligible then you will receive a code for me to process.

If you are eligible for two year old funding you must inform Rach. Other hours will be invoiced.

Consent form

Please read the Parent Handbook and then tick each box below to give your consent/agreement for the following within preschool:

* For photographs to be taken by staff and used for Learning Journeys, Facebook (private page only) website and displays.
* To use the given email address as part of a group email system to provide information to parents such as letters, menus and events.
* For the external bookkeeper (Ros Huggins) to use this email address to send invoices
* For staff to take learning journeys off site to update, whether electronically or paper based.
* For application of sun cream supplied by the parent, or of preschool’s F50, hypo allergenic.
* For records to be kept and passed to school as necessary and shared with other settings the child may attend, both written and verbal. This includes Health Visitors when the two year check is carried out.
* For staff to obtain or carry out emergency medical treatment if necessary.
* For staff to follow the Child Protection Procedures agreed with the Local Safeguarding Children Board and Ofsted, including a referral to Social Services if necessary. This includes behavior management issues, welfare concerns and attendance concerns.
* For my child to visit North Bradley School for PE and story/play time.
* For my child to go on local walks around the village, to the church or to the Memorial Field.
* For my child to take part in Forest School sessions if in session.
* That I understand and agree the policies and procedures, as set out in the Parent Handbook (available on our website or a copy from the foyer).

Parent’s name:

Signature:

Date:

This form should be read and completed alongside the privacy statement documents and personal information/photo consent documents. These are displayed on the foyer noticeboard and the website. By signing you are actively giving consent for personal information/photos to be used in the relevant ways. Please leave a section blank if you **do not** consent for a particular section. Photos can be taken during sessions, special events or trips and sometimes we can ask the children to bring in photos for activities and displays.

If you would like to withdraw your consent at any time please contact The Willows Preschool Manager in writing either via email staffwillows@googlemail.com or by post.

Childs Name.............................................................................

Parents Name...........................................................................

Parents Name............................................................................

Other relevant care giver............................................................

Relationship to child.........................................................

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Website | Social media (secret preschool page with security settings) | Preschool displays (to include name and date of birth on photo) | Documented child learning | Third party (this may include websites, social media, adverts or any other format) |
| I consent for my **child's** data to be used on: | Signature on behalf of **child**: |  |  |  |  |  |
| I consent for my data to be used on: | Signature of parent: |  |  |  |  |  |
| I consent for my data to be used on: | Signature of parent: |  |  |  |  |  |
| I consent for my data to be used on: | Signature of other relevant care giver:  |  |  |  |  |  |