

It is helpful for expected key persons or managers to complete this form with the parent(s) when the child starts at the setting.

## 10.4 Registration form



### Child's details

Child's first name(s) \_\_\_\_\_ Surname \_\_\_\_\_  
Name known as \_\_\_\_\_  
Child's full address \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Birth certificate seen and copy made Yes ☐ No ☐

### Family details

Name of parent(s)/carer(s) with whom the child lives: \_\_\_\_\_

#### *Contact details 1 (including emergency information):*

Parent/carer full name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Home telephone \_\_\_\_\_ Email \_\_\_\_\_  
Home address \_\_\_\_\_  
Work address \_\_\_\_\_  
Does this parent have parental responsibility for the child? Yes ☐ No ☐

#### *Contact details 2 (including emergency information):*

Parent/carer full name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Home telephone \_\_\_\_\_ Email \_\_\_\_\_  
Home address \_\_\_\_\_  
Work address \_\_\_\_\_  
Does this parent have parental responsibility for the child? Yes ☐ No ☐

It is helpful for expected key persons or managers to complete this form with the parent(s) when the child starts at the setting.

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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact telephone numbers \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
What are the contact arrangements that we need to be aware of? \_\_\_\_\_

**Emergency contact details if parents are not available** *Emergency contacts must be local.*

*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 \_\_\_\_\_

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, staff will check before releasing the child.*

*Person 1* – Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_  
Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

*Person 2* - Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_  
Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

It is helpful for expected key persons or managers to complete this form with the parent(s) when the child starts at the setting.

### About your child

The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.

Does your child have previous experience of attending a childcare setting? If so, please specify:

### Health and development

Has your child received the following immunisations? *Please confirm and provide date of immunisations given.*

<b>Two months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Three months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis C vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Four months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Between 12 and 13 months old</b>	Hib/Men C booster - Haemophilus influenza type b (Hib), forth dose and meningitis C, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	MMR vaccine – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Two to three years</b>	Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Flu vaccine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Three years and four months or soon after</b>	MMR vaccine, second dose – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

It is helpful for expected key persons or managers to complete this form with the parent(s) when the child starts at the setting.

*For internal use:* Has the child's health record book been seen to confirm immunisation dates? Yes ☐ No ☐

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:

Does your child require a health care plan? Yes ☐ No ☐

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

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

If your child is aged three years or over, does he or she have difficulty with any of the following:

Speaking and communicating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Listening and attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Understanding simple instructions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eating and drinking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sitting and sharing a book	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walking and climbing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rolling a ball	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Holding a crayon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Socialising with adults and other children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Putting on their shoes and socks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any other concerns:

Does your child have any special needs or disabilities? If so, please specify:

It is helpful for expected key persons or managers to complete this form with the parent(s) when the child starts at the setting.

Are any of the following in place for the child?

SEN action plan

Education, Health and Care Plan

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

*Two year old progress check – children aged 24 – 36 months*

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 \_\_\_\_\_

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 will discuss it with you.

*Cultural background*

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

What is the main religion in your family (if applicable)? \_\_\_\_\_

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 ☐

Does your child need a bilingual support plan? Yes ☐ No ☐

If so, discuss and agree with the key person how we can work together to support your child when settling-in:

It is helpful for expected key persons or managers to complete this form with the parent(s) when the child starts at the setting.

### *General information*

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

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, or any special words they use.

### **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 \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.*

*Any other professional who has regular contact with the child*

It is helpful for expected key persons or managers to complete this form with the parent(s) when the child starts at the setting.

Name 1 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name 3 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

### General parental permissions

#### *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 immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by [the manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Printed  
name \_\_\_\_\_

#### *For inhalers/auto-injectors (e.g. Epipens) only*

I give permission for a named member of staff who has been appropriately trained to administer the inhaler/  
Epipen or Anapen (supplied \_\_\_\_\_ *(name of child)*.  
by me) to \_\_\_\_\_

The named staff are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Printed  
name \_\_\_\_\_

#### *Nappy cream*

I give permission for nappy cream (supplied by me) to be administered to \_\_\_\_\_  
*(name of child)* when required, in accordance with manufacturer's instructions.

It is helpful for expected key persons or managers to complete this form with the parent(s) when the child starts at the setting.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed  
name \_\_\_\_\_

### *Suncream*

I give permission for staff to administer hypoallergenic suncream (supplied by me) to  
\_\_\_\_\_ (*name of child*) when necessary and to record its use.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed  
name \_\_\_\_\_

### *Photographs*

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child's records within the setting. We are happy to provide duplicate photos of your child to you if requested, [although this might incur a small charge to cover our costs]. We may also record events and activities on video. Photos/videos are stored on the setting's computer only; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use.

I give permission for \_\_\_\_\_ (*name of child*) to have her/his photo taken, or to be videoed, as per the above conditions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed  
name \_\_\_\_\_

### **Key persons - Information for parents**

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's key person is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be \_\_\_\_\_

[Your child's 'back up' person will be] \_\_\_\_\_

*To be completed by the key person:*

Date starting at \_\_\_\_\_ (*name of provider*)

Days and times of attendance \_\_\_\_\_

Are any fees payable? If so, note here \_\_\_\_\_

Has the settling-in process been agreed? Yes ☐ No ☐



It is helpful for expected key persons or managers to complete this form with the parent(s) when the child starts at the setting.

If so, please specify:

### Policies and procedures

I have been provided with details of Medstead Pre School's early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Printed  
name \_\_\_\_\_

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

Parent name \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of key person \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of manager \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

Date of first review \_\_\_\_\_

### Equalities monitoring form

*Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.*

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>

It is helpful for expected key persons or managers to complete this form with the parent(s) when the child starts at the setting.

Bangladeshi ☐

White and Black Asian ☐

Other please state \_\_\_\_\_

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

No special educational need ☐

SEN action plan ☐

Education, Health and Care Plan ☐

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.