

Registration Form

Child's details:

Child's first name(s) _____ Surname _____

Name known as _____

Child's full address _____

Gender _____ Date of birth _____

Family details:

Name of parent(s)/carer(s) with whom the child lives: _____

Contact details 1 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes No

Contact details 2 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes No



Other person(s) with legal contact: *To be completed where those persons with parental responsibility are separated and an S8 Order is in place.*

Name _____

Address _____

Contact telephone numbers _____

Relationship to child _____

What are the contact arrangements that we need to be aware of?

Emergency contact details if parents are not available: *Emergency contacts must be local.*

Contact 1 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Contact 2 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____



Persons other than parent(s) authorised to collect the child: *Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, [Management/Staff] will check before releasing the child.*

Person 1 – Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Person 2 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Password for the collection of child by authorised persons _____

Our password system is used in conjunction with your instructions as to who is collecting your child. As staff become more familiar with those collecting your child, they may not require the password. However, we will always require your verbal or written permission for your child to leave our setting with anyone other than those with parental responsibility.

About your child:

The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.

Does your child have previous experience of attending a childcare setting? If so, please specify:

Health and development

Has your child received the following immunisations? *Please confirm and provide date of immunisations given.*

Two months old:	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Three months old:	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis C vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Four months old:	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Between 12 and 13 months old:	Hib/Men C booster - Haemophilus influenza type b (Hib), forth dose and meningitis C, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	MMR vaccine – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Two to three years	Flu vaccine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Three years and four months or soon after:	MMR vaccine, second dose – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

For internal use: Has the child's health record book been seen to confirm immunisation dates?

Yes No

Does your child have any on-going medical conditions? If yes, please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

Does your child require a health care plan? Yes No

Is your child known to have any allergies or food intolerances? If so, please specify:

A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.

What are your child's dietary requirements? Please specify:

It is our usual practice to provide both a meat and vegetarian option. If this is not in-keeping with your child's dietary requirements, please discuss this with our setting manager to ensure that we are working in partnership to meet your child's needs. Please refer to our Food and Drink Policy.

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

Speaking and communicating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Listening and attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Understanding simple instructions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eating and drinking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sitting and sharing a book	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walking and climbing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rolling a ball	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Holding a crayon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Socialising with adults and other children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Putting on their shoes and socks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any other concerns:

Does your child have any special needs or disabilities? If so, please specify:

Are any of the following in place for the child?

- | | | | | |
|---------------------------------------|-----|--------------------------|----|--------------------------|
| Early Years Action | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Early Years Action Plus | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Statement of special educational need | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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

Two year old progress check – children aged 24 – 36 months

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

As per the requirements of the Early Years Foundation Stage 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 will discuss it with you.

Cultural background

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

What is the main religion in your family (if applicable)? _____

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?

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

Does your child need a bilingual support plan? Yes No

If so, discuss and agree with the key person how we can work together to support your child when settling-in:

General information

What is your child's usual sleep pattern?

Does your child have a feeding routine (for children under 2 years)? Yes No

Does your child have any food preferences? Yes No

Does your child have a pacifier i.e. dummy or thumb? Yes No

Does your child have a special toy or object they might bring with them? Yes No

What sort of things does your child enjoy doing at home, i.e., drawing or cooking?

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, or any special words they use.

Details of professionals involved with your child

GP

Name _____ Telephone _____

Address _____

Health Visitor (if applicable)

Name _____ Telephone _____

Address _____

Social Care Worker (if applicable)

Name _____ Telephone _____

Address _____

What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.*



Dentist (if applicable)

Name _____ Telephone _____

Address _____

Any other professional who has regular contact with the child

Name 1 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 3 _____ Role _____

Agency _____ Telephone _____

Address _____

General parental permissions

Emergency treatment declaration

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 Manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed _____ Date _____

Printed name _____

For inhalers/auto-injectors (e.g. Epipens) only

I give permission for a first aid trained member of staff who has been appropriately trained to administer the inhaler/ Epipen or Anapen (supplied by me).

Please be aware that any child that needs invasive treatment according to their health care plan may have their start date delayed whilst we are awaiting approval from our insurers.

Signed _____ Date _____

Printed name _____

Teething gel (babies)

I give permission for teething gel (supplied by me) to be administered to my child when necessary, in accordance with manufacturer's instructions.

Signed _____ Date _____

Printed name _____

Nappy cream

I give permission for nappy cream (supplied by me) to be administered to give my child when required, in accordance with manufacturers instruction

Signed _____ Date _____

Printed name _____

Paracetamol based medicine (e.g. Calpol or Sudafed)

I give permission for Goldcrest Staff to administer Calpol to my child in the case of a raised temperature. And on the understanding that I will be making arrangements for my child to be collected as soon as possible, should the temperature not go down, this is in accordance with the setting's procedures on the administration of medicines.

Signed _____ Date _____

Printed name _____



Suncream

I give permission for Goldcrest Day Nurseries staff to administer hypoallergenic suncream (supplied by me) to my child.

Signed _____ Date _____

Printed name _____

Short trip - general outings

Your child may be taken out of our setting as part of planned activities. Examples of venues used are:

Local Library/Local Shops/Post Office/Post Box

I give permission for my child to take part in short trips or general outings. I understand that individual risk assessments are carried out for each type of trip or outing taken and are available for me to see as required. For any major outings, I understand I will be informed, and my specific consent obtained.

Signed _____ Date _____

Printed name _____

Photographs

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child's records within the setting. We are happy to provide duplicate photos of your child to you if requested. We may also record events and activities on video. Photos/videos are stored on the setting's computer only; If we would like to use any image of your child for training, publicity, or marketing purposes, we will always seek your written consent for each image we intend to use.

I give permission for my child to have her/his photo taken, or to be videoed, as per the above conditions.

Signed _____ Date _____

Printed name _____

Animals

We may occasionally have supervised visits of animals to our settings, and we sometimes have the following pet(s) on site:

- Rabbits
- Guinea pigs
- Fish

We will ensure that our pets are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals, and parents informed.

Please state below any known allergies to animals

Signed _____ Date _____

Printed name _____

Policies and procedures

I have been provided with details of Goldcrest Day Nurseries, early year's prospectus for parents (online), and its policies and procedures. It has been explained to me that the policies and procedures are displayed within the nursery hallway and periodically the policies will be given to parents for feedback and for review of policies, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

Signed _____ Date _____

Printed name _____

Session request

Preferred start date: _____

Please tick the sessions you would like your child to attend:

Morning session Monday Tuesday Wednesday Thursday Friday

Afternoon session Monday Tuesday Wednesday Thursday Friday

School Day Monday Tuesday Wednesday Thursday Friday

Full Day Monday Tuesday Wednesday Thursday Friday

Early / Late (please indicate) Monday Tuesday Wednesday Thursday Friday

Term time only All year round Any other notes _____

Early years funded places

The funded code required for children who will be receiving funded hours at Goldcrest. Please complete the following information in order for us to begin to process your child details.

Please provide the code for 2-year funding & 30-hour funding _____

(For 2-year funding please bring your offer letter for a member of management to photocopy).

Registration fee

A fee of £30.00 deposit is required in order to be placed on the registration list at Goldcrest Day Nurseries (Please note if you are to hold a place for longer a 4 week period, a fee of £90.00 will be payable). Parents are asked to note that the completion of this form guarantees a place on the waiting list. We will do our best to accommodate the starting date requested for your child.

I enclose a £30.00/£90.00 non-refundable registration fee to secure a place on the waiting list of Goldcrest Day Nurseries as indicated above.

Once your child is offered a place and you accept it, your child's birth certificate is required at this point with a copy made for our file.

Birth certificate provided Yes No

Equalities monitoring form

Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>
Other please state	_____		

Please sign below to indicate that the information provided on this form is accurate and correct, and that you will notify us of any changes as they arise.

Parent name _____

Signed _____ Date _____

For office use only:

Registration Fee paid: _____ Date paid: _____

Billericay: Mons Avenue, Billericay, Essex, CM11 2HG Tel: 01277 632428 Email: billericay@gcdaynurseries.com

Stanford Le Hope: 12 Runnymede Road, Stanford Le Hope, Essex. SS17 0JY Tel: 01375 673101 Email: stanford@gcdaynurseries.com