

Little Explorers Pre-school

Reference No EY492319

Registration form



We need some details about your child and family. We have a legal obligation to collect and process this information in accordance with The Early Years Foundation Stage (Welfare Requirements) Regulations 2012 and therefore we do not require your consent for the first section of this form. Where information to be supplied is voluntary or where we do need consent this is identified. The information provided will be kept in paper form and used for the purpose of maintaining appropriate contact details and for the safety and well-being of your child.

Basic Details	
Child's name:	Known as:
Date of birth:	Gender:
Name of parent(s) with whom the child lives:	
Parent 1 Do you have parental responsibility for this child? Yes/No (please delete as appropriate) If no, do you have legal contact? Yes/No (please delete as appropriate)	Parent 2 Do you have parental responsibility for this child? Yes/No (please delete as appropriate) If no, do you have legal contact? Yes/No (please delete as appropriate)
Address of parent(s) with whom the child lives:	
Home telephone number:	
Work telephone numbers:	Mobile telephone numbers:
Parent 1:	Parent 1:
Parent 2:	Parent 2:
Email address	
Do you consent to receive newsletters and information via email?	
Yes/No (please delete as appropriate)	
If YES please sign here to consent to us contacting you for the purposes above	
.....	
Please add NI Number for grant purposes.....	
Name of parent(s) with whom the child does not live:	
Does this parent have parental responsibility? <i>(please delete as appropriate)</i>	Yes/No (please delete as appropriate)
Does this parent have legal contact?	Yes/No (please delete as appropriate)
Does this parent have legal access to the child?	Yes/No (please delete as appropriate)

Address:	
Home telephone number:	Mobile telephone number:
Emergency Contact Details <i>Please provide the names and contact details of 2 people (other than parents/guardians) who we can contact in case of an emergency.</i> NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.	
Emergency Contact 1	Emergency Contact 2
Name	Name
Home telephone no	Home telephone no
Mobile telephone no	Mobile telephone no
Relationship to child	Relationship to child
Security Details	
<p>A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. Please do not use obvious things such as middle names. The password is required from anyone collecting your child. If they do not have the password we will not release your child to them.</p> <p>My secure password is</p>	
<p>Persons authorised to collect the child. This is any other adult who may collect your child in your absence. Authorised persons must be <u>over 18 years of age</u>.</p>	
Authorised Person 1	Authorised Person 2
Name	Name
Home telephone no	Home telephone no
Mobile telephone no	Mobile telephone no
Relationship to child	Relationship to child
Additional Security Information	
<p>We always have the safety and well-being of the children in mind and we are sure that you will appreciate that persons known to you are strangers to us and we do need means of identifying those you have authorised to collect your child (either authorised or emergency contacts) when you are unable to.</p> <p>We as a setting and especially your child/children's key person will be familiar with you but we do not always have the opportunity to meet both parents. This is also true of your nominated emergency contacts and authorised persons. We therefore request that should anyone unknown to us be collecting your child that you inform us in advance and show us a photograph to enable us to identify them when they collect your child.</p>	

Health Information			
Does your child suffer from any of the following <i>(please tick those which apply)</i>			
Asthma		Epilepsy	
Heart Condition		Kidney/Bladder problems	
Diabetes		Bee Sting Allergy	
Sight Impairment		Deafness	
Wears Glasses		Other	
If you have ticked any of the boxes above please give details here:			
Does your child require medication, either long term for existing conditions or life saving drugs such as Ventolin? <i>(Please give details of the medication and dosage)</i> *(Additional health care plan required)			
Does your child have any special dietary needs or preferences? <i>(applicable)</i>		Yes/No <i>(Please delete as applicable)</i> If yes please give details below	
Does your child have known allergies?		Yes/No <i>(Please delete as applicable)</i> If yes please give details below	
<i>Has your child had a tetanus injection?</i>		Yes/No <i>(Please delete as applicable)</i> If yes please give details below	
Name of GP:			
Surgery:			
Address:			
Telephone number:			

Safeguarding Children	
Does your family have a social worker for any reason?	
Name	Telephone number
Based at	
What is the reason for the involvement of Social Services with your family?	
FOR OFFICE USE - NB If the child has a child protection plan, 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 named Child Protection file.	

We have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and to allow us to monitor and assess their development.

Health Visitor	
Name	Telephone number
Based at	
Has your child had their two year old progress check? <i>applicable</i>	Yes/No <i>(Please delete as applicable)</i>
If so, on what date was this completed?	
Are you able to share this information with the setting? <i>applicable</i>	Yes/No <i>(Please delete as applicable)</i>

The following section requires information classed as 'sensitive personal data' for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child's needs.

Ethnicity and Cultural background
How would you describe your child's ethnicity/cultural background?
What is the main religion of 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 s/he is in our setting?
What is/are the main language(s) spoken at home?

If English is an additional language, will this be your child's first experience of being in an English-speaking environment? **Yes/No** (Please delete as applicable)

Special Educational Needs and Disabilities

Does your child have any special needs or disabilities? **Yes/No** (Please delete as applicable)

If yes please give details below

What (if any) special support will your child require in our setting?

Professionals involved with the child

Name	Name
Agency	Agency
Role	Role
Telephone no	Telephone no

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance.

Permissions and Consent

Permission for the setting to act in loco parent is

If emergency treatment is required, either whilst your child is on the premises or on an outing, (for the duration of your child's time with us) and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers the settings management to exercise their own judgement in calling the doctor/dentist indicated above or to transport the child to a hospital casualty department by ambulance. Please read and fill in the declaration below, cross out the statement/wording that does not apply and sign and date this section.

I / We parent(s)/guardian(s) of _____ do / do not give consent on my / our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.

I / We do not agree to this statement and indicate our wishes as follows

Signatures of parent(s)

Date

Please read the statements below and strike through the statement that **does not** apply

Attendance of two or more Early Years settings:

I give consent for Little Explorers preschool to share my child's learning journal and other personal information with the other setting(s) attended named below in order to support provision for my child's learning and development.

Additional setting 1:

Name of setting:	
Telephone number of setting:	
Name of key person:	

Additional setting 2:

Name of setting:	
Telephone number of setting:	
Name of key person:	

Signed:

Print name:

We use an online system to process your child's data. 'Tapestry' is an online learning journal system used to record your child's learning and development; this database is completely secure, and unique to us. All information is accessed through a password system only. You will be given your log in details when your child starts at preschool.

I give consent for Little Explorers Preschool to create an online Tapestry Learning Journey for my child. The e-mail address I would like to link with the account so I have access to my child's Learning Journey is(provide your e-mail address)

OR

If you do not have access to e-mail please tick this box and you will be able to view your child's learning Journey using pre-school equipment during specific times throughout the year.

Signatures of parent (s)

Date

I give consent for staff at Little Explorers Preschool to access my child's information via either of the above online databases from their personal ICT equipment in order to work from home, in accordance with the Little Explorers ICT acceptable use policy and agreement.

Signatures of parent (s)

Date

Please tick the statements below if you consent to the following:

Photographs & digital images

	I consent to my child having their photograph taken for use in displays, snack cards, etc within the setting
	I consent to my child having their photograph taken to be used for publicity purposes – website, flyers.
	I consent to my child's photograph being used on the settings social media sites
	I consent to my child's name and photo being added to their personal visual aids (where applicable) e.g. photo routine, reward charts etc which are kept in the room.
	I consent to my child's artwork (with their name and/or photograph) being displayed in the setting
	I consent to my child's photograph being used in learning journeys of other children within the setting
	I consent to my child participating in off-site outings as part of daily practice e.g. trips to the park, shops, etc

Child's name

	I consent to my child's name (where applicable) being added to special diets lists, allergy/medical lists which will be displayed in their room in order to inform staff to ensure their needs are met.
	I consent to my child's artwork (with their name and/or photograph) being displayed in the setting
	I consent to my child's planning and observation documents (including their name) being kept on the wall or in a folder/notepad in their room.
	I consent to my child's name being added to a key person list displayed in their room.
	I consent to my child's name being written on items such as name cards, self-registration cards, etc which are kept within the room.
	I consent for my child's name to be included in lists of children requested by parents e.g lists for birthday party invites.

Parent details and emergency contacts

	I consent to my personal contact details and those of the people I have listed as emergency contacts to be added to the emergency contacts list which is kept in the room evacuation bag and taken off premises during visits or in an emergency.
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Video

	I consent to my child being videoed for use by the setting staff only with regards to observational purposes either assessment of children, an activity or for monitoring children's behaviour
	I consent to the video, as mentioned above, to be shared with other professionals visiting the group such as Early Years Advisors, SENCO, Health Visitor etc if necessary

Learning journal

	I consent to my child's learning journey being shared with Ofsted inspectors and/or as part of audits by the local authority
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Forest school

	I consent for my child to take part in forest school activities.
	I consent for my child's individual medical and allergy information to be held on a list in the forest school bag to inform the forest school leader of such information immediately if required.

Please sign below to confirm your consent for the indicated statements above:

Signature of Parent(s)/Guardian:

Date:

Do you have a family member that lives away or travels i.e Army.....

Have you or a member of your family been to prison and need some support?.....

SPECIAL NOTE: Please notify us immediately of any changes to the information provided. Please feel free to come and discuss any problems or concerns with us. If there are any other notes you would like to add, please use the space below.

I / We confirm that I have read and understood Little Explorers Preschool Privacy notice.

Signature of Parent (s)/Carer (s)

Date

I / We confirm that the information provided on this form is correct to the best of our knowledge.

Signature of Parent (s)/Carer (s)

Date

Thank you for completing this form.

You are welcome to request to see the information we hold on you and your child. More information regarding this can be found in our Confidentiality and client access to records policy and procedure.

To be completed by the Administrator or Manager:

Home visit date:

Transition visits:

Start date:

Name of Room child will be attending:

Name of key person:

Fee paying / 2 year funding / 3&4 year funding. Code (if applicable):

Tapestry