

10.4 Registration Form for East Leake Pre-School Playgroup

This policy was adopted by	East Leake Pre-School Playgroup	(name of provider)
On	10 th October 2017	(date)
Date to be reviewed	October 2018	(date)
Signed on behalf of the provider		
Name of signatory	Sara Last	
Role of signatory (e.g. chair, director or owner)	Manager	

Registration Form for East Leake Pre-School Playgroup

The Old School, School Green, East Leake, Loughborough, Leicestershire, LE12 6LG

Telephone: 07979 574830

Email: enquiries_elpreschoolplaygroup@yahoo.co.uk. Registered Charity Number: 1023726



Section 1: Child's details

Child's first name(s) _____ Surname _____

Name known as _____

Child's full address _____

Gender _____ Date of birth _____ Birth certificate seen and copy made Yes ☐ No ☐

Section 2: Family Details

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

A photograph **MUST** be provided so that the parent/carers identity can be verified, if necessary, at pick up times.

Please provide your National Insurance number and Date of Birth to enable us to check whether your child will be eligible to receive addition funding (Early Years Pupil Premium) from the term after they are three years old.

If you wish to claim 30 hours funding we will also use your National Insurance number, along with your child's date of birth and your Eligibility Code (obtained from the Digital Childcare Service) to check that your Eligibility Code is Valid.

Please speak to Sara Last if you have any further questions.

Contact details 1 (including emergency information):

Parent/carers full name _____

Relationship to child _____

Date of Birth _____

National Insurance number _____

Daytime/work telephone _____ Mobile _____

Home telephone _____

Email address _____

Home address _____

Work address _____

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

Contact details 2 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Date of Birth _____

National Insurance number _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Email address _____

Home address _____

Work address _____

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

Contact details 3 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Date of Birth _____

National Insurance number _____

Daytime/work telephone _____ Mobile _____

Home telephone _____

Email address _____

Home address _____

Work address _____

Does this parent 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 an S8 Order is in place.*

Name _____

Address _____

Contact telephone numbers _____

Relationship to child _____

Any contact arrangements that Playgroup needs to be aware of?

Section 3: Emergency contact details (if parents are not available – *please note they must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, staff will check before releasing the child.*) *Emergency contacts must be local.*

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 _____

Password for the collection of child by authorised persons: _____

Section 4: About your child

The following information will tell Playgroup 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.

• **Health and development**

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

Two months old	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:
Three months old	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib)	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:
Four months old	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, second dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Between 12 and 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), forth dose and meningitis C, second 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:
Two to three years	Flu vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Three years and four months or soon after	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:

For internal use: Has the child's health record book been seen to confirm immunisation dates? Yes ☐ No ☐

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:

Are any of the following in place for the child?

SEN action plan

Yes ☐

No ☐

Education, Health and Care Plan

Yes ☐

No ☐

Is your child known to have any allergies or food intolerances? If so, 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.

What are your child's dietary requirements and food preferences? Please specify:

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

• ***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. Playgroup 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 your child

Name 1 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Address _____

Section 5: General parental permissions

• 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 the Team Manager 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 _____ (name of child).

The named staff are: _____

Signed _____ Date _____

Printed name _____

• Nappy cream

I give permission for nappy cream (supplied by me) to be administered to _____ (name of child) when required, in accordance with manufacturer's instructions.

Signed _____ Date _____

Printed name _____

• Suncream

I give permission for hypoallergenic suncream (supplied by me) to be administered to _____ (name of child) when necessary and to record its use.

Signed _____ Date _____

Printed name _____

• Short trips - general outings

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

the Brook	the Nook	the Pinfold	the park	the library	the fire station	the local shops
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I give permission for _____ (name of 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 major 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 setting are used for this purpose. Photographs taken are used for display and for your child's records within the setting. Playgroup is happy to provide duplicate photos of your child to you if requested, although this might incur a small charge to cover our costs. Playgroup may also record events and activities on video. Photos/videos are stored on the setting's computer only. We only store images during the period your child is with Playgroup.

I give permission for _____ (name of child) to have her/his photo taken, or to be videoed, as per the above conditions.

Signed _____ Date _____

Printed name _____

- **Publicity and Marketing**

I give permission for _____ (name of child) image to be used for playgroup's publicity and marketing in the following ways (please tick):

☐ Newsletter ☐ Prospectus ☐ Website ☐ Local newspaper ☐ Publicity e.g. posters/flyers

I understand that my child's surname and contact details will not be published.

Signed _____ Date _____

Printed name _____

- **Child's Development File**

I give permission for my Child's Development File to be taken out of the setting.

Signed _____ Date _____

Printed name _____

- **Animals**

Playgroup may occasionally have supervised visits of animals to the setting. A risk assessment will be carried out for visiting animals, and parents informed.

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

Signed _____ Date _____

Printed name _____

Section 6: Policies and procedures

I have been provided with details of East Leake Pre-School Playgroup's early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals, agencies or settings without my consent.

Signed _____ Date _____

Printed name _____

Section 7: Declaration

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify Playgroup of any changes as they arise.

Parent name _____

Signed _____ Date _____

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 ☐

SEN action plan ☐

Education, Health and Care Plan ☐

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

