

# Registration Form

## Child's details:

Surname:		First Names:	
Known as:		Date of birth:	
Full address:			
Parent/Carer		Relationship:	
Parent/Carer		Relationship:	
Address if different to above:			
Telephone number:		Mobile:	
Other telephone number:		E-mail address:	

Your e-mail address will be put on our system and used as a group e-mail to inform parents/carers.

Please complete below details of any siblings or close family members. This should include step and half siblings and those who no longer live with the family:

Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	

Details of parent who does not live with the child:

Name:		Telephone number:	
Full Address:			

Please indicate if they have parental responsibility: **YES/NO**

Does this parent have legal access to the child: **YES/NO**

Other person/s (over sixteen years of age) who are authorised to collect your child:

Name:		Telephone number:		Relationship:	
Name:		Telephone number:		Relationship:	

Does your child have any dietary needs (include allergies, intolerance and faith based diet)?

Has your child/or does your child attended/attend any other setting: **YES/NO**

If yes (please give details and name and address of setting). As part of our partnership working, we share information with other settings:

Does your child have a dummy: **YES/NO** If so, when is it used:

Does your child use an open cup to drink from: **YES/NO**

Do you celebrate any religious or cultural festivals or traditions? If so, please give details:

Is English the child's first language: **YES/NO**

If not, is English spoken at home? Please give further details:

Does your child have any additional special needs? Please give details:

Does your child have a My Support Plan or EHCP in place: **YES/NO**

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

Is there anything else you would like us to know about your child?

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Has your child been immunised against the following:

2 months – 5 in 1 and Prevenar	YES/NO
3 months – 5 in 1 Meningitis C	YES/NO
4 months – 5 in 1 Prevenar and Meningitis C	YES/NO
12 months *MMR 1 Hib/Men C and Prevenar	YES/NO
3 years 4 months *MMR 2 and pre-school booster *Children require 2 doses of MMR (measles, mumps and rubella) to ensure maximum protection	YES/NO

Names of professionals involved with child:

Name of Health Visitor:	
Surgery details:	

GP Details:

Doctor's name:		Surgery/Practice:	
Full Address:			

Are there any other professionals involved? These may include therapists, paediatrician, OT, Education Psychologist or Children's Centre. Please detail below:

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Is there a social worker for the family or child? If so, what is the reason for the involvement of the social care department with your family? Is there a plan in place: **YES/NO**

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Equalities monitoring form – to be completed by the provider

Ethnicity, where collected, should be recorded according to the following categories:

The Willows Preschool | North Bradley C of E School | 49 Church Lane | North Bradley | Trowbridge | BA14 0TA  
Tel: 01225 769489 | [www.thewillowspreschool.org.uk](http://www.thewillowspreschool.org.uk) | [staffwillows@googlemail.com](mailto:staffwillows@googlemail.com) | February 2020  
Registered Charity Number: 1099558 | Member of the Early Years Alliance

**White – British**

- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background


**Mixed – White and Black Caribbean**

- White and Black African
- White and Asian
- Any other mixed background


**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background


**Black or Black British**

- Caribbean
- African
- Any other Black background


**Chinese**

- Chinese

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**Any other ethnic background**

Please state \_\_\_\_\_

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**Emergency contact details:****Contact one:**

Name:		Home telephone number:	
Mobile number:		Work telephone number:	
Relationship to child:			

**Contact two:**

Name:		Home telephone number:	
Mobile number:		Work telephone number:	
Relationship to child:			

**Contact three:**

(This needs to be someone who is able to collect your child from the preschool, or liaise with us in the event of the child needing care. This may be someone who regularly collects/drops off).

Name:		Home telephone number:	
Mobile number:		Work telephone number:	
Relationship to child:			

Consent form

Please read the Parent Handbook and then tick each box below to give your consent/agreement for the following within preschool:

- ☐ To use the given email address as part of a group email system to provide information to parents such as letters, menus and events.
- ☐ For the external bookkeeper (Ros Huggins) to use this email address to send invoices
- ☐ For staff to take learning journeys off site to update, whether electronically or paper based.
- ☐ For application of sun cream supplied by the parent, or of preschool's F50, hypo allergenic.
- ☐ For records to be kept and passed to school as necessary and shared with other settings the child may attend, both written and verbal. This includes Health Visitors when the two year check is carried out.
- ☐ For staff to obtain or carry out emergency medical treatment if necessary.
- ☐ For staff to follow the Child Protection Procedures agreed with the Local Safeguarding Children Board and Ofsted, including a referral to Social Services if necessary. This includes behavior management issues, welfare concerns and attendance concerns.
- ☐ For my child to visit North Bradley School for PE and story/play time.
- ☐ For my child to go on local walks around the village, to the church or to the Memorial Field.
- ☐ For my child to take part in Forest School sessions if in session.
- ☐ That I understand and agree the policies and procedures, as set out in the Parent Handbook (available on our website or a copy from the foyer).

<b>Parent/Carer Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	

This form should be read and completed alongside the privacy statement documents and personal information/photo consent documents. These are displayed on the foyer noticeboard and the website. By signing you are actively giving consent for personal information/photos to be used in the relevant ways. Please leave a section blank if you **do not** consent for a particular section. Photos can be taken during sessions, special events or trips and sometimes we can ask the children to bring in photos for activities and displays. **Please sign each box – not tick.**

If you would like to withdraw your consent at any time please contact The Willows Preschool Manager in writing either via email [staffwillows@googlemail.com](mailto:staffwillows@googlemail.com) or by post.

Childs Name.....

Parents/Carers Name.....

Parents/Carers Name.....

Other relevant care giver.....

Relationship to child.....

		Website	Social media (secret preschool page with security settings)	Preschool displays (to include name and birth month)	Documented child learning	Third party (this may include websites, social media, adverts or any other format)
I consent for my <b>child's</b> data to be used on:	Signature on behalf of <b>child:</b>	Sign	Sign	Sign	Sign	Sign
I consent for <b>my</b> data to be used on:	Signature of <b>Parent/Carer:</b>	Sign	Sign	Sign	Sign	Sign
I consent for <b>my</b> data to be used on:	Signature of <b>Parent/Carer:</b>	Sign	Sign	Sign	Sign	Sign
I consent for <b>my</b> data to be used on:	Signature of other relevant <b>care giver:</b>	Sign	Sign	Sign	Sign	Sign

**PLEASE ENSURE YOU SIGN EACH BOX IF YOU CONSENT**

**Registration Form completed by:**

<b>Parent/Carer 1</b>		<b>Parent/Carer 2</b>	
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<b>Print name:</b>		<b>Print name:</b>	
<b>Signed:</b>		<b>Signed:</b>	
<b>Date:</b>		<b>Date:</b>	
<b>Relationship to child:</b>		<b>Relationship to child:</b>	

<b>Start date:</b>	
<b>Claiming 15/30 hours funding:</b>	15      30

Please return your completed registration form together with a non-refundable registration fee of £25.00 (preferably cash). We will also need to see your child's Red Book (from Health Visitor/Midwife) and Birth Certificate as part of our registration procedure

**For office use only:**

	<b>Date</b>	<b>Name/signature of staff</b>
<b>£25.00 non-refundable registration fee received</b>		
<b>Child's Red Book seen</b>		
<b>Child's Birth Certificate seen</b>		