



Little Explorers Pre-School Registration form

Station Road, Ditton Priors, Bridgnorth, Shropshire. WV16 6SS

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Charity No: 1044412

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 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.*

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 _____

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	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

Three months old	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, 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:
Four months old	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, 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:
Between 12 and 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth 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:
Two to three years	Flu vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
Three years and four months or soon after	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:

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:

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 attention	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?

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 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.

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

General information

What is your child's usual sleep pattern?

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 _____

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/I] 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 a member of staff 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

I give permission for a named member of staff who has been appropriately trained to administer the inhaler/Epipen or Anapen (supplied _____ *(name of child)*.
by me) to _____

The named staff are:

- _____
- _____
- _____

Signed _____ Date _____

Printed name _____

Nappies and 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. Yes No

I give permission for nappy cream supplied by preschool to be used if there is no nappy cream supplied and it is deemed necessary. Yes No (Please tick)

I give permission for spare nappies supplied by preschool to be used if those supplied by me run out
Yes No

Signed _____ Date _____

Printed name _____

Paracetamol based medicine (e.g. Calpol or Sudafed) and Pititon medicine (allergy relief)

I give permission for a member of staff to administer paracetamol based products (e.g. Calpol), Piriton (allergy relief) to _____ (name of the child) in the case of a raised temperature/allergic reaction

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 a member of staff to administer suncream (supplied by me) and if no suncream has been supplied by home I give permission for hypoallergenic suncream kept at the setting to be applied to:

_____ (*name of child*) when necessary.

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:

Brown Clee Primary School for lunch and visits

Walks around the village and Oak Farm.

Ditton Priors shop, post office and church

The Willows Cafe

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 away from the village, I understand I will be informed and my specific consent obtained.

Signed _____ Date _____

Printed name _____

Season activities

I give permission for _____ to have face paint and glitter applied on face and body.

Signed _____ Parent/Carer Date _____

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 and tablets 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. We may also record events and activities on video. Photos/videos are stored on the setting’s computer only.

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

Signed _____ Date _____

Printed name _____

Photographs- (Website/Social Media)

I give permission for pictures of my child/children being used on Little Explorers website **Yes/No**

I give permission for pictures being posted on Little Explorers Pre-School Parents & Carers private Facebook Page **Yes/No**

I give permission for pictures to be posted on Little Explorers public Facebook page **Yes/No**

I give permission for photographs being used in Newspapers and publications **Yes/No**

I give permission for photographs being uploaded onto our secure online learning journal “Tapestry” for you to view the record of experiences, learning and development. **Yes/No**

I give permission for photographs of my child being used in advertising and promotional materials **Yes/No**

Signed: _____ Date _____

Printed name: _____

Animals

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

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. You will be informed of who your child's key person is once they start.

To be completed by the key person/manager

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 little Explorers Pre-school 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. (to view all policies visit www.littleexplorers-preschool.co.uk)

Signed _____ Date _____

Printed name _____

Shared record Keeping

I/we will contribute to the records of _____ (name of the child) these will be created jointly with staff and my/ourselves to identify and meet the needs of my/our child's needs.

Signed _____ Parent/carer

Signed _____ Key person

Assessments, records and Information

I/we give permission for EYFS assessments and Learning and Development records to be shared with other settings my/our child attends, and for them to be passed on to my/our child's next school.

Signed _____ Parent/carer

Fees

I/we will pay fees in the amounts and in the term specified by Little Explorers Pre-School (half termly in advance) and understand that late payments fees will be charged at £5.00 per day. (special arrangements can be made in certain circumstances, Please contact the Manager)

Signed _____ Parent/carer

Child sickness

I/we understand that if _____ (name of child) becomes sick, I/we will follow the HSE guidelines for incubation times if required. There is a poster displayed in the entrance at preschool and more information can be found on line: <https://www.publichealth.hscni.net/publications/guidance-infection-control-schools-and-other-childcare-settings-0>

Signed _____ Parent/carer

Child absence

I/we understand that if _____ (name of child) is absent through sickness/holidays, hours/sessions not attended will still be payable, and not transferrable to any other hours/sessions.

Signed _____ Parent /carer

Forest School Sessions

I/we give permission for _____ (name of the child) to attend Forest School Sessions at our Forest School site, and will provide appropriate clothing.

Signed _____ Parent/carer

Safeguarding

I/we understand that any member of staff who suspects that a child within their care at Little Explorers Pre-school have been abused, neglected or is at risk, has a duty to report concerns and findings to Compass. If a parent or child does not consent to information being shared, I understand that the law does not prevent the sharing of information if sharing is necessary for the purpose of keeping a child safe and promoting their welfare.

Signed _____ Parent/carer

I have read and understand Little Explorers Safeguarding and child protection policy

Signed _____ Parent/Carer

Data Protection

I have been provided with a Privacy Notice and understand that we can request that Little Explorers Pre-school delete or stop processing personal data, by informing our Data Protection Officer.

Signed _____ Parent/Carer

I/we will inform Little Explorers Pre-School of any changes to contact numbers, authorised collection and changes my/our child's medical requirements as soon as possible.

Signed _____ Parent/carer

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 _____

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 _____

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

No special educational need

SEN action plan

Education, Health and Care Plan