

**REGISTRATION FORM**

To secure a place for your child at Preschool, please complete and return this form to:
Email: or Postal address:
info@littletonpreschool.com The Manager

 Littleton Preschool
 Littleton Millennium Memorial Hall
 The Hall Way, Littleton, SO22 6QL

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| --- | --- |
| **Name of Child:**  | **Name known as:**  |
| **Date of birth:**  | **Gender (male or female):**  |
|  |
| **Name of parent(s) with whom the child lives**: |
| **Parent (1):** | **Parent (2):** |  |
| Does this parent have parental responsibility? Yes / No | Does this parent have parental responsibility? Yes/No |
| Home address: | Home address:  |
| Home phone number: | Home phone no. |
| Work phone Number: | Work phone no. |
| Mobile: | Mobile: |
| Email: | Email: |
|  |
| **Name of parent(s) with whom the child does not live**: |
| **Parent (3):** | **Parent (4):** |  |
| Does this parent have parental responsibility? Yes / No | Does this parent have parental responsibility? Yes/No |
| Does this parent have legal access to the child? Yes/No | Does this parent have legal access to the child? Yes/No |
| Home address: | Home address:  |
| Home phone number: | Home phone no. |
| Work phone Number: | Work phone no. |
| Mobile: | Mobile: |
| Email: | Email: |
| **EMERGENCY CONTACT DETAILS** |
| Please provide emergency contact numbers: |
| Contact 1:  | Work/daytime number: |
| Contact 2: | Work/daytime number: |
| Contact 3: | Work/daytime number: |
| Contact 4: | Work/daytime number: |
|  |  |
| **Persons authorised to collect your child (must be over 16 years of age)** |
| **Name:** | **Relationship to child:** |
| **Telephone:** | **Mobile** |
| **Name:** | **Relationship to child:** |
| **Telephone:** | **Mobile** |
| **Name:** | **Relationship to child:** |
| **Telephone:** | **Mobile** |
|  |
| In the event of an accident or injury, I give permission for my child to be administered first aid by a qualified member of staff **Yes / No** |
| We will always endeavour to contact a parent/carer, but in the event of an emergency, do you consent for your child to receive emergency medical treatment, if needed, by a member of staff, doctor or emergency service. **Yes / No** |
| If need be, a member of staff will travel in/follow the ambulance and hand over to experts at the hospital. **Yes / No** |
| In the event that neither I nor any of the adults named above can be contacted, I give my permission for my child to receive any emergency First Aid/medical treatment deemed necessary by the Manager/First Aider at Pre-school. I understand that every effort will continue to be made to contact me or the above-named persons, but also understand that it may be necessary for the Manager/First Aider to act without delay. I understand that such immediate action would only be taken if the situation were deemed to be an emergency by the Manager/First Aider. I also give my consent for any records concerning my child held by Pre-school to be passed on to the medical personnel should the need arise in the course of emergency treatment. In the event that the emergency services are called in by the Pre-school, on arrival of the emergency services the Pre-school would hand over all responsibility to the emergency team.Signed: Name:  |
|  |
| **Name of Doctor:** | **Telephone Number:** |
| **Surgery address:** |
| Please list any medical conditions/recurring illnesses / medication / special needs |  |
| Please list any known allergies, including food, environment, medication, toiletries, consumer products |  |
| **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): |
| Age two months | **5-in1 (DTaP/IPV/Hib)**

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| --- | --- |
| 5-in-1 (DTaP/IPV/Hib) vaccine – diphtheria, tetanus,whooping cough (pertussis), polio and Haemophilusinfluenzae type b (known as Hib); Pneumococcal (PCV)vaccine; Rotavirus vaccine; Men B vaccine |  |

 | **Yes** **No****Date:** |
| Three months | 5-in-1 (DTaP/IPV/Hib) vaccine, second dose; Men Cvaccine; Rotavirus vaccine, second dose | **Yes****No****Date:** |
| Four months | 5-in-1 (DTaP/IPV/Hib) vaccine, third dose;Pneumococcal (PCV) vaccine, second dose; Men Bvaccine second dose | **Yes****No****Date:** |
| 12 to 13 months | Hib/Men C booster, given as a single jab containingmeningitis C (second dose) and Hib (fourth dose); Measles,mumps and rubella (MMR) vaccine, given as a singlejab; Pneumococcal (PCV) vaccine, third dose;Men B vaccine third dose | **Yes****No****Date:** |
| Eligible age | Children’s flu vaccine (annual) | **Yes****No****Date:** |
| Three years and four months | 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** |
| **HEALTH AND DEVELOPMENT** |
| Was your child born prematurely? Yes / NoIf yes, how many weeks? Does your child have any ongoing medical conditions? Yes/NoIf yes, please specify: |
| **PERSONAL DETAILS ABOUT YOUR CHILD** |
| Does your child have any special dietary needs, allergies intolerances or preferences Yes / No | If Yes, please detail: |
| If yes, a risk assessment will be completed, shared with you and kept on the child’s personal file. Details of allergies or intolerances will also be recorded in the Kitchen folder for anyone preparing food to be aware of. |
| Does your child have an EHC Plan in place? Yes / No | If yes, please detail: |
| 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. |  |
|  |
| **Names of professionals involved with your child** |
| Name | Role |
| Agency | Telephone |
| Do you have a Health Visitor? Yes / No |  |
| Name | Based at |
| Telephone |  |
|  |  |
| 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?NB if the child is on the Child Protection Register, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child’s file. |
|  |
| How would you describe your child’s ethnicity or cultural background? | 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 Yes, discuss and agree with your child’s key person or Manager how you will support your child when settling in: |
| What is the main religion of the 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? |
| **PERMISSIONS** |
|  |
| **Outings**Permission for outings/walks to Littleton Recreation Ground and surrounding area | Yes / No |
|  |
| **Photography**Permission for photographs to be taken for inclusion in your child’s development recordsPermission for photographs for our website ([www.littletonpreschool.com](http://www.littletonpreschool.com))Permission for photographs for publicity purposes on behalf of Littleton Pre-school (including by the local Press) | Yes / NoYes / NoYes / No |
|  |  |
| **Does your child attend another setting?** | Yes / No |
| **If yes, please provide details of additional setting(s)****Name:Address:****Name:** **Address:** |  |
| **Information sharing**Permission to share information with other childcare providers. | Yes / No |
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|  **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 where a local authority has arrangements in place we complete an integrated check with you and your child’s health visitor. |
| 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 |   |

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| **Suncream**I give permission for staff to apply hypoallergenic suncream (supplied by me) to my child **Yes / No** |
| **Nappy Cream**I give permission for non-medicated nappy cream (supplied by me) to be administered to my child when required in accordance with 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. *(Medication Administration Record)* **Yes / No** |
| We will only use your personal information in relation to our childcare service. We would like to keep sending you information about our Pre-school by email and phone. We will also update our Facebook page with posts that do not include any personal details about the children, or any photos that show their faces. However, we need to be sure we have your permission to do so. We keep your information so you can receive important updates about our Pre-school. We will keep your information secure and will never share it except if required to do so by law. By ticking this box, you are consenting to us continuing to holding and processing your data and sending you information. You can of course ask us not to contact you by email or phone at any time, and that any photos posted online do not identify your child.I consent to Littleton Pre-school sending me information by telephone or email to keep me informed. □I consent to Littleton Pre-school updating their Facebook page with photos that do not include children’s faces. □ |
|  |
| **KEY PERSON** |
| Your child will have a key person assigned to them. It is the key person’s responsibility to ensure your child receives the best possible care and attention and to ensure that their records are kept up to date whilst they are with us. Your child’s key person may change as they progress through the setting, but you will be notified of these changes in advance. The key person should be the first point of contact for anything you wish to discuss about your child.Your child’s key person is: Your child’s back up key person is:  |
| **DOCUMENTS TO SUPPORT REGISTRATION** |
| It is a statutory requirement of registration that we have checked the child’s identity and date of birth. Could you please bring the following documents with you on your child’s first day at Pre-school and show them to your child’s key person, who will sign this form to confirm that the required paperwork has been seen:* Child’s Birth Certificate
* Proof of address (such as a statement showing your name and address)
* Child’s personal health record (red book)
* Health Visitor 2 year old development check

Please allow time on your child’s first morning for documentation to be completed.  |

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| --- | --- | --- | --- | --- | --- |
|  |  | **Monday**  | **Wednesday** | **Thursday** | **Friday** |
| **Morning session without lunch** | **08.30 am to 11.45 am**  |  |  |  |  |
| **08.30 am to 12.15pm** |  |  |  |  |
| **Morning session without Lunch** | **9.00 am to 11.45 am**  |  |  |  |  |
| **9.00am to 12.15pm** |  |  |  |  |
| **Morning Session with lunch** | **8.30am to 1.00pm** |  |  |  | **Not Available**  |
| **Morning session with lunch** | **09.00am to 1.00 pm**  |  |  |  | **Not Available**  |
| **Afternoon session without lunch** | **13.00 – 3 pm**  |  |  |  | **Not Available**  |
| **Afternoon Session with Lunch** | **12.15pm to 3pm** |  |  |  | **Not Available**  |
| **Full day with Lunch** | **08.30 – 3 pm**  |  |  |  | **Not Available**  |
| **Full Day with Lunch** | **09.00 to 3.00pm** |  |  |  | **Not Available**  |

Please tick the sessions you would like your child to attend. Where possible these will be accommodated and confirmation will be sent to the email address provided on page one of this form.

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| --- | --- |
| Joining date required (month/year ) |  |

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| --- | --- |
| Please tell us how you heard about Littleton Pre-school |  |

**Tapestry Consent Form**

It is a statutory requirement that early years settings observe and record the development of each child in their care. In line with other pre-schools, nurseries, schools and childcare settings, Littleton Pre-school use an online system called Tapestry to record observations, comments, photos and record progress across the Early Years Foundation Stage. This compliments other forms of recording and assessing already in place. We would like to share your child’s Tapestry Learning Journal with you; however we need some information and your consent in order to do this. Once we have received this you will be able to access your child’s Learning Journey from a computer via <https://tapestryjournal.com> or use the ‘Tapestry’ App on mobile devices.

Tapestry Online Journal is compliant with GDPR. Tapestry have their headquarters in the United Kingdom and their secure servers are within the European Union.

**What data is placed in Tapestry**

The pre-school controls the data placed in the Tapestry Learning Journal. We can add text, pictures and videos’ we can delete and edit if required, and data on any child will be removed once they leave the Pre-school. The pre-school maintains a strict policy regarding online safety and protection of children’s identities, and this policy applies to online learning journals as well as social media. Some of the photos are for your own viewing in Tapestry Journal and not shared publicly or uploaded onto any social media. We ask that no photos that contain children other than your own are uploaded to any social media account or shared publicly.

Once we have received the signed user agreement, your email address and consent, you will be given the login details and user guide to access your child’s Learning Journal. You will be prompted to set up your own secure password. Please note that the person agreeing to the use of Tapestry must have parental responsibility for the child. Further users can be added with written permission from the primary user.

You can withdraw your consent at any time by contacting the Pre-school Manager.

Please complete and return the form below. We hope that you enjoy sharing your child’s Learning Journal.

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**Littleton Pre-school Tapestry Online User Agreement**

 **Child’s name:**

* I agree to Littleton Pre-School using Tapestry to create an online learning journey for my child. Yes / No
* I agree to uphold the pre-schools request not to share or upload any photographs showing other children. Yes / No
* I agree to my child appearing in group photographs that may be included in other children’s Yes / No

 Learning Journey’s.

* I agree to keep my log in details secure. Yes / No

Please circle Yes or No for each statement. The manager will contact you to discuss the steps we will take to adhere to your wishes if you have selected ‘No’ to any of the statements.

Email address(es) to be used for Tapestry account:

**Parents name: Signature: Date:**

**TO BE COMPLETED BY KEY PERSON / MANAGER**

**Date starting at Littleton Preschool:**

**Days and times of attendance**

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

**Will EYE Funding be claimed?
If so, note here**

**Name of key person:**

**Name of back-up key person**

**Has the settling-in process been agreed? Yes / No**

**If so, detail here**

\*If fees are applicable these will be levied in accordance with our Fees Policy, a copy of which will be provided to you upon confirmation of your child’s place at Littleton Pre-school.

It is a statutory requirement of registration that we have checked the child’s identity and date of birth. The key person should sign below to say that the following documents have been verified:

* Child’s Birth Certificate Birth certificate number:
* Proof of address
* Child’s personal health record (red book)
* Health Visitor 2 year development check

I confirm that I have seen the above documents that verify proof of identity and address.

Signed: Name:

I confirm that the above information is accurate. I agree to keep Littleton Pre-school informed of any changes to the details I have provided.

**Signed by:**

Parent/guardian signature Date

Key person Date

Moderated by Setting Manager / Deputy

Manager/Deputy Date