



Registration Pack



Unique Password: _____

Start date: _____

Key person: _____

Personal Details

Child's full name _____ Date of birth _____

Child's preferred name _____

Birth certificate seen? Yes/No

Red Book seen? Yes/No

Parent/carer who lives with child:

1. Name _____

Do they have parental responsibility? Yes/No

Do they have permission to collect the child? Yes/No

Address _____

_____ Postcode _____

Telephone _____ Mobile _____

Preferred email address for contact by the pre-school: _____

2. Name _____

Do they have parental responsibility? Yes/No

Do they have permission to collect the child? Yes/No

Telephone _____ Mobile _____

Preferred email address for contact by the pre-school: _____

Parent with whom child does not live (if applicable)

Name _____

Do they have parental responsibility? Yes/No **and/or** Legal access to the child? Yes/No

Do they have permission to collect the child? Yes/No

Address _____

_____ Postcode _____

Telephone _____ Mobile _____

Preferred email address for contact by the pre-school: _____

Are there any special instructions we need to be aware of with regard to collection?

Additional Emergency Contact Details

1. Name _____
Relationship to child _____
Contact number _____
2. Name _____
Relationship to child _____
Contact number _____

Additional adults to collect your child (must be over 16 years of age)

Only identified and nominated persons in possession of an agreed password will be permitted to collect children.

Name _____ Relationship to child _____

Telephone _____ Mobile _____

Name _____ Relationship to child _____

Telephone _____ Mobile _____

Name _____ Relationship to child _____

Telephone _____ Mobile _____

I have sought permission from the emergency contacts and additional adults for pre-school to use their personal data. I have also informed them they can write or email the pre-school at any time for us to remove their data.

Signed _____

Print Name _____

Date _____

Personal details of child

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

Ethnicity code – Please tick **one box**

White British	<input type="checkbox"/>	Mixed White and Asian	<input type="checkbox"/>	Asian/ Asian British, Bangladeshi	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Mixed, White & Black Caribbean	<input type="checkbox"/>	Asian/ Asian British, Pakistani	<input type="checkbox"/>
White, any other background	<input type="checkbox"/>	Mixed, White & Black African	<input type="checkbox"/>	Asian/ Asian British, Caribbean	<input type="checkbox"/>
Traveller	<input type="checkbox"/>	Mixed, any other Mixed Background	<input type="checkbox"/>	Black, Black British African	<input type="checkbox"/>
Gypsy Roma	<input type="checkbox"/>	Asian/ Asian British, Indian	<input type="checkbox"/>	Black, Black British other Black background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Asian/ Asian British, other Asian background	<input type="checkbox"/>	Any other ethnic Background	<input type="checkbox"/>
Do not wish for ethnicity to be recorded	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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? Yes/No

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

If so, how would you like the settling-in period to be conducted?

Medical Information

G.P _____ Telephone _____

Address _____

Health visitor name _____

Based at _____

Telephone _____ (You must have a HV within 6 weeks of registering)

Has your child had all immunisations including tetanus? Yes/No

If no, please give details _____

Does your child have any allergies? Yes/No _____

Has your child had any major illnesses/ operations? Yes/No _____

Has your child got any ongoing medical conditions? Yes/No _____

Is your child currently taking any medication? Yes/No

Details _____

Does your child have any special or individual needs or disability? Yes/No

Details _____

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

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

Every effort will be made to meet your child's individual needs

Details of other professionals involved with your child

Does your family have a social worker for any reason? Yes/No

Name _____ Based at _____

Telephone _____

What is the reason for the involvement of social services with your family?

Are there any other professionals involved with your child? Yes/No

Name 1 _____ Role: _____

Address _____ Telephone _____

Name 2 _____ Role: _____

Address _____ Telephone _____

Education

Will your child attend another setting: Day nursery/ pre-school/ childminder?

Please give details _____

Enrolment Information

Preferred start date _____

Days attending – Please tick your preferred sessions

	Monday	Tuesday	Wednesday	Thursday	Friday
9.15-12.15					
12.15-1.00					
1.00-2.30					

I will be paying fees: Yes/No will be claiming funding: 15 hours/ 30 hours/ both/ none

Parents NI Number _____

30 hour code _____

It would help my child to settle into pre-school if (please give details):-

Consent

Permissions

I give permission for my email address to be used to send invoices. **Yes/ No**

I give my permission for my email address to be used to send communication emails for example, newsletters. **Yes/ No**

I give permission for my phone number to be used for text message communications. **Yes/ No**

Name _____

Signature _____ Date _____

Medical treatment

I give permission for my child to receive first aid during pre-school sessions if required. **Yes/No**

I give staff permission to seek medical treatment and advice during pre-school sessions if they are unable to contact me. **Yes/No**

Name _____

Signature _____ Date _____

Photographs

I give permission for my child's photos to be used on pre-school displays. **Yes/ No**

I give permission for my child's photos to be used on the pre-school website. **Yes/ No**

I give permission for my child's photos to be used on the pre-school Facebook page. **Yes/ No**

I give permission for my child's photo to be used in the local paper. **Yes/ No**

Name _____

Signature _____ Date _____

Tapestry

Tapestry tracks the progress of your child during their time at pre-school. Staff will record observations onto your child's user account. As part of this process they may take individual and group photographs to evidence your child's learning. If your child is in a group photograph this could be included on another child's profile however their name would not be detailed. We can regularly send you an email with your child's learning and development progress.

I give permission for my child's photos to be used and stored on Tapestry as a record of their learning and development. **Yes/ No**

I give permission for my child's photos to be included in another child's Tapestry account as a record of their learning and development collaboratively. **Yes/ No**

I give permission for my email address to be set up as a Tapestry user. **Yes/ No**

I would like to use the email address _____

If you would like to add more users to your child's Tapestry account, please include these email addresses too.

Name _____

Signature _____ Date _____

Sharing Information

I give permission for my child's information to be shared with another setting they attend. E.g. childminder. **Yes/ No/ Not applicable**

I give permission for my child's information to be shared with their next setting. E.g. school
Yes/No

Name _____

Signature _____ Date _____

Supervised short outings (Walking distance)

I give permission for my child to take part in outings to local places of interest (maintaining ratios of 1 staff: 2 children). **Yes/No**

We will seek further verbal consent on the proposed day of the trip if undertaking a spontaneous rather than a planned excursion- no child will be taken out without this.

Name _____

Signature _____ Date _____

Disclaimer

I understand that the staff of Boley Park Pre-School, are only responsible for those children registered for each individual session, and only those children are covered by insurance. All other children remain the responsibility of their parent/carer.

Name _____

Signature _____ Date _____



Initial Assessment

My favourite things to play and learn with are:

Things I do well:



All ABOUT ME

Name:

Special People in my life:

Family:

Friends:

Parent signature:

Date:

What makes me happy?

Things which make me sad:

Things which scare me:

Things I need help with:



Starter Questionnaire



Child's name:

Start Date:

We would like to thank you for choosing our pre-school. We strive to provide a high standard of care for your child in an open and caring environment. To help us in this quest we ask that you take a few moments to answer the following questions. Any information given here will be shared with staff to help in the planning or your child's care & education.

Do you have any particular views as to how we can help your child settle into the pre-school?

What expectations do you have for your child's learning whilst at the pre-school?

Is there anything else you would like to tell us about your child?

Parental involvement

I am interested in becoming involved with the pre-school committee. **Yes/No**