

**Child Registration Form**

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| **Basic Details** | | |
| Child’s name:  Child’s surname: | Known as: | |
| Date of birth: | Gender: | |
| Name of parent(s) with whom the child lives: | | |
| Parent  Date of birth  NI Number  Do you have parental responsibility for this child?  **Yes/No** *(please delete as appropriate)*  If no, do you have legal contact?  **Yes/No** *(please delete as appropriate)* | Parent  Date of birth  NI Number  Do you have parental responsibility for this child?  **Yes/No** *(please delete as appropriate)*  If no, do you have legal contact?  **Yes/No** *(please delete as appropriate)* | |
| Address of parent(s) with whom the child lives: | | |
| Home telephone number: | Mobile telephone numbers:  Parent:  Parent: | |
| Email address/s: | | |
| Parent  Work address  Work telephone number | Parent  Work address  Work telephone number | |
| Name of parent(s) with whom the child **does not** live: | | |
| Does this parent have parental responsibility? **Yes/No** *(please delete as appropriate)*  Does this parent have legal contact? **Yes/No** *(please delete as appropriate)* | | |
| Does this parent have legal access to the child?  **Yes/No** *(please delete as appropriate)* | | |
| Address: | | |
| 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.*  **NOTE: It is your responsibility to ensure these people are happy for us to contact them and hold their details.** | |
| Emergency Contact 1  Name  Home telephone number  Mobile telephone number  Relationship to child | Emergency Contact 2  Name  Home telephone number  Mobile telephone number  Relationship 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 collecting your child. If they do not have the password we will not release your child to them.  My secure password is | |
| 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. | |
| Authorised Person 1  Name  Home telephone number  Mobile telephone number  Relationship to child | Authorised Person 2  Name  Home telephone number  Mobile telephone number  Relationship to child |
| 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 (either authorised or emergency contacts) when you are able to.  We as a setting and especially your child/children key person will be made 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. | |

**Sessions**

Please indicate your preferred sessions:

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| Session | Monday | Tuesday | Wednesday | Thursday | Friday |
| Full day |  |  |  |  |  |
| Morning only |  |  |  |  |  |
| Afternoon only |  |  |  |  |  |
| After-school care |  |  |  |  |  |

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| Breakfast care |  |  |  |  |  |
| Wrap-around care |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Meals | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| Tea |  |  |  |  |  |

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| Funded  Sessions | Monday | Tuesday | Wednesday | Thursday | Friday |
| 0 sessions |  |  |  |  |  |
| 1 session |  |  |  |  |  |
| 2 sessions |  |  |  |  |  |

Do you require a place for term-only (funded children only)? (Please circle) Yes/No

Preferred start date for your child(ren): ...................................................................

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| Vaccination Record and Dates | |
| Please confirm that your child is up to date with their vaccinations for their age.  **Yes/No** *(please delete as appropriate)*  If no, please use the space below to specify | |
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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 | |  |
| Wear 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 appropriate)* If yes, please give details below | | | | |
| If your child has special dietary needs, do you provide your consent for us to display your child’s picture along with their special dietary needs within the setting?  **Yes/No** *(please delete as appropriate)* If yes, please give details below | | | | |
| Does your child have any known allergies? **Yes/No** *(please delete as appropriate)*  If yes, please give details below | | | | |
| Name of GP:  Surgery:  Address:  Telephone number: | | | Name of Health Visitor:  Name:  Telephone number: | |

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| Safeguarding children |
| Does your family have a social worker for any reason?  Name  Based at  Telephone number |
| 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 names 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 allow us to monitor and assess development.

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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 which 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 appropriate)* |

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| Special Educational Needs and Disabilities | |
| Does your child have any special needs or disabilities?  **Yes/No** *(please delete as appropriate)* If yes, please give details below | |
| What (if any) special support will your child require in our setting? | |
| Professionals involved with the child | |
| Name  Agency  Role  Telephone number | Name  Agency  Role  Telephone number |

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 setting management to exercise their own judgement in calling the doctor/dentist indicated above or to transport your 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 the section. | |
| I/We parent(s)/guardians(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 parents(s)  Date | |
| I/We parent(s)/guardian(s) of will supply our own sun cream, clearly labelled with my child(rens) name.  Signatures of parent(s)  Date | |
| Please tick the statements below if you consent to the following: | |
|  | I consent for my child to have sun cream applied by a practitioner |
|  | 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 i.e. website, brochures. |
|  | I consent to my child’s photograph being used on the settings closed Facebook page |
|  | I consent to my child’s artwork (with their name)being displayed in the setting |
|  | I consent to my child’s photograph being used in learning journeys 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 behaviour |
|  | 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 |
|  | I consent to my child’s learning journey being shared with Ofsted inspectors and/or as part of audits by the local authority |
| Please sign below to confirm your consent for the indicated statements above:  Signature of Parent(s)/Guardian: | |

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

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| 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 our knowledge.  Signature of Parent(s)/Carer(s)  Date |

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.