

**BURHAM PRE-SCHOOL
Child Registration Form**

Child's Full Name:

Date of Birth: Gender:.....

Address (child's main residence):.....
.....

Religion: Ethnicity:.....Main Language Spoken:.....

FAMILY INFORMATION

Name of parent(s)/carer (s) with parental responsibility:
(If parents/guardians do not live together we must have both addresses):

Contact Details:

Parent/Carer Full Name:.....

Parent/Carer Full Name:.....

Relationship to child:.....

Relationship to child:.....

Home Number:

Home number:

Mobile Number:

Mobile number:

E:Mail address:

E:Mail address:

Is there any other person that has legal parental responsibility for your child: YES/NO
(for example, step parent – if yes please give details and Name/Contact information as above)

Please note both parents with legal responsibility will be contacted when a child starts in the setting using the e:mail address given above to confirm they have started pre-school and give them information on how they can contact the setting.

Other Person (s) with Legal contact:

(Only to be completed where those persons with parental responsibility are separated and s8 Order is in place)

Name:.....

Relationship to Child:.....

Address:.....

Contact Number (s):.....

What are the contact arrangements:.....
.....

CONFIDENTIAL

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Is there any person who should **NOT** for legal reasons collect or contact your child whilst they are at pre-school?

Name: Relationship to child:.....

IF THIS INFORMATION CHANGES YOU MUST NOTIFY US IMMEDIATELY.

At Burham pre-school we have an individual secure password system in place for when children are collected by anyone other than their usual parent/carer. This is an extra security measure which enables staff to make sure your child never goes home with someone they shouldn't. This password will be kept securely and will only need to be used when staff do not know the person who is collecting your child.

Password:

EMERGENCY INFORMATION

You will need to provide details below of friends/relatives/carers etc that we can use should we need to contact somebody in an emergency during a session and we have been unable to contact anyone from to above family information these contact should be local: (PLEASE MAKE SURE YOU GET PERMISSION FOR US TO HOLD THEIR DETAILS IN ADVANCE)

This is also where you should record information about anyone who will be collecting your child on a regular basis

| Name | Relationship to child | Contact Details |
|------|-----------------------|-----------------|
| | | |
| | | |
| | | |
| | | |

**BURHAM PRE-SCHOOL
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MEDICAL INFORMATION

Doctors Name:

Address:

Telephone Number:

Has your child received the following Immunisation, please tick as appropriate:

| | | | | | | | | |
|--------------|--------------------|-----|-----|-----|-------|-----|------|-----|
| 8 Weeks | DTaP/IPV/Hib/Hep B | () | PCV | () | Men B | () | Rota | () |
| 12 Weeks | DTaP/IPV/Hib/Hep B | () | | | | | Rota | () |
| 16 Weeks | DTaP/IPV/Hib/Hep B | () | PCV | () | Men B | () | | |
| 12-13 Months | Hib/MenC | () | PCV | () | Men B | () | MMR | () |
| 3Yrs 4Mths | DTap/IPV | () | MMR | () | | | | |

These are all recorded in your red book if you are unsure please check. Additionally, if your child has any additional immunisations such as LAIV flu vaccine please detail below:

.....

Does your child have any food allergies/Diet restrictions: YES/NO (if yes please give details)

.....

.....

Other allergies or health information we may require: YES/NO (i.e. allergic to plasters as these will be administered if necessary)

.....

.....

If you have answered yes to the previous questions does your child require regular medication: YES/NO

.....

.....

(if you wish staff to administer regular medication such as asthma inhalers you will need to complete a medication form provide us with an inhaler and agree a health plan with the supervisor)

Are you happy for all staff to administer personal care routines as specified in our policy such as applying sun cream and nappy cream you provide as and when appropriate: YES/NO

Does Your child have any special needs or disabilities: YES/NO (if yes please provide details including any special support he/she will require)

.....

.....

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Are any other professionals involved with your child: YES/NO (if yes please give details i.e. speech therapist/social worker etc)

Name:..... Professional Role:.....

Telephone:..... E:mail:.....

Any fears, phobias or known illness

.....
.....

Declarations and consent:

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 setting supervisor for emergency treatment. Should the necessity arise at any time, I agree to the person in charge giving consent on my behalf, for an anaesthetic to be administered or for any other urgent medical treatment to be given.

I give permission for suitably qualified staff to administer first aid where necessary.

I consent to my child taking part in any local pre-school visits for example to the park or allotment which may arise during their time with us.

I agree to and understand that photographs will be taken of my child whilst they are at the setting and used for the following purposes:

Please tick as appropriate:

| | | |
|------------------------------|-------------------------------------|---------------------------------------|
| Key work records () | Displays within the setting () | On Burham Pre-school web site () |
| In Pre-school literature () | Fund raising newspaper articles () | Advertisements for the pre-school () |

I also understand and agree that any photographs taken by myself at any events must be used for personal use only and will not be copied onto the Internet or reproduced for any third parties.

I understand that staff will complete written observations of my children and these may be shared with outside agencies if it is in my child's best interests to do so in line with our pre-school privacy notice. I understand that my child's Key Person may take written observations and folders home to update development records and that these records will be stored securely and returned to pre-school each day.

SIGNED Parent/Guardian: **Date:**

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The following documentation can be found on the pre-school notice board in the reception area:

- Pre-school registration document
- Pre-school insurance certificate
- Pre-school policies and procedures (incl. our Privacy Notice/Parent code of conduct)
- Fire evacuation procedures
- A copy of our last Ofsted inspection report
- Names and photos of all current staff

Additional copies of all our policies and procedures can be obtained from the supervisor at any time if you wish to take a copy home to read through or can be accessed on our website.

I have read and understood all of the above information, I agree to adhere to all pre-school policies and I can confirm that the information given on this form is, to the best of my knowledge, complete and correct.

I understand that fees must be paid by the date stated on the invoice at the latest as failure to do so may result in my child's allocated space being withdrawn. I understand that if my child leaves part way through a term I will have to pay the complete terms fees and that I need to give a month's notice for reducing sessions.

SIGNED Parent/Guardian: **Date:**

Is your child is cared for on a regular basis by another professional i.e. child minder, I am happy for you to share information on my child's progress with the professional named below:

.....

If your child has previously or is attending any other early years provision please give contact information below.

Name of setting:..... Contact Number:.....

Address:.....

.....

Name of child (s) Key person:

Are you happy for us to share information verbally and in writing with the above named professionals YES/NO

Signed:..... Date:

**BURHAM PRE-SCHOOL
Child Registration Form**

Would you be willing to go on a parent helper list? Yes / No

Would you be interested in joining the pre-school committee? Yes / No

If there is any further information you feel should be shared with the pre-school regarding your child's legal/medical/developmental requirements please use the space below:

Supervisor to complete:

Start Date:

Form information checked

Birth Certificate checked:

Signed: