

**Registration form**

We need some details about your child and family. We have a legal obligation to collect and process this information in accordance with The Early Years Foundation Stage 2021 and therefore we do not require your consent for the first section of this form. Where information to be supplied is voluntary or where we do need consent this is identified. The information provided will be kept in paper form and used for the purpose of maintaining appropriate contact details and for the safety and well-being of your child.

**Documents for parents to keep**

This page for your information

GDPR information (Just return the signed page please)

Nursery Contract (Just return the signed page please)

**Social Media**

At Earlybirds we have a closed Facebook page that can only be joined upon request. Only the parents of a child attending the setting will be accepted in to this group and will be deleted when their child leaves the setting. On our Facebook page we share information on what is happening at the setting and with dates for you remember, we don’t without permission on each individual occasion share pictures of your child.

If you wish to join this group, please send a request to

[www.facebook.com/groups/earlybirdsdaynurserycreswell](http://www.facebook.com/groups/earlybirdsdaynurserycreswell)

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| Basic Details |
| Child’s name: | Position in family: |
| Date of birth: | Gender: |
| Child’s Home Address & Postcode: |
| Parents full Name | Parents full Name |
| Parental Responsibility. | **Yes/No** | Parental Responsibility. | **Yes/No** |
| Collect from nursery. | **Yes/No** | Collect from nursery. | **Yes/No** |
| Payment of fees | **Yes/No** | Payment of fees | **Yes/No** |
| Contact in emergency  | **Yes/No** | Contact in emergency  | **Yes/No** |
| Does this parent have legal contact? | **Yes/No** | Does this parent have legal contact? | **Yes/No** |
| Does this parent have legal access to the child? | **Yes/No** | Does this parent have legal access to the child? | **Yes/No** |
| Parents mobile number | Parents mobile number |
| Home telephone number  | Home telephone number  |
| Parents Work address  | Parents Work address  |
| Work telephone number | Work telephone number |
| Email address | Email address |
| *Please sign here to give consent to us your email address to receive updates on your child’s Learning Journal.*  | *Please sign here to give consent to us your email address to receive updates on your child’s Learning Journal.*  |

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| Name of parent(s) with whom the child **does not** live with: |
| Address of any other parent who the child **does not** live with; |
| Home telephone number: | Mobile telephone number: |
| **Emergency Contact Details***Please provide the names and contact details of 2 people (other than parents/guardians) who we can contact in case of an emergency.* Persons authorised to collect the child. This is any other adult who may collect your child in your absence. Authorised persons must be over 18 years of age.**NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.** |
| Emergency Contact/Authorised Person 1NameHome telephone noMobile telephone noRelationship to child | Emergency Contact/Authorised Person 2NameHome telephone noMobile telephone noRelationship to child |
| **Security Details** |
| A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. Please do not use obvious things such as middle names. The password is required from anyone colleting your child. If they do not have the password we will not release your child to them.**My secure password is**  |
| Additional Security Information |
| We have the safety and well-being of the children in mind at all times and we are sure that you will appreciate that persons known to you are strangers to us and we do need means of identifying those you have authorised to collect your child when you are unable to.We as a setting and especially your child/children key person will be familiar with you but we do not always have the opportunity to meet both parents. This is also true of your nominated emergency contacts and authorised persons. We therefore request that should anyone unknown to us be collecting your child that you inform us in advance and show us a photograph to enable us to identify them when they collect your child. |

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| **Health Information** |
| Does your child suffer from any of the following *(please tick those which apply)* |
| Asthma |  | Epilepsy |  |
| Heart Condition |  | Kidney/Bladder problems |  |
| Diabetes |  | Bee Sting Allergy |  |
| Sight Impairment |  | Deafness |  |
| Wears Glasses |  | Other |  |
| If you have ticked any of the boxes above please give details here: |
| Does your child require medication, either long term for existing conditions or life saving drugs such as Ventolin? *(Please give details of the medication and dosage)*  |
| Does your child have any special dietary needs or preferences? **Yes/No** *(Please delete as applicable)*If yes please give details below |
| Are your child’s immunisations up to date **Yes/No** *(Please delete as applicable)* If No please give details belowWas you child premature  |
| Does your child have known allergies? **Yes/No** *(Please delete as applicable)*If yes please give details below |
| Name of GP:Surgery:Address:Telephone number: |

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| **Safeguarding Children** |
| Does your family have a social worker for any reason? |
| Name Telephone numberBased at |
| What is the reason for the involvement of Social Services with your family? |
| **FOR OFFICE USE** - 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 worker named above and keep these securely in the child’s named Child Protection file. |

The following information is voluntary, and you do not have to complete it. However, we have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and to allow us to monitor and assess their development.

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| **Health Visitor** |
| Name Telephone numberBased at |
| Has your child had their two-year-old progress check? **Yes/No** *(Please delete as applicable)*If so, on what date was this completed? Are you able to share this information with the setting? **Yes/No** *(Please delete as applicable)* |

The following section requires information classed as ‘sensitive personal data’ for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child’s needs.

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| **Ethnicity and Cultural background** |
| How would you describe your child’s ethnicity/cultural background? |
| What is the main religion of your family? |
| 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 s/he is in our setting? |
| What is/are the main language(s) spoken at home?If English is an additional language, will this be your child’s first experience of being in an English-speaking environment? **Yes/No** *(Please delete as applicable)* |
| **Special Educational Needs and Disabilities** |
| Does your child have any special needs or disabilities? **Yes/No** *(Please delete as applicable)*If yes please give details below |
| What (if any) special support will your child require in our setting? |
| Has your child has any speech and language support  **Yes/No** *(Please delete as applicable)*If yes please give details below |
| Professionals involved with the child |
| NameAgencyRoleTelephone no | NameAgencyRoleTelephone no |

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance.

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| Permissions and Consent |
| **Permission for the setting to act in loco parentis** |
| If emergency treatment is required, either whilst your child is on the premises or on an outing, (for the duration of your child’s time with us) and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers the settings management to exercise their own judgement in calling the doctor/dentist indicated above or to transport the child to a hospital casualty department by ambulance where decisions will be made by a health professional.Please read and fill in the declaration below, cross out the statement/wording that does not apply, and sign and date this section. |
| I / We parent(s)/guardian(s) of do / do not give consent on my / our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.I / We do not agree to this statement and indicate our wishes as follows.Signatures of parent(s)Date |
| **Permission for the application of sun cream**Please read the statements below and strike through the statement that **does not** apply  |
| I / We parent(s)/guardian(s) of I / We will supply our own sun cream of factor 30+, clearly labelled with my child (rens) name. Signatures of parent (s)DateIn the event of me forgetting my child’s sun cream on warm days I/We agree to nursery applying their spare sun cream factor 30+.Signatures of parent (s)Date |
| **Permission for the administration of Paracetamol**Please read the statements below and strike through the statement that **does not** apply  |
| I / We parent(s)/guardian(s) of give consent on my behalf to administer paracetamol to my child in the event of my child becoming unwell at nursery. Phone contact will be made prior to any emergency medication being given by the nursery team and the paracetamol with be provided by myself. Medication will only be administered this way in order to safeguard your child. Dosage to be administered to my child: -Signatures of parent (s)Date |
| **Permission for the application of Nappy Cream**  |
| If you wish for your child to have a nappy/barrier cream applied if they are sore when having their nappy changed. Please name and provide the cream. Named cream to be appliedIf your child does not have any cream with them no cream will be applied.Signatures of parent (s)Date |
| **Permission for the administration of Antihistamine (Piriton)** |
| I / We parent(s)/guardian(s) of give consent on my behalf to administer antihistamine to my child in the event of my child becoming unwell at nursery.. Phone contact will be made prior to any emergency medication being given by the nursery team and the antihistamine with be provided by myself. Medication will only be administered this way in order to safeguard your child. Dosage to be administered to my chid: -Signatures of parent (s)Date |
| **Please tick the statements below if you consent to the following:** |
|  | I consent to my child participating in off-site outings as part of daily practice e.g. trips to the park, shops, etc |
|  | I consent to my child having their photograph taken for use in displays, for name pegs, etc within the setting. |
|  | I consent to my child having their photograph taken to be used for publicity purposes – website, flyers. |
|  | I consent to my child’s photograph being used on the settings social media sites |
|  | I consent to my child’s artwork (with their first name) being displayed in the setting. |
|  | I consent to my child’s photograph being used in learning Journals of other children within the setting. |
|  | I consent to my child being videoed for use by the setting staff only with regards to observational purposes either assessment of children, an activity or for monitoring children’s progress or to put on your child’s Learning Journal. |
|  | I consent to the video, as mentioned above, to be shared with other professionals visiting the group such as Early Years Advisors, SENCO, Health Visitor etc if necessary and relevant to my child. |
|  | I consent to my child’s learning journey being shared with Ofsted inspectors and/or as part of audits by the local authority.  |
|  | I give consent for a plaster to be applied to my child if needed.  |
| Please sign below to confirm your consent for the indicated statements above:Signature of Parent(s)/Guardian: |
| SPECIAL NOTE: Please notify us immediately of any changes to the information provided. Please feel free to come and discuss any problems or concerns with us. If there are any other notes you would like to add, please use additional sheets. |
| Children do best when parents/carers and other professionals work together. Please provide information below about other settings your child is currently or will be involved with (**the school they will be moving to after Earlybirds)** to help with a smooth transition for your child. I agree that Earlybirds Day Nursery may share information with my child’s settings named above.I agree that the above settings can share information with Earlybirds Day Nursery Signed…………………………………………………………………………………………………………………………. parent/carerDate…………………………………………… |
| I / We confirm that the information provided on this form is correct to the best of our knowledge.Signature of Parent (s)/Carer (s)Date |