10.4 Registration form

Sandy Bears Nursery & Pre School

1 High Street, Tattenhall, Chester, CH39PX

01829770889

Ofsted Registration – EY443265

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 (Welfare Requirements) Regulations 2012 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.

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 □

Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and an S8 Order is in place.*

Contact telephone numbers

Relationship to child

What are the contact arrangements that we need to be aware of?

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.

NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.

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 will check before releasing the 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……

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

About your child

The following information will tell us 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.

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.*

2 Months Old - Yes No Date:

3 Months Old- Yes No Date:

4 Months Old- Yes No Date:

12-13 Months Old – Yes No Date:

Between 2 and 3 years Old – Yes No Date:

Between 3 and 4 years Old- Yes No 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:

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:

It is our 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.

GP

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. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's 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.

Health Visitor (if applicable)

Name _____ Telephone _____

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)*

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

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.

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 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 can work together to support your child when settling-in:

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?

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.

Permission & 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. 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)/guardians 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 /do not agree to this statement and indicate our wishes as follows.

Signatures of parent(s):……..

Date:……..

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 _____

Paracetemol based medicine (e.g. Calpol or Sudafed)

I give permission for staff 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 _____

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:

Flacca cricket pitch, woodland area and Church walk, park play area Tattenhall school, post office, butchers, Spar shop, Tattenhall village walk

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 _____

Animals

We may occasionally have supervised visits of animals to our setting and we have the following pets on site (please list all):

- Rabbits
- Fish
-

We will ensure that our pets are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. 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 _____

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 is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be _____

Your child's 'back up' person will be _____

To be completed by the key person:

Date starting at _____ *(name of provider)*

Days and times of attendance _____

_____

Are any fees payable? If so, note here _____

Has the settling-in process been agreed? Yes □ No □

If so, please specify:

Policies and procedures

I have been provided with details of Sandy Bears Nursery 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 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 _____

Equalities monitoring form

Ethnicity - Gathered for monitoring purposes only. Parents are not obliged 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 _____

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 the space below.

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:……..

Permission to take photographs and video images of your child

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 might incur a small charge 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.

Name of Child: _____

Below I give permission for photograph and video images to be taken of my child on site and on trips out for use within the nursery for the following (please insert Y or N as applicable):

	Photos		**Videos**	
	Individual	**Group**	**Individual**	**Group**
My Childs assessments and records				

Learning journals of other children in the setting	N/A		N/A	
Within the nursery setting e.g. shown on parents evening, internal notice boards, peg names				
External Sandy Bear's displays				
Sandy Bears website				
Newsletters				
Sandy Bears Facebook				
Prospectus				
Promotional material such as flyers and website				
Training purposes				
Within the media e.g. local newspapers*				
Sharing with other professionals in the setting such as Early Years Advisors, Health Visitors				
Sharing my childs learning assessments with Ofsted inspectors and/or as part of audits by the LA.				

Individual = Photos/video of your child on their own.

Group = Photos/videos of your child with others that may also be shown to others in the specified area. For example, a group video of children including yours taking part in KT Sports

* Sandy Bears will seek your permission to include your child's name in any press/media coverage.

Parent/Guardian signature: _____

Date: _____

Further information regarding how we use children's images within the setting can be found in our Image Use Policy.

SPECIAL NOTE: please notify us immediately of any changes to the information provided. Please feel free to come and discuss any concerns or problems with us. If there are any other notes to add please use the space below.

Thank you for completing this form. You are welcome to request to see the information we hold on you and your child at any time by contacting Astone Richardson or Laura Yates.