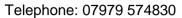
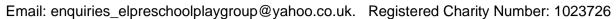
10.4 Registration Form for East Leake Pre-School Playgroup

This policy was adopted by	East Leake Pre-School Playgroup	(name of provider)
	10 th October 2017	(date)
On	October 2018	(date)
Date to be reviewed		_
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







Section 1: United	<u>aetalis</u>			
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	<u>Details</u>			
Name of parent(s)/care	r(s) with whom the child	lives:		
A photograph <u>MUST</u> be p	rovided so that the parent/o	carer's idenf	tity can be verified, if necessary, at pick up times.	
			th to enable us to check whether your child will be eligible e term after they are three years old.	
			onal Insurance number, along with your child's date of birth rvice) to check that your Eligibility Code is Valid.	
Please speak to Sara Last if you have any further questions.				
Contact details 1 (incl	uding emergency informa	ation):		
Parent/carer full name				
Relationship to child				
Date of Birth				
National Insurance number				
Daytime/work telephone	e		Mobile	
Home telephone				
Email address				
Home address				
Work address				

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

Contact details 2 (including emergency information	on):
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 th	e child? Yes □ No □
Contact details 3 (including emergency information	on):
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 th	e child? Yes □ No □
Other person(s) with legal contact To be complete separated and an S8 Order is in place.	eted where those persons with parental responsibility are
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 p	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 🗆 No 🗆	Date:
	Pneumococcal (PCV) vaccine	Yes 🗆 No 🗆	Date:
	Rotavirus vaccine	Yes 🗆 No 🗆	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 🗆 No 🗆	Date:
	Meningitis C vaccine	Yes □ No □	Date:
	Rotavirus, second dose	Yes 🗆 No 🗆	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 🗆 No 🗆	Date:
	Pneumococcal (PCV) vaccine, second dose	Yes □ No □	Date:
Between 12 and 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), forth dose and meningitis C, second dose	Yes 🗆 No 🗆	Date:
	MMR vaccine – mumps, measles and rubella	Yes □ No □	Date:
	Pneumococcal (PCV) vaccine, third dose	Yes □ No □	Date:
Two to three years	Flu vaccine	Yes □ No □	Date:
Three years and four months or soon after	MMR vaccine, second dose – mumps, measles and rubella	Yes 🗆 No 🗆	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio	Yes 🗆 No 🗆	Date:
	ne child's health record book been seen to confirm immun	isation dates?	Yes □ No □
If yes, please specify w and Language Therapis	hich external agencies are involved e.g. Paediatrician, Cost, etc:	onsultant, Dieti	cian, Speech

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	d intolerances? If so please	specify.	
is your orma known to have any anergiod or look	a mereranece. Il ce, piedec	opcony.	
A risk assessment will be completed and kept on the child	's file for any known allergies or fo	od intolerance	e as mentioned above.
What are your child's dietary requirements and	food preferences? Please sp	pecify:	
Does your child have any special needs or disa	bilities? If so, please specify	:	
 Details of professionals involved with 	n your child		
GP			
Name	Telephone		
Address			
Health Visitor (if applicable)			
Name	Telephone		
Address			
Social Care Worker (if applicable)			
Name	Telephone		

Address	
	vement of the social care department with your family? NB If the child has a child do not include details. Playgroup will ensure these details are obtained from the social care securely in the child's file.
Any other professional who l	has regular contact with your child
Name 1	Role
Agency	Telephone
Address	
Name 2	Role
Agency	Telephone
Addross	

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	Э					
• For inha	lers/auto-inje	ectors (e.g. Ep	oipens) only	,		
I give permis	sion for a name	ed member of st	aff who has b	een appropriate	ly trained to admir	nister the inhaler/
Epipen or An	napen (supplied	by me) to			(na.	me of child).
The named s	staff are:					
Signed			Date			
Printed name	ž					
Nappy c						
I give permis	sion for nappy	cream (supplied	by me) to be	administered to		
(name of chi	<i>ld</i>) when requir	ed, in accordan	ce with manuf	acturer's instruc	tions.	
Signed					Date	
Printed name	ع ا					
 Suncrea 						
I give permis	sion for hypoal	lergenic suncrea	am (supplied l	by me) to be adı	ministered to	
				(name of child) \	when necessary a	nd to record its use.
Signed					Date	
Printed name	Э					
• Short tri	ps - general (outings				
Your child wi	ll be taken out	of Playgroup as	part of the da	aily activities. Th	e venues used are	e detailed here:
the Brook	the Nook	the Pinfold	the park	the library	the fire station	the local shops
I give permis	sion for			(name o	f child) to take part	t in short trips or
general outin	ngs. I understar	nd that individua	l risk assessn	 nents are carried	dout for each type	of trip or outing
	e available for consent obtaine		quired. For an	y major outings	, I understand I wil	l be informed and
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 □ Lo	ocal newspaper
I understand that my child's surname and contact of	details will not be published.
Signed	Date
Printed name	
Child's Development File	
I give permission for my Child's Development File t	to be taken out of the setting.
Signed	Date
Printed name	
• Animals	
Playgroup may occasionally have supervised visits out for visiting animals, and parents informed.	of animals to the setting. A risk assessment will be carried
Please state below any known allergies or aversion	n (name of child) has to animals:
Signed	Date
Printed name	

Section 6: Policies and procedures

above.

•		of East Leake Pre-School Playgroup' ne policies and procedures have bee	s early years prospectus for parents,	
Information Sharing	g Policy, and I u	·	stances where information is shared	
Cianad	, 0	or settings without my consent.	Date	
Printed name				
_				
Section 7: De				
•		at the information given on this fo changes as they arise.	orm is accurate and correct, and that	
Parent name				
Signed	Date			
Equalities M	lonitoring	Form		
Ethnicity - Gathere	ed for monitoring	purposes only. Parents are not oblig	ged to complete this data.	
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				
A child's learning d	lifficulties and di	sahilities status should he recorded	according to the following categories:	
No special education			according to the following categories.	
SEN action plan				
Education, Health	and Care Plan			
Providers should re	efer to the SENL	O Code of Practice for the Early Year	rs (2014) for an explanation of the terms	