

## 10.4 Registration form



# Yateley Community Pre-School

*Registered Charity No. 298231*

## Registration Form - Please use capital letters

Name of child ..... Date of birth .....

Name known as .....

Brothers and / or sisters and dates of birth .....

.....

### **Name of parent / s with whom child lives**

Parent one .....

Home address .....

..... Post Code .....

Telephone number .....

Parent one mobile number .....

Parent two.....

Home address .....

..... Post Code .....

Telephone number .....

Parent one mobile number .....

### **Name of parent with whom child does not live**

.....

**Does this parent have parental responsibility?** Yes / No Please delete

Address of this parent

.....

..... Post code .....

Telephone number .....

Mobile number .....

**Does this parent have legal access to the child?** Yes / No Please delete

Please number the following contacts in order of who we should call in an emergency or your child is unwell.

Parent one's place of work inc. address and daytime contact number

.....

Parent two's place of work inc. address and daytime contact number

.....

**(Person's authorised to collect your child must be over the age of 16 years)**

Name ..... Relationship to child .....

Telephone number ..... Mobile .....

Name ..... Relationship to child .....

Telephone number ..... Mobile .....

**Personal details of child**

**Does your child have any allergies, special medical or dietary needs or preferences, physical needs requirements or speech and language concerns?**

Yes / No Please delete and if necessary give full details

.....

**Was your child premature? If yes, by how many months.....**

**Details of any serious illness or operations before or since birth**

.....

Name of consultant / paediatrician .....

Does your child suffer from any of the following (please answer yes or no)

Heart conditions ..... Tuberculosis .....

Epilepsy / fits ..... Convulsions / fits .....

Sight impairment ..... Hearing impairment .....

Asthma ..... (If your child suffers from asthma or allergies please ensure that they have an up to date prescription labelled inhaler, spacer or epi-pen to keep at the childcare setting.)

Registration Form – Name of child .....

Name of child's doctor .....Tel. No. ....

Address of surgery .....

**Has your child been immunised against?**

	Yes / No	Date		Yes / No	Date
Diphtheria Polio Tetanus Whooping Cough / Pertussis		Last date of triple	Influenza		
			Rotavirus / An oral vaccine against rotavirus infection, a common cause of diarrhoea and sickness 2 & 3 months		
			Pneumococcal (PCV) 2,4 months and between 12&13 months		
MMR			Meningitis C /Hib		

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

.....

**What is the main religion in your family?**

.....

Are there any festivals or special occasions i.e. family customs and beliefs 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 Please delete

If so, discuss and agree with the key person how you will support the child settling in. If your child speaks a language other than English, please share with us key words and any others you feel necessary to settling your child into pre-school. (See separate sheet)

Registration Form – Name of child .....

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

	Yes Please tick	No
Speaking and communicating		
Listening and attention		
Understanding simple sentences		
Eating and drinking		
Sitting and sharing a book		
Walking and climbing		
Rolling a ball		
Holding a crayon		
Socialising with adults and other children		
Using the toilet		
Putting on their shoes and socks		
Any other concerns		

Are any of the following in place for your child? State Yes or No

SEN action plan

Education, Health Care Plan

What special support will he or she require in our setting?
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Has your child had a 2 year check with a Health Visitor or by a Child minder or other Nursery / Pre-school setting?

(Please circle) Yes / No Copy given to Pre-school Yes / No

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 1 ..... Role .....

Agency ..... Telephone .....

Name 1 ..... Role .....

Agency ..... Telephone .....

**Do you have a health visitor? Yes / No Please delete**

Name .....Based at .....

Telephone number .....

**Does your family have a social worker for any reason? Yes / No Please delete**

Name .....Based at .....

Telephone number .....

**What is the reason for the involvement of social services with your family?**

.....

**Is your child on the Child Protection Register? Yes / No Please delete**

*For staff - If the child is on the child protection register, do not include any details here but ensure that information is obtained from the social worker named above and keep this information secure and confidential in the child's file.*

As part of their professional role, Health Visitors and representatives from outside agencies work closely with pre-school offering support to staff and parents. Please sign below if you are happy for your child to be observed by these representatives and discussions held if we feel there is a need to ask for assistance with speech or behavioural problems. We will inform you of any outcomes from these visits. Information sharing without consent would only be if a safeguarding issue or vulnerable adult incident took place.

**Parents signature** ..... **Date** .....

**Please print name** .....

These days it is handy to be able to contact parents via email, if you are happy for us to do this please sign here:

Email address .....

Signature ..... Print name .....

Registration Form – Name of child .....

From time to time we may want to change the photos we have on our website and walls. We like to include photos of the children happily at play, as that best illustrates what the pre-school is all about. Names of children will not be used on the site. Please sign below if you are happy to give us permission to use your child's photo on the website or on wall displays or in photographs used in local newspapers advertising our successes. **Your child's photo may appear in another child's Learning Journey, if this is a problem please let us know.**

Please circle ones allowed                      **Wall display    Website    Newspaper**

Signature .....                      Print name .....

Is your child looked after by a child minder or attend another pre-school or nursery setting? If yes, with the Early Years Foundation Stage we have to liaise with these people to share knowledge and build up a learning and development journey on your child.

Please sign below to give us permission to liaise with your child minder, pre-school or nursery setting.

Name of child minder .....

Address .....

Tel no. .... Mobile .....

Name of pre-school or nursery .....

Address .....

Tel. no. .... Contact name .....

I give my permission for Yateley Community Pre-school to liaise with the above settings

Signature .....                      Print name .....

Permission given for:

Supervised outdoor activities	Yes / No	Alternative snacks	Yes / No
Observations for record keeping / courses	Yes / No	Use of plasters	Yes / No
Photo's and video's for course work and displays	Yes / No	Committee to contact you re Fundraising etc.....	Yes / No
Treatment / Action in the event of an injury	Yes / No	Member of staff to go with your child to hospital in the event of an emergency	Yes / No

From time to time we may want to nip to for example the post box with a small group, a ratio of 1 adult to 2 children will be adhered to. Please sign below if you give your permission.

Parents signature .....

Registration Form – Name of child .....

### *Nappy Cream*

I give permission for nappy cream (supplied by me) to be administered by a member of staff when required, in accordance with manufacturer's instructions.

Signed ..... Print Name ..... Date .....

### *Sun Cream*

I give permission for sun cream (supplied by Pre-school) to be administered by a member of staff when required, in accordance with manufacturer's instructions. If your child needs a special sun cream please supply.

Signed ..... Print Name ..... Date .....

## **Early Years Pupil Premium**

From April 2015, nurseries, schools, childminders and other childcare providers will be able to claim extra funding through the Early Years Pupil Premium to support children's development, learning and care. We hope the information below will help explain what the Early Years Pupil Premium is and who is eligible for this funding. Importantly, if you are eligible for this funding, we ask you to fill out an application form which we can provide or print from our website so that we, as a provider, can claim the extra funding.

National data and research shows that children of families who meet the Early Years Pupil Premium criteria may need additional help to get the most from their Early Years Education. As with the Pupil Premium available for Hampshire schools for children in Reception up to Year 11, the Early Years Pupil Premium will provide Hampshire early years education approved nurseries, pre-schools and childminders with extra funding to support children in achieving the best early years outcomes and start they can.

The Early Years Pupil Premium provides an extra 53 pence per hour for three and four year old children whose parents are in receipt of certain benefits or who were formerly in local authority care but who left care because they were adopted or were subject to a special guardianship or child arrangements order. This means an extra £302 a year for each child taking up the full 570 hours funded entitlement to early years education. This additional money could make a significant difference to us.

We can use the extra funding in any way to improve the quality of the early years education that we provide for your child. This could include, for example, additional training for our staff on early language, investing in partnership working with our colleagues in the area to further our expertise, or supporting our staff in working on specialised areas such as speech and language.

It is well documented that high quality early years education can influence how well a child does at both primary and secondary school and so we want to make the most of this additional funding. If you have older children, you may be aware that a Pupil Premium has been available for school age children and it has proved to have given a real boost to the children receiving the funding. We want to do the same for our early years children entitled to this funding.

Therefore, if your family meet the criteria that are detailed on the form, we ask that you fill it in and return it to us. This will allow us to claim the additional Early Years Pupil Premium funding.

The information that you provide to us will be covered by our data protection policy and the Hampshire County Council privacy notice which can be found on our window.

## FAMILY INCOME AND BENEFIT DETAILS

Is your joint family income over £16,190 per year? Yes or No If you have circled yes, you do not need to complete the next section.

If you ticked no, please circle if you are in receipt of any of the benefits listed below:

- Income Support
- Income based Jobseekers Allowance
- Income related Employment and Support Allowance
- Child Tax Credit (providing you're not also entitled to Working Tax Credit with an annual gross income of no more than £16,190)
- Working Tax Credit run-on, paid for four weeks after you stop qualifying for Working Tax Credit
- Support under Part VI of the Immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit Please place an X in this box if you are not sure whether your joint family income is over £16,190, or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for the Early Years Pupil Premium.

## **YOU ARE REQUIRED TO GIVE FOUR WEEKS NOTICE IF YOU WISH TO WITHDRAW YOUR CHILD FROM PRE-SCHOOL**

Fees are payable in advance for a half term at a time. Please note that you are required to pay for all sessions reserved and not just the ones your child attends. If there are any reasons for a long absence, we would be willing to discuss holding the place open. If you have any trouble paying the fees for whatever reason, please speak to our supervisor or chairperson before the situation gets out of hand. The pre-school reserves the right to offer your place to another child if fees become more that two weeks outstanding.

**Parents Signature** ..... **Date** .....

**Print Name** .....



Registration Form – Name of child .....

**To be completed by member of staff at welcome afternoon**

**Check list**

**Delete as necessary**

Parent aware of which days child has and when starts	Yes / No
T shirt given out if deposit has been received	Yes / No
Does child drink milk or water	Milk / Water/either
Explained about payment of fees and grant funding	Yes / No
Has the settling – in procedure been discussed ie .. drop off and go, parent to stay etc.....	Yes / No
Details	
Explanation of settling in letters / 2 year check & Progress reports	Yes / No
Explanation of emergency / operative form	Yes / No
Explanation of drop off and pick up procedure	Yes / No
Explanation of collection form	Yes / No
Explanation of parent helper letter - online	Yes / No
Immunisation dates included and doctor's details	Yes / No
Name of Key person given	Yes / No
ABC of useful information – online	Yes / No
Explanation of All about me book	Yes / No
Set of policies given / online	Yes / online
<b>Copy of 2 year check from health Visitor seen and copied</b>	Yes / No / N/A

Birth certificate seen, verified and photocopied by ..... Date .....
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