Kipling Lions Pre-school's Childcare Registration Form

Child's Details

Child's first name _____ Surname_____

Name Known by_____

Child's full address _____

_____

Gender_____ Date of birth_____ Birth certificate seen and copied YES □ NO □

Family Details

Who does the child live with? _____

Contact details 1 (including emergency information)

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone_____ Mobile _____

Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child YES □ NO□

Parent NI number _____ (for funding purposes only)

Contact details 2 (including emergency information)

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone_____ Mobile _____

Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child YES □ NO □

Parent NI number _____ (for funding purposes only)

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

Name _____

Address_____

Contact telephone numbers _____

Relationship to child_____

Please give details of the legal contact arrangements that we need to be aware of _____

_____

Collection permission authorisation (other than parents). Only those over the age of 16 years can be named as authorised persons.

Authorised person 1

Name_____ Relationship to child _____

Address _____

Daytime/work telephone _____ Home telephone _____

Mobile _____

Authorised person 2

Name_____ Relationship to child _____

Address _____

Daytime/work telephone _____ Home telephone _____

Mobile _____

Password for the collection of the child by authorised persons

_____

NO ACCESS
Name_____ Relationship to child _____
Address _____
Reason e.g court order or other
Evidence seen Yes □ No □ Copy provided Yes □ No □

Emergency contact details for two named contacts – if parents are not available. Only those over the age of 16 years can be names as emergency contacts. Please ensure emergency contacts are local and their consent has been given.

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 _____

Ethnicity data (gathered for monitoring purposes only. Parents are not obliged to give this information)

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

Ethnic origin is classified as special category of data under data protection legislation and we require your consent in order to process and store this information. The Privacy policy explains how the data provided in this form will be processed and explains your rights with respect to the information given.

I confirm that I have received a copy of the Privacy notice and give my consent to the processing of special category data.

Signed _____ Date _____

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 and emergency services will be called as necessary. I understand that my child may be taken to hospital accompanied by the manager or authorised deputy for emergency treatment. I understand that health professionals will be responsible for decisions about medical treatment in my absence.

Signed _____ Date _____

Name_____

For inhalers/auto-injectors (eg Epipens) only

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

Signed _____ Date _____

Name_____

Medical details

Has your child received the following immunisations, this enables us to effectively manage any special education, health or medical needs of your child. (Please confirm and date)

Two Months:	5-in-1 (DTaP/IPV/Hib) vaccine – diphtheria, tentanus, Whooping cough (pertussis), polio and Haemophilus, Influenzae type b (known as Hib), Pneumococcal (PCV) Vaccine, Rotavirus vaccine, Men B vaccine	Yes □ No □
Three Months:	5-in-1 (DTaP/IPV/Hib) vaccine, second dose, Men C vaccine, Rotavirus vaccine, second dose	Yes □ No □
Four Months:	5-in-1 (DTaP/IPV/Hib) vaccine, third dose Pneumococcal (PCV) vaccine, second dose, Men B vaccine second dose	Yes □ No □
12 to 13 months:	Hib/Men C booster, given as a single jab containing Meningitis C (second dose) and Hib (fourth dose). Measles, Mumps and Rubella (MMR) vaccine, given as a single jab. Pneumococcal (PCV) vaccine third dose, Men B vaccine third dose.	Yes □ No □
Eligible paediatric age groups	Children's flu vaccine (annual)	Yes □ No □
Three years and four months to five years	Measles, mumps and rubella (MMR) vaccine, second dose, 4-in-1 (DTaP/IPV) pre-school booster, diphtheria, tetanus, whooping cough (pertussis) and polio	Yes □ No □

Health and development

Was your child born prematurely, if so how many weeks early?
Special notes: _____

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.
_____

_____

SEN. Does your child require a health care plan? Yes □ No □
Special notes _____
If yes, complete health care plan with parents.

Does your child have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance? Yes □ No □
Special notes _____

Do you have any concerns about your child's learning and development? Yes □ No □
If yes, special notes _____

Is your child known to have any allergies or food intolerances? If so, please specify:

Special notes _____

A risk assessment is completed and kept on the child's file for any known allergies and food intolerance as mentioned above.

What are your child's dietary requirements? Please specify _____
_____

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 _____

Special notes _____

Dentist (if applicable)
Name _____ Telephone _____

Any other professional who has regular contact with the child
Name _____ Telephone _____
Role _____ Agency_____

Two year old progress check/integrated health check

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 to share it with your child's health visitor. Please note that where a local authority has arrangements in place we complete an integrated check with you and your child's health visitor.

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_____

Key Persons

Your child will have a key person assigned to them. It is the key person's responsibility to ensure your child receives the best possible care and attention and to ensure their records are kept up to date whilst they are with us. Your child's key person may change as they progress through the setting, but you will be notified of these changes in advance. The key person should be the first point of contact for anything you wish to discuss about your child.

Your child's key person is: _____

Your child's back up key person is :_____

Parental permissions

E- safety (staff and children)
There are procedures in place that govern the use of IT equipment on site. Where ipads or similar are used by staff to record children's learning and development or as a management tool, a risk assessment is completed. Visitors to the setting using IT equipment, such as Ofsted or Social Care, are advised of the procedure for its use and must seek prior permission from the setting manager.
In some instances children will use ICT equipment to promote their learning and development under the supervision of staff. Children do not normally have access to the internet and never have unsupervised access to the internet.

I give my permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures and risk assessments in place to govern its use and that staff may also use ICT equipment to record and monitor children's leaning and development.

Signed _____ Date _____

Nappy Cream
I give permission for non-medicated nappy cream (supplied by me) to be administered to my child when required in accordance with manufacturer's instructions. If medicated nappy cream is supplied by me, I give permission for it to be applied as above and to record its use and inform me of when it was administered. (Medication Administration record),

Signed _____ Date _____

Suncream
I give permission for staff to administer suncream (supplied by me) when necessary and to record its use.

Signed _____ Date _____

Short trip – general outings
I give permission for my 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 and are available for me to see as required.

Signed _____ Date _____

Photographs and videos
To record aspects of our curriculum and for children's individual development records staff often take photographs or videos of children during their play. Only equipment supplied by us is used for this purpose and images taken are for display and for your child's online learning journey through Tapestry. Images are saved and stored on our equipment securely and only kept for the period your child is with us. If we wish to use any images of your child for publicity or marketing purposes we will seek your written consent for each image we wish to use.
I give permission for my child to be photographed/recorded as per the conditions above.

Signed _____ Date _____

Tapestry

We use Tapestry to record your child's online learning journal. Access is via your email address and password. Only staff can see your child's learning journal. Sometimes group photos are uploaded which will appear in all of those children's accounts.

I give permission for Tapestry to be used for this purpose.

Signed _____ Date _____

Animals

We may occasionally have supervised visits of animals to our setting. Risk assessments will be carried out for visiting animal's and will be made available to parents on request. Please state here any known allergies or aversion your child has to animals. _____

_____

Signed _____ Date _____

About your child

The following information will tell us a little more about your child.

Does your child have any previous experience of attending a childcare setting? If so please give details.

_____

Does your child have difficulty with walking, talking, or socialising? If so please give details.

_____

What languages does your child speak at home? _____

_____

What religion does your family follow? (if applicable) _____

How would you describe your family's cultural background? _____

Are there any religious or cultural festivals that your child takes part in?_____

_____

Does your child usually have a nap during the day? _____

Does your child have a pacifier i.e dummy or comforter? Yes □ No □

What sort of things does your child enjoy doing at home e.g drawing or cooking?

_____

Is there any other background information about your child that may be useful to know? For example, how do they prefer to be comforted when they are upset?

_____

_____

Transfer of records

With your consent we will transfer your child's records to the receiving school or setting when they leave us. This will enable the school to continue to effectively manage any special education, health or medical needs, and to continue with their development.

I agree for my child's records to be transferred to their receiving school or new setting.

Signed _____ Date _____

Further information

I confirm that the information about the setting's policies and procedures has been made available and explained to me, and I understand I can find out more information as to how my personal data is handled through the Privacy policy. All policies are available through your Tapestry account or hard copies may be requested.

Please sign below to indicate that the information on this form is accurate and that you will notify us of any changes as they arise.

Parents name: _____

Signed _____ Date _____

We are a committee run pre-school and rely on parent involvement.

Would you be interested in joining the committee (we cannot operate without one)?

_____

Do you have any skills that we could make use of e.g builder, plumber etc

_____

Do you have an occupation which would be of interested the children? E.g doctor, fire fighter, police, artist _____

How did you hear about Kipling Lions?

_____