

# Little Dreams Day Nursery Registration Form 2019/20

## 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

## Family details

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

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

Parent/carer full name \_\_\_\_\_

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

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

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

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 \_\_\_\_\_

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

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

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 \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Home telephone \_\_\_\_\_ Email \_\_\_\_\_  
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 \_\_\_\_\_

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

**Emergency contact details if parents are not available** *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 \_\_\_\_\_

**Persons other than parent(s) authorised to collect the child** *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/I] will check before releasing the child.*

Person 1 – Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Person 2 - Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Person 3 - Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

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

**About your child**

The following information will tell [us/me] a little more about your child. As your child settles with [us/me], [we/I] will establish their starting points through observation and further conversation with you.

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

*Health and development*

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

**Two months old** 6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). Yes  No  Date: \_\_\_\_\_

	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
	Rotavirus vaccine.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
<b>Three months old</b>	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, 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:
<b>Four months old</b>	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, 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:
<b>Between 12 and 13 months old</b>	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:
<b>Two to three years</b>	Flu vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
<b>Three years and four months or soon after</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:

*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:

Does your child require a health care plan? Yes  No

Is your child known to have any allergies or food intolerances? If so, please specify:

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*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? Please specify:

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*It is [our/my] usual practice to provide both a meat and vegetarian option. If this is not in-keeping with your child's dietary requirements, please discuss this with [our setting manager/me] to ensure that we are working in partnership to meet your child's needs. Please refer to our Food and Drink Policy.*

If your child is aged three years or over, does he or she have difficulty with any of the following:

Speaking and communicating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Listening and attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Understanding simple instructions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eating and drinking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sitting and sharing a book	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walking and climbing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rolling a ball	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Holding a crayon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Socialising with adults and other children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Putting on their shoes and socks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any other concerns:

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

Are any of the following in place for the child?

SEN action plan

Education, Health and Care Plan

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

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*Two year old progress check – children aged 24 – 36 months*

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 \_\_\_\_\_

As per the requirements of the Early Years Foundation Stage [we/I] will complete a progress check on your child between the ages of 24-36 months. [We/I] will ask you to be involved in completing the check and will discuss it with you.

*Cultural background*

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family (if applicable)? \_\_\_\_\_

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/my] setting?

What language(s) is/are spoken at home? \_\_\_\_\_

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

Does your child need a bilingual support plan? Yes  No

If so, discuss and agree with the key person how [we/I] can work together to support your child when settling-in:

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*General information*

What is your child's usual sleep pattern?

Does your child have a feeding routine (for children under 2 years)?      Yes            No     

Does your child have any food preferences?      Yes            No     

Does your child have a pacifier i.e. dummy or thumb?      Yes            No     

Does your child have a special toy or object they might bring with them?      Yes            No     

What sort of things does your child enjoy doing at home, i.e. drawing or cooking?

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, or any special words they use.

**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 \_\_\_\_\_

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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 \_\_\_\_\_

Name 3 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**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 manager (or authorised deputy)/name of childminder] 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*

[For group provision:]

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 \_\_\_\_\_

### *Teething gel (babies)*

I give permission for teething gel (supplied by me) to be administered to \_\_\_\_\_ (name of child) when necessary - in accordance with manufacturer's instructions - and for staff to record its use.

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 \_\_\_\_\_

### *Paracetamol based medicine (e.g. Calpol or Sudafed)*

I give permission for [staff/name of childminder] to administer paracetamol based products (e.g. Calpol) to \_\_\_\_\_ (name of child) in the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the setting's procedures on the administration of medicines.

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

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

*Suncream*

I give permission for [staff/name of childminder] to administer hypoallergenic suncream (supplied by me) to \_\_\_\_\_  
(name of child) when necessary and to record its use.

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

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

*Short trip - general outings*

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

- Local Shops
- Library
- Local area /parks

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 planned 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. We are happy to provide duplicate photos of your child to you if requested, although this will incur a cost of £5.00 per image to cover our costs. We 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 us. We may also use any image of your child for training, publicity or marketing purposes.

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

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

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

*Animals*

We may occasionally have supervised visits of animals to our setting.

Please state below any known allergies or aversion

(name of child) has to animals:

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 will be \_\_\_\_\_

Your child's 'back up' person will be \_\_\_\_\_

To be completed by the key person/manager.:

Date starting:

	Mon	Tues	Wed	Thu	Fri
AM					
PM					

Are any fees payable?

Registration fee:	Deposit:
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For Funded children:

15 hours	30 hours	Packed lunch : YES / No	30 hour code:
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Has the settling-in process been agreed? Yes  No

If so, please specify:

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**Acceptance of Our offer of a childcare place**

Please sign below to confirm your acceptance of a childcare place with us for your child.

For parent(s)/guardian(s) under the age of 18, a guarantor aged over 18, must also sign the contract on your behalf. The contract would therefore be between Little Dreams Day Nursery, you and the guarantor.

**Policies and procedures**

I have been provided with details of Little Dreams Day Nursery early years prospectus for parents which include the terms and conditions and are shown where the policies and procedures are kept. 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 or agencies without my consent.

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

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

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 \_\_\_\_\_

Date of first review \_\_\_\_\_

## 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	<hr/>		

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

No special educational need	<input type="checkbox"/>
SEN action plan	<input type="checkbox"/>
Education, Health and Care Plan	<input type="checkbox"/>

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