



Password: _____

REGISTRATION FORM

It is important that we have all relevant information to enable us to care for your child fully.

CHILD'S DETAILS:

Child's First name: Child's Surname.....

Name child likes to be known by.....

Date of Birth:

Home address:

Postcode: MAIN Tel no. Gender:

When returning this form, please bring your child's FULL birth certificate to show either the Manager or Deputy Manager, and ensure that they sign here to confirm that they have seen it, and checked your child's date of birth.

Signed: (Manager / Deputy Manager) Date:

Birth certificate Number..... Copy made? Yes/No

Other Identification Documentation seen & details (one form of photographic ID and proof of address dated within the last 3 months:

PARENTS' / GUARDIAN'S DETAILS:

Mother's name:	Father's name:
Home telephone number:	Home telephone number:
Work telephone number:	Work telephone number:
Mobile number:	Mobile number:
Mother's place of work and occupation	Father's place of work and occupation
Marital Status	Marital status
Email address	Email address
National Insurance Number (funding purposes only):	National Insurance Number (funding purposes only):

Who has LEGAL parental responsibility for this child?

Who has parental responsibility?

If the parents of a child are married to each other or if they have jointly adopted a child, then they both have parental responsibility. This is not automatically the case for unmarried parents. According to current law, a mother always has parental responsibility for her child. A father, however, has this responsibility only if he is married to the mother or has acquired legal responsibility for his child through one of these three routes:

- (after December 1 2003) by jointly registering the birth of the child with the mother*
- by a parental responsibility agreement with the mother*
- by a parental responsibility order, made by a court*

Details of Guardianship / Foster Parents / Residence Order, etc. where applicable

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WHAT SCHOOL THE CHILD MOVED ONTO.....

DATE OF MOVE.....

CARERS' DETAILS:

Please provide information for all carers (including relations / childminders) who are authorized to collect, and /or look after your child at any time. Each carer must sign in the relevant column as an additional means of identification.

<u>Carer's Name</u>	<u>Carer's Relationship to Child</u>	<u>Carer's Address</u>	<u>Carer's Contact Phone No.</u>	<u>Permission to share information with this carer (including incident / accident forms) Carer takes responsibility to inform you.</u>
				Yes / No
				Yes / No
				Yes / No

EMERGENCY AND MEDICAL DETAILS:

Doctors name: Tel no.

Surgery address:

IN CASE OF EMERGENCY OR LATE COLLECTION: we will first try to contact the child's parents or main carer. If we are unable to contact parents or main carers, we will then work our way through the list of emergency contacts you have supplied below, in the order they are listed Please ensure all emergency contacts listed know your password, and are willing and able to be reached at all times in the event of an emergency, and that they have your permission to make **VITAL** decisions regarding the health and welfare of your child. **PLEASE DO NOT INCLUDE PARENTS / MAIN CARER on this list.**

Name of Contact	Relationship to Child	Address	Home / Work Phone Number	Mobile Number

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event of injury or sudden illness, I / we authorize the pre-school staff to act on my / our behalf in my / our absence, and make decisions concerning my / our child's immediate health and safety.

I / we understand that the pre-school will try to contact me / us immediately, or the emergency contacts provided on this form, and will continue trying, until they are successful.

I / we hereby give permission for my child to be transferred to hospital if necessary, and / or for emergency medical treatment to be administered to my / our child as deemed necessary by the medical authorities. I / we understand that this may include the use of anaesthetic.

I / we agree that I am / we are liable for any costs incurred during this process.

Signed (Parent / Guardian) Date

This form will accompany your child to hospital. A member of staff will remain with your child until you or one of your emergency contacts arrives to take over responsibility.

Information Sharing:

Please ensure that you read our Information Sharing, and Safeguarding Children and Child Protection policies and our Privacy Policy. We try to minimise the amount of printing we do, but if you would like a copy of these, please let the manager know.

On occasion we may need to share information with the carers or emergency contacts you have listed above; particularly when another carer fetches your child from pre-school and we have to share accident / incident reports, etc.

Information will only be shared without consent when it is a matter of safeguarding a child or vulnerable adult.

Other circumstances when information will be shared with external agencies are, for example, with regard to any special needs the child may have, and on transition to school.

I understand the circumstances in which information may be shared without my consent, as above.

I / we also give permission for you to share information about my / our child with the carers and / or the emergency contacts I / we have listed above.

Signed (Parent / Guardian) Date

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, tetanus, whooping cough (pertussis), polio and Haemophilus influenzae type b (known as Hib); Pneumococcal (PCV) vaccine; Rotavirus vaccine; Men B vaccine	Yes ☐ No ☐	Date:
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Three months	5-in-1 (DTaP/IPV/Hib) vaccine, second dose; Men C vaccine; Rotavirus vaccine, second dose	Yes ☐ No ☐	Date:
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Four months	5-in-1 (DTaP/IPV/Hib) vaccine, third dose; Pneumococcal (PCV) vaccine, second dose; Men B vaccine second dose	Yes ☐ No ☐	Date:
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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 ☐	Date:
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Eligible pediatric age groups	Children's flu vaccine (annual)	Yes ☐ No ☐	Date:
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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 ☐	Date:
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For internal use: Has the child's health record book been seen to confirm immunisation dates? Yes ☐ No ☐

CHILD'S HEALTH RECORD – Please continue on a separate sheet if there is not enough space on this form for all relevant information.

Please give details, with dates, of any illness / infectious disease from which your child has suffered, and / or any operations or surgical procedures they have undergone.	
Please give details of any medication your child requires, whether this is administered at home or at pre-school. <i>(Please note, if you require the pre-school to administer medication, a separate form must be completed. As per our policies, we can only administer medicine that is on a doctor's prescription.)</i>	
Does your child require a Health Care Plan? Please provide details and a Health Care Plan will be completed and kept alongside this document.	Yes/No Details:
Does your child have care or mobility problems that may mean they are eligible for, or are in receipt of Disability Living Allowance?	Yes/No Notes:
Please tell us about your child's general health, and about any particular habits they may have which will help us to understand their reactions to certain situations.	
Does your child have any special needs? Please list any professionals that are supporting your child (eg. speech therapist, social worker, health visitor, dentist etc) and give contact details for them.	
Please list any concerns you have about your child.	

All the information that I/we have supplied on this form is accurate and complete to the best of my/our knowledge.

Signed(parent/guardian) Date

OTHER INFORMATION	
Child's position in family.	
Names & ages of siblings.	
1. What is your child's ethnicity? 2. What is your child's first language? 3. What language does your child use at home?	
Parents' first language (if different from child's)	
Parents' ethnicity	
Which festivals do your family celebrate throughout the year?	
Does your child have a special toy or comforter?	
How does your child show his / her emotions / moods (happy, angry, sad, scared, etc.)?	
Does your child deal with his / her own toilet needs, and at what level (pull-ups, potty, child toilet seat, adult seat, stand up, sit down, wiping, etc)? Will they ask for help?	
Does your child have any particular fears or dislikes?	
Does your child attend any other pre-school, nursery, or childminder? If so, which?	
Does your child attend any extra activities eg. Parent & Toddler group / swimming / gym, etc?	
What school will you be applying for, for your child to move on to? <i>(Please note that we are an independent pre-school and are not affiliated with Castle Hill Infant School. It is the responsibility of Hampshire County Council to allocate infant school places, & pre-schools & nurseries cannot influence their decision in any way.)</i>	
What skills / talents do you / your family members have? <i>(Do you play a musical instrument / cook or bake? Are you artistic? Etc.)</i>	
Would any of the adult members of your family be willing to help out at the pre-school occasionally, on a voluntary basis when needed <i>(eg. if short-staffed or going on an outing)?</i>	
Our pre-school is owned by a voluntary committee, made up mainly of parents. Would you be interested in joining the Castle Hill Pre-School Committee? <i>(Please note, we cannot run without a full Committee.)</i>	

Speech and Language	
Childs NHS Number	
Did they babble as a baby?	
When did they say their first words?	
When did they join words to make sentences?	
Please give any information about your child's birth that may be pertinent eg. premature, difficult birth, problems at or after birth, etc, as these can give insight into a child's developmental patterns.	
Has your child's hearing been checked?	

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 when a local authority has arrangements in place, we complete an integrated check with you and your child's health visitor.

If your child is under 36 months of age, has a two year old progress check already been completed for your child?

Yes/No

Setting completing the check..... Date completed

Permission forms:

Child's Name:

PERMISSION SLIP FOR THE ADMINISTRATION OF FIRST AID

In the event of a minor injury, I / we give my / our permission for first aid to be administered by a qualified first aider.

If your child cuts him / herself, do you wish us to apply a plaster to the cut? Yes / No

Signed (parent / guardian) Date:

PERMISSION FOR THE APPLICATION OF NAPPY CREAM

I / we hereby give Castle Hill Pre-school staff permission to apply non-medicated nappy cream (supplied by me) to be administered to my child when required in accordance with the 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 (Medicine File to be signed separately).

Signed..... (parent / guardian) Date:.....

PERMISSION SLIP FOR CONSUMING FOOD PREPARED OFF-SITE

I / we understand that during the year, Castle Hill Pre-School will be incorporating opportunities for the children to sample different foods (including cultural), and that Castle Hill Pre-School will take into account my / our child's own food requirements, such as allergies and / or cultural requirements. I / we also understand that sometimes these foods will be prepared off-site. I / we give permission for my / our child to participate in these activities.

Signed (parent / guardian) Date:

PERMISSION SLIP FOR OUTINGS

I / we give permission for my / our child to participate in outings as arranged by the pre-school. Parents will usually be notified in advance of any significant outings, but we may also undertake short unscheduled walks in the immediate local vicinity of the pre-school, to take advantage of good weather conditions and learning opportunities. Risk assessments are carried out for such outings and are available to see upon request.

Signed (parent / guardian) Date:

TRANSFER OF RECORDS

I / we give permission for Castle Hill Pre-School to transfer your child's records to the receiving school / setting when they leave our setting. This will enable the school/setting to continue to effectively manage any special education, health or medical needs and to continue with their development.

Signed (parent / guardian) Date:

PERMISSION SLIP FOR RETAINING PROFESSIONAL GROUP PHOTO

Towards the end of their pre-school year, we have a professional photo taking of the Lions group of children, to be put on display in the office to show the history of our pre-school. This remains on display indefinitely; but would be shredded if the pre-school were to permanently close for any reason.

I / we give permission for this photo that includes my / our child, to be kept indefinitely for the purpose as detailed above.

Signed (parent / guardian) Date

PERMISSION SLIP FOR PHOTOGRAPHS AND VIDEO RECORDINGS

I / we give my / our permission for staff and their representatives to take photographs / videos of my / our child during pre-school activities.

I / we give permission for photographs of my / our child to be used as below **(please tick all those that you give permission for) ...**

I / we understand that these photographs / videos will be used responsibly in the following ways:

- ☐ To show parents, Ofsted inspectors, and other official bodies what we do during our sessions.
- ☐ As evidence for observations on what my / our child is achieving for his / her learning journal, and to be used for displays within the pre-school.
- ☐ Your child may appear in photographs that are put into other children's Learning Journals as evidence (as above), but your child will not be individually named in another child's learning journal alongside these photographs.
- ☐ As a staff / student training tool, and for sharing professional expertise. This includes training with other early years' settings and schools.
- ☐ As evidence for student files, where appropriate. Child will not be named.
- ☐ For advertising the pre-school, or pre-school events in the following ways (Children will not be named in any advertising) ...
 - ☐ Flyers and/or posters
 - ☐ Welcome booklet (our prospectus given to potential parents)
 - ☐ CHPS FACEBOOK page - **closed** to parents only – see 'CHPS Winklebury'
 - ☐ CHPS FACEBOOK page – **public** – see 'CHPS Basingstoke'
 - ☐ CHPS WEBSITE – see 'castlehillpreschool.co.uk'
 - ☐ Instagram
- ☐ To contribute towards articles in early years magazines and journals. Children will not be named.
- ☐ At times, when we hold special events, photographs may be published in the local newspapers (usually the Gazette, Observer, and/or Winklebury Way), but children's names will not be published with the photograph, and children will not be identified in any way without specific parental permission. Please note, these photographs also appear online on the newspapers' web pages.
- ☐ At times when we hold special events (inside and outside), parents may be permitted to take photographs of their own child participating in these events, and you or your child may also appear in these photographs alongside their child. Parents are asked not to put any images taken in these circumstances on any social media format, except as follows:

I / we agree that, if I / we take any photographs or videos at a pre-school event (inside or outside), I / we will not put these photographs or videos on any social media / network sites or on the internet, if they include any child other than my own.

Signed

I / we understand and agree that I / we may put my / our own CHPS child's photo on 'CHPS Winklebury' (Castle Hill Pre-School's closed, parents' Facebook page), but this must NOT include any other children, adults or family members.

Signed

I / we agree that I / we will not, under any circumstances, share any posts or photographs from the closed parents Facebook page (CHPS Winklebury).

Signed

Please give details of any other restrictions you wish to be adhered to with regard to photographs / videos of your child:

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Signed (parent / guardian) Date:

HEALTHY SNACKS

These are some of the foods that we may offer to your child at pre-school. Please circle if your child is permitted / not permitted to have them. **Please only say No if they are allergic to them or cannot have them due to religious reasons, etc. If your child just does not like them at present, they may decide to try them if they see their friends having them, so please circle Yes if they are allowed to try them.** Please note that things labelled ‘Treat’ are only given occasionally when we have a special event.

 Food <i>Suitable for vegetarians</i>	I give permission for my child to eat / drink / try the following foods ... <i>(sign at bottom of page)</i>
Water 	Yes / No
Milk 	Yes / No
Blackcurrant / Apple / Orange Squash (Treat) 	Yes / No
Raisins 	Yes / No
Fruit 	Yes / No
Vegetables 	Yes / No
Tuna	Yes / No
Bread and Bread Products e.g. muffins 	Yes / No
Mayonnaise 	Yes / No
Ice Pops (treat) 	Yes / No
Ice Cream (treat) 	Yes / No
Butter 	Yes / No
Cheese/Cheese Spread 	Yes / No
Cereals 	Yes / No
Biscuits 	Yes / No
Breadsticks 	Yes / No
Yoghurt/Fromage Frais 	Yes / No
Rice 	Yes / No

ALLERGIES/RESTRICTIONS

Please list any allergies/food restrictions for your child.

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Please note that other foods may be added to this list from time to time, to encourage children to taste new foods, and particularly on special occasions like festivals (eg Chinese New Year, Diwali, Christmas, Easter, etc), but parents will be kept informed. Any allergies that you have listed on this registration document for your child, will be adhered to at all times.

Signed(parent/guardian) Date