



Berinsfield Early Years Pre-School

Registration Form

Childs Name:	
Childs Date of Birth:	
Start date Required:	
Number of Sessions Required:	



Berinsfield Early Years Pre-School Registration Form

Basic details

Name of child _____ Date of birth _____
Name known as _____ Gender (M/F) _____

Name of parent/s or guardian/s with whom the child lives

Parent 1 _____

Does this parent/guardian have parental responsibility? Yes/No (delete)

Parent 2 _____

Does this parent/guardian have parental responsibility? Yes/No (delete)

Address _____

Telephone _____ Mobile _____

Email address _____

Name of parent/guardian with whom the child *does not live* (*this is an optional field)

3 _____

Does this parent/guardian have parental responsibility? Yes/No (delete)

Address of this parent/guardian

Telephone _____ Mobile _____

Email address _____

Does this parent/guardian have legal access to the child? Yes/No (delete)



Emergency contact details

Parent 1 - Work/daytime contact number _____

Parent 2 - Work/daytime contact number _____

Other emergency contact details (we must have a name here other than yourself in case of emergencies)

Name & relationship to child _____

Telephone _____

Mobile _____

Name & relationship to child _____

Telephone _____

Mobile _____

Other Persons authorised to collect the child (must be over 16 yrs of age)

Name _____

Relationship to child _____

Telephone _____

Mobile _____

Name _____

Relationship to child _____

Telephone _____

Mobile _____

Berinsfield Early Years Pre-school requires a password to be chosen by the parents which can be given in the event of somebody other than the parent / main carer having to collect their child

Password: _____

Personal details of child

Does your child have any special dietary needs or preferences? Yes/No (delete)

Has a risk assessment been completed? Yes/No (delete)

What immunisations has your child had to date? (Delete as applicable)

Diphtheria	YES/NO	HIB	YES/NO	Whooping Cough	YES/NO
Polio	YES/NO	MMR	YES/NO	Tetanus	YES/NO
Meningitis C	YES/NO				

Does your child have any known medical conditions or allergies? Yes/No (delete) eg latex gloves, plasters,

Has a risk assessment been completed? Yes/No (delete)

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family? _____

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 (delete)

If so, discuss and agree with the key-worker how we can help support your child when settling-in

Please fill in additional English as an Additional Language form. This will help us support your child's language development.

What other information is important for us to know about your child?

For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when

If yes to any of the above, what special support will he/she require in our setting?

Does your child have any special needs or disability? Yes/No (delete)

Details

What special support will he/she require in our setting?

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

Are any of the following in place for your child?

Learning Outcomes: _____

Early Health and Educational Care Plans (EHC.plan) _____

Name of EYSENIT involved: _____

Contact details _____

(Early Years special Educations Needs Teacher)

Providers will refer to the new 2014 SEN Code of Practice for an explanation of the terms above.



Doctor / Health Visitor / Other Professionals involved with your child ?

Doctors name:..... Contact details:.....

Doctors address.....
.....

Name of Health Visitor	Based at	
_____	_____	_____
Telephone	_____	_____
_____	_____	_____

Are any other professionals involved with your child? e.g. speech therapist, pre-school teacher councillor, social care worker, paediatric support Yes/No (delete)

If yes, please detail below:

Name 1	_____	Role	_____
Agency	_____	Telephone	_____
Name 2	_____	Role	_____
Agency	_____	Telephone	_____
	_____		_____

If there is involvement of the social care department with your family, what is the reason for this?

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 care worker named above and keep these securely in the child's file.



Parental Consent

Childs Name: _____

I/We DO / DO NOT give consent for my child to be taken out as a part of the daily activities of the setting. I/We understand that our further consent will be requested for major outings.

I/We DO / DO NOT give consent for Berinsfield Early Years Pre-school to apply hypoallergenic plasters to my child, if necessary.

I/We DO / DO NOT give consent for Berinsfield Early Years Pre-school to apply Sun Cream to my child.

I/We DO / DO NOT consent for the staff to call an ambulance to take my child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that I/we have been informed and are on my/our way to pre-school or the hospital. (If you have not arrived at pre-school before the ambulance leaves to take your child to hospital a member of staff will accompany your child)

I/We CONFIRM I/We have received a copy of the Berinsfield Early Years Pre-school Prospectus (Useful Information) and accept the terms and conditions contained within the Prospectus.

I/We DO / DO NOT consent to allow staff to share information about any additional needs my child/ren may have and to pass on child profiles to the next provider/school

Signed by

Parent 1

Parent 2

Key-worker

Supervisor

Date

Review Date



Please also complete photography consent on next Page (8).

PHOTOGRAPHY - PARENTAL CONSENT BERINSFIELD EARLY YEARS PRE-SCHOOL

Childs Name _____

Where will images be stored?

Digital images will be stored on Berinsfield Early Years Pre-School Computer. Regular film will be stored on the Pre-School Premises.

What will the images be used for?

Displaying children's activities within the Pre-School and in the Pre-School Prospectus.

How long will images be stored for?

2 years

Are photo's to be taken in the setting or at an external venue?

Both

Signed by

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Date _____

Date _____

Occasionally there may be a press release about Berinsfield Early Years Pre-School which may include photographs. No children's names are included in these press releases.

Please sign below to give your consent for your child to be included in these photo's that may appear in the local press.

I/We DO / DO NOT consent for photographs of my child to be published in the local press.

Signed by

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Date _____

Date _____



To be completed by the registration keyworker/Supervisor:

Starting Date _____

Days and times of attendance _____

Are any fees payable? If so, note here _____

Name of key worker _____

Any special settling-in process? Yes / No (Delete)

If so, detail _____

Any other comments / information:

Please ensure you have read our policies:

I/we have been provided with details of the setting's policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

We do not allow use of mobile phones in the Pre-school adhering to our Safeguarding Policy.

The Pre-school staffs do not interact with families who attend Pre-school, on social media networks, and we ask parents to restrain from discussing Pre-school staff, children, and adding photos, on these sites, adhering from our safeguarding policy.

Authorisation:

Parent 1 _____ Parent 2 _____

Key person _____ Supervisor _____

Date _____ Date of first review _____

Equalities monitoring form - to be completed by the provider

Ethnicity, where collected, should be recorded according to the following categories:

- White - British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Mixed - White and Black Caribbean

- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

- Chinese

--



Any other ethnic background
