



Registration Information

(Please bring your child's birth certificate when you return this form)

Child's **Full Name**: _____
Including middle name(s)

Preferred Name: _____

Date of Birth: _____ Male / Female: _____

Name of parent / guardian (s) with whom the child **lives**: _____

Address: _____

Postcode: _____

Home Telephone: _____ Email address: _____

Parent 1 Name/Mob : _____ Can we text you? (Yes/No)

Parent 2 Name/Mob : _____ Can we text you? (Yes/No)

Parent (s) place of work and daytime contact details:

Parent 1: _____ Telephone: _____

Parent 2: _____ Telephone: _____

Please provide a password in case someone else needs to collect your child: _____

Name of any parent(s) with whom the child **does not live**: _____

It is a Statutory Requirement of EYFS that we ask for this information. If you prefer **NOT** to answer please sign here _____ You **do not** have to give a reason for your decision.

Does this parent have parental responsibility? **Yes / No**

Does this parent have legal access to the child? **Yes / No**

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____ Can we text you? **Yes/No**

Health

Child's Doctor's name and contact number: _____

Health Visitor's name and contact number: _____

NHS Number: _____

Which inoculations has your child had? Please tick:

Diphtheria [] Tetanus [] Whooping Cough []

Poliomyelitis [] Hib [] Measles, Mumps, Rubella (MMR or separate) []

Any other (please specify)

What, if any, serious illness has your child had when younger?

In an emergency, who should we contact **FIRST**
(e.g. Mum, Nan, Dad etc.)

SECOND

THIRD

Please supply **two** other emergency contacts, (other than yourself) with name, address and relationship to your child

Name: _____ Address: _____

Telephone: _____ Relationship: _____

Name: _____ Address: _____

Telephone: _____ Relationship: _____

Does your child have and special needs or disabilities? **Yes / No**

Does your family have a family support worker? **Yes / No**

Name _____ Based at _____

Telephone _____

Is your child allergic or sensitive to anything? If so, please give details.

Does your child need any special medication or require any special diet? If so, please give details.

Is English the main language spoken at home? **Yes / No**

If not, will this be your child's first experience of being in an English-speaking environment? **Yes / No**

Do we have your permission for DBS cleared staff to help clean your child and to change soiled clothing if necessary?

(Please sign if permission is given) _____

Do we have your permission to take your child on short walks in the immediate local area?

(Please sign if permission is given) _____

Do you give your permission for your child to receive basic First Aid at Pre-School, including the use of plasters or creams by a qualified First Aider, and/or for the group to seek emergency medical advice and aid?

(Please sign if permission is given) _____

Do we have your permission to apply sun cream to exposed areas of your child's skin if we go outside on sunny days?

(Please sign if permission is given) _____

Entitlement

Will you be claiming the Free Entitlement sessions for your child? **Yes / No**

(Dependant on Local Education Authority eligibility criteria being met you may be able to claim up to 15 hours funding from the term following your child's 2nd birthday. You can claim up to a statutory 15 hours a week from the term following your child's third birthday and up to 30 hours dependant on Local Education Authority eligibility criteria being met) Terms are specified by the Local Education Authority, and are:

Autumn: 1st September to 31st December, Spring: 1st January to 31st March, Summer: 1st April to 31st August.

Image Consent

We need your consent before we are able to take photographs of your child during their time at Preschool. We may take photographs for a number of reasons whilst your child is with us, including to document what they enjoy doing, record their learning and development progress, display in learning files and displays, and to record special events and achievements.

We are mindful of the fact that for some families, there may be reasons why protecting a child's identity is a matter of particular anxiety, and if you have special circumstances either now, or at any time in the future which would affect or change your position regarding consent, please let us know immediately, preferably in writing.

Any photos taken will be for the use of our Preschool and yourselves, and we will therefore not share them with a third party without explicit authorisation or consent.

Occasionally, we may invite the media into our early years setting to take photographs or film footage for publicity purposes and to record any special events. We will notify you of such occasions, and will seek specific permission for photographs to be taken, and potentially published at such times.

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child.

Please complete as appropriate.

- I consent to photographs of my child being taken by authorised personnel representing Preschool. **Yes / No**
- I understand that I can withdraw my consent, or request to see photos taken at any time.
- I understand that if at any time my child should refuse or become upset, no photographs will be taken.

This form is valid for the duration of your child's time at our Pre-School. It is your responsibility to let us know if you want to withdraw or change your consent at any time.

(Please sign if permission is given) _____

Learning Journal Consent Form

In all children's learning files we like to include photographs of them involved in individual and group play. It is therefore likely that some of these group photographs will capture other children at play. We currently use the Tapestry online learning journal.

As the information in these files will relate to each individual child, it will be treated as personal data, and we therefore ask that you give permission for any photographs of your child involved in group play to be included in other children's files. I **consent / do not consent (please delete appropriate)** to group photographs showing my child being included in other children's learning files.

(Please sign) _____

Shared record-keeping

Is your child continuing to attend another Preschool, Playgroup or Nursery whilst also attending our Preschool? **Yes / No**

Please supply the name of the person in charge of the other group and their contact details: _____

Online learning journals such as Tapestry (which we, Pickering Community Infant and Nursery School and other local providers use) can be linked. Are you happy for us to share information about your child's progress with this other provider?

Please sign if permission is given) _____

Have you considered which Primary School you are hoping your child will attend? _____

Is your child staying at Pre-School until they start at this school (in Reception) **Yes / No / Undecided**

If not, which Nursery will your child be attending? _____

Are you happy for us to pass on information about your child to the setting they move to after Pre-School?

(Please sign if permission is given) _____

PRE-SCHOOL CONTRACT

Our Pre-School's guidelines are outlined in the Prospectus. However, Parents are the first and most important educators of their children so the work of the Pre-School cannot be fully effective unless we work together in the child's interests. Parents are asked to read and sign the statement below as an expression of this shared commitment.

Policies

I/we will read the Pickering Pre-School Playgroup's Policies and accept that the group will run in accordance with these.

Parent Participation

I/we will join in the life of the Pre-School for as long as our child attends. I/we would be particularly interested in:

- Helping during the session Volunteering on the committee Making/mending equipment
Taking part in outings Helping with fundraising other (please specify) _____

Shared record-keeping

I/we will contribute to the record of my child's development created jointly by Parents and Pre-School, working with the staff to identify and meet my child's educational, personal and social needs.

Fees

I/we will pay fees at the rate fixed by the Pre-School and **in advance** of the session, and I understand that late payment may incur additional charges.

Punctuality

I/we will try not to be late in collecting my child at the end of the session and will warn the Pre-School on any occasion when this might happen and I understand that this may incur additional charges.

Photography

I/we understand that the Pre-School and also Pickering Community Infant & Nursery School (with whom we share our grounds) may have in its care children, for various legal, child protection and family reasons, need their identity protecting. For this reason we request that images of any children are not taken on Pre-School grounds, on the shared ground of Pickering Community Infant & Nursery School, or on any outings with the Pre-School.

Smoking

I/we will not smoke in the Pre-School grounds, the shared Pickering Community Nursery and Infant School grounds or around children when on outings with the Pre-School.

Parent 1 Sign _____ Parent 2 Sign _____

All the information you have supplied on this form will be held confidentially, available only to the Manager and Deputy, your child's Key Person and Police/Ofsted/Social Services (should they wish to see it). We are registered under the Data Protection Act to hold this information.

Form Completed By

(Please PRINT and SIGN) _____

Date _____

Please notify us if any of the information on this form should change. Thank you.