



Registration form

Please complete all details requested on this form and return to Suzanne Worrall (Pre-School Manager)

Please use **BLOCK CAPITALS**

Child's details

Full name of child:	
Preferred name for child if different to above:	
Child's Date of Birth:	
Home Address:	
Telephone Number:	
Child's First Language: If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)	Please state any other languages:
Ethnic Origin:	
Religion:	
Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?	

Date I wish my child to start at Piglets: _____

Please provide us with proof of your child's Date of Birth (passport or birth certificate)

Please tick the days and sessions you require.

Please note the minimum sessions your child can attend is 2 half days or 1 full day.

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>All Day</u> <u>(9am-3pm)</u>					X
<u>Am session</u> <u>(9am-12pm)</u>					X
<u>Lunch Club</u> <u>12pm-12.45pm</u>					X
<u>Pm session</u> <u>(12pm-3pm)</u>					X

Lunch club is offered every day between 12pm-12.45pm- you must provide your child with a packed lunch

Family details

Parent/ carer (1) name _____	Parent/ carer (2) name _____
Relationship to child _____	Relationship to child _____
Parent/ carer home address (if different from above)	Parent/ carer home address (if different from above)
Parent/ carer home telephone number (if different from above)-0	Parent/ carer home telephone number (if different from above)
Parent/ carer mobile number	Parent/ carer mobile number
Parent/ carer work name and address:	Parent/ carer work name and address
NI Number:	NI Number:
Parent/ carer workplace number	Parent/ carer workplace number
Does the child live with this parent/ carer? Yes/No (delete)	Does the child live with this parent/ carer? Yes/No (delete)
Does this parent/ carer have parental responsibility for the child? Yes/No (delete)	Does this parent/ carer have parental responsibility for the child? Yes/No (delete)
Does this parent/ carer have legal access to the child? Yes/No (delete)	Does this parent/ carer have legal access to the child? Yes/No (delete)
Main contact email address <i>(we will send non-vital correspondence such as newsletters/ letters regarding events/ fundraising flyers by email unless otherwise stated)</i>	
Would you prefer to have non-vital correspondence sent:: Via email/ Paper copies (delete)	

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 _____	
Postcode _____	Relationship to child _____
Contact telephone number _____	
What are the contact arrangements that the setting needs to know about?	

Emergency contact details if parents are not available (*Emergency contacts must be local. Person collecting child must be over 16 years of age*)

Name	_____	Relationship to child	_____
Daytime telephone number	_____	Mobile number	_____
Is this person authorised to collect your child? Yes/ No (delete)			
Name	_____	Relationship to child	_____
Daytime telephone number	_____	Mobile number	_____
Is this person authorised to collect your child? Yes/ No (delete)			

Persons other than parents/ carers or persons listed above who are authorised to collect child (*Person collecting child must be over 16 years of age*)

Name	_____	Relationship to child	_____
Daytime telephone number	_____	Mobile number	_____
Name	_____	Relationship to child	_____
Daytime telephone number	_____	Mobile number	_____

Please provide photographs of your child's emergency contacts so we can file them.

Is a CAF (Common Assessment Framework) in place for your child? Yes/No (delete)

Health, medical and dietary information

Are your child's immunisations up to date? Yes/No (delete) If no please give details
Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences, or any distinguishing marks/ birthmarks? Yes/No (delete) Please give details
Does your child have any special needs or disability? Yes/No (delete) please give details If yes, what special support will he/she require in our setting?
Will staff be required to administer medication? Yes/No (delete) please give details

*If your child has any medical conditions, allergies, special needs or a disability we may need to complete a health care plan and agreement to administer medicine and a risk assessment prior to them starting. Please note that in accordance with legal requirements, parental permission must be given in writing for **each** medicine that is needed to be given by a*

member of the Pre-school staff. Permission for asthmas inhalers or other chronic diseases should be renewed at least annually, and for other medicines, permission must be given each time.

What other information is it important for us to know about your child? For example, what they like/dislike, or what fears they may have, any special words they use, or what comforter they may need and when. Please also indicate if your child has any siblings and their dates of birth.

Siblings and their dates of birth:

Details of any professionals involved with your child

GP name _____ Telephone _____
 Address _____

Health visitor name _____ Telephone _____
 Address _____

Social Care Worker name (if applicable) _____ Telephone _____
 Address _____

What is the reason for any involvement of social care department with your family? *If the child has a child protection plan, make a note above, but do not include details. We will contact the social worker named above.*

Any other professional who has regular contact with the child

Name 1 _____ Role _____
 Agency _____ Telephone _____
 Address _____

Name 2 _____ Role _____
 Agency _____ Telephone _____
 Address _____

Other carers involved with your child

Does your child attend another setting - e.g. a day nursery or a child-minder? Yes/No (delete) Please give details:

Name of setting/ child-minder _____
 Address _____
 Telephone number _____ Key-person _____
 Sessions they attend: _____

We will need to share information regarding your child's learning and development with the other setting/ child-minder—do we have your permission to do so? Yes/ No (delete)

General parental permissions

I give permission for my child to be assigned a key worker and for records to be kept on my child to assess and monitor their learning and development. These records will contain written and photographic evidence	YES	NO
I give permission for my child's artwork to be displayed on the pre-school website	YES	NO
I give permission for my child to participate in outings such as walks around the playing field or visits to the school	YES	NO
I give permission for my child to have their face painted	YES	NO
My child is still in nappies - I give permission for staff to change my child's nappy	YES	NO
My child is toilet trained – I give permission for the appropriate intimate care to be given should they have a toilet 'accident'	YES	NO
I give permission for a sticking plaster to be applied to my child if they have a minor cut	YES	NO
I give permission for sun-lotion to be applied to my child (<i>sun lotion to be provided by parents/ carers</i>)	YES	NO
I give permission for staff to administer medication including asthma pumps and epi-pens to my child. (provided by parents/ carers)	YES	NO
Signed:	Date:	

Information sharing and safeguarding children

Any information and personal details given to us are for the use of Gt Staughton Pre-school (Piglets) only, however we are obliged to share confidential information without authorisation from the person who provided it or to whom it relates, if it is in the public interest e.g. to prevent harm to a child or to prevent a crime from being committed. The decision to share this information is made jointly by staff and the management committee officers and there is a criteria which will be looked at before such information is shared. Please sign below to indicate that you have read the above and understand that there may be circumstances when information will be shared without your consent.

Signed:

Date:

Permission for emergency medical treatment

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 setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed:

Date:

Permissions for the use of photos

During your child's time with us images will be taken of your child for our use, to record observations or special events. There may also be occasions (such as a special event), where a third party, e.g. other parents or the media, may take images of your child. Images could be a photograph, video/DVD or website image.

It is a requirement of the Data Protection Act 1998 that we have your consent for this. Your permission is sought in advance to take, display and on occasion, publish photographs involving your child. It is intended that your consent will cover the duration of the time your child attends the setting. However, we will inform you of all instances where images will be published outside of the setting and you have the right to withdraw consent at any point.

The setting has adopted certain safeguards in order to minimise any risk to your child:

- We will avoid the publication of your child's name with any image used for the Pre-school website, press or promotional material.
- Images will be kept securely and destroyed after their required time
- Staff and volunteers will not use personal equipment such as mobile phones or cameras to take images of children who attend the setting
- Parents will be expected to sign a disclaimer stating that images taken at events will be for their own personal use and not published on any websites without permission.

Please note that the setting does not have control of how images taken by the media are published, however, the setting will not provide children's names to the media without parental permission.

I give permission for photographs of my child to be used in my their progress records	YES	NO
I give permission for photographs of my child to be displayed within the setting	YES	NO
I give permission for photographs of my child to be displayed on the pre-school's website	YES	NO
I give permission for photographs of my child to be used for promotional material such as the Pre-school Prospectus, New starters Information Booklet or any leaflets	YES	NO
I give permission for photographs of my child to be used in local press	YES	NO
Signed:	Date:	

Identification documents

Cambridgeshire County Council require us to verify your child's full name and date of birth. When you return this form please provide one of the following identification documents so that we can copy it for our records:

Child's birth certificate	Child's passport	Child's NHS card	Benefits document giving name and date of birth of child
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Curriculum

We follow the Early Years Foundation Stage/EYFS.

We do this through the following 7 areas of development;

Personal Social and Emotional, Communication and Language, Physical, Literacy, Mathematics, Understanding of the World, Expressive Arts and Design

The room is set out so that there is access to all 7 areas at a time with a free flow layout.

We at Piglets hope that your child/ren will enjoy their time here and that the time spent with us will give them the basic requirements prior to Primary School Education.

Each child has a key worker who will work towards their individual needs following the EYFS Learning intentions. Each Term the key worker will observe and follow each child's development.

We are keen for parents/carers to be involved in the Pre-School and will be happy to discuss your child's progress, at any time.

Terms and conditions of attendance at Gt Staughton Pre-school (Piglets) and parent declaration:

I/ we have received and read a copy of the Prospectus;

I/ we understand that Gt Staughton Pre-school (Piglets) has policies and procedures covering a range of topics and that there are expectations relating to both the pre-school and myself/ ourselves and I/ we agree to abide by them.

I/ we have received a copy of the use of social networking sites – protocol for parents (included within the Prospectus) and agree to abide by it;

If applicable, I/ we enclose the £30.00 registration fee (cheques payable to 'Great Staughton Pre-school');

I/ we agree to pay any fees owing to Gt Staughton Pre-school (Piglets) in respect of childcare and that persistent late or non-payment of fees may jeopardise my/ our child's place.

I/ we understand that fees are still payable if my/ our child is absent , however fees will not be payable if the pre-school has to close due to unforeseen circumstances;

I/ we agree to contact Gt Staughton Pre-school (Piglets) if my/ our child is absent due to sickness or any other reason;

I/ we have signed and enclose the 'permissions for the use of photos' section in this form and have asked all other relatives, who may attend events, to sign also

I/ we enclose an identification document (as listed above);

I/ we understand that if I/we wish to take our child out of Piglets or leave before they are due to go to school then we must give at least 2 weeks' notice or full fees will be due.

I/ we confirm that all information given on this Registration Form is accurate and agree to notify the Pre-school of any changes in writing. This includes changes to session requirements;

I/we understand that the Pre-School is open/funded for 190 days per year (38 weeks) and 5 of which may be used for Training days.

I/ we accept these Terms and Conditions

Signature of parent/ carer (1)	Signature of parent/ carer (2)
Print name	Print name
Date:	Date: