



Crawshay Preschool, Caversham
 Methodist Church, Gosbrook Road,
 Caversham, RG4 8EB
 Tel: 0118 9484333
 info@crawshaypreschool.com

REGISTRATION FORM

Child's details

Child's first name(s)		Surname	
Name known by			
Child's full address			
Gender	Date of birth	Birth certificate seen Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child's 1 st language		Child's Religion	

Family details

Who does the child live with?			
<i>Contact details 1:</i>			
Parent/carer full name			
Relationship to child		Do they have parental responsibility for the child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Daytime/work telephone		Mobile	
Email			
Home address			
Work address			

<i>Contact details 2:</i>			
Parent/carer full name			
Relationship to child		Do they have parental responsibility for the child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Daytime/work telephone		Mobile	

Email	
Home address	
Work address	

<i>Contact details 3:</i>			
Parent/carer full name			
Relationship to child	Do they have parental responsibility for the child? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Daytime/work telephone		Mobile	
Email			
Home address			
Work address			

Please give details of any legal contact arrangements that we need to be aware of:
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Ethnicity data gathered for monitoring purposes only. Parents are not obliged to give this information.							
Ethnic origin is classified as special category of data under data protection legislation and we require your consent in order to process and store this information. The Privacy policy explains how the data provided in this form will be processed and explains your rights with respect to the information given.							
Privacy Notice							
I confirm that I have received a copy of the Privacy Notice and give my consent to the processing of special category data.							
Signed:				Date:			
White British		Pakistani		Black British		Chinese	
White Irish		Indian		Black African		Chinese other	
White other		Asian other		Black Caribbean		White and Black Caribbean	
Bangladeshi		White and Black Asian		Black Other		White and Black African	
Other please state				Prefer not to say			

Collection permission authorisation (other than parents) *Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, we will check before releasing the child. Only those over the age of 16 years can be named as authorised persons.*

For anyone unauthorised or unknown to us to collect your child please provide them with the password which will use as a security question. Please do not use the child's name.

Password

Emergency contact details for two named contacts – if parents are not available *Only those over the age of 16 years can be named as emergency contacts. Please ensure emergency contacts are local and their consent has been given.*

Contact 1 - Name			
Relationship to child			Authorised to collect Yes <input type="checkbox"/> No <input type="checkbox"/>
Address			
Daytime/work telephone			
Home telephone		Mobile	
Contact 2 - Name			
Relationship to child			Authorised to collect Yes <input type="checkbox"/> No <input type="checkbox"/>
Address			
Daytime/work telephone			
Home telephone		Mobile	

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 and emergency services will be called as necessary. I understand that my child may be taken hospital accompanied by the manager or authorised deputy for emergency treatment. I understand that health professionals will be responsible for decisions about medical treatment in my absence.

Signed		Date	
Name			

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

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

<i>Name of child:</i>			
Signed		Date	
Printed name			

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);

Two months	5-in-1 (DTaP/IPV/Hib) vaccine – diphtheria, tetanus, whooping cough (pertussis), polio and Haemophilus influenzae type b (known as Hib); Pneumococcal (PCV) vaccine; Rotavirus vaccine; Men B vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Three months	5-in-1 (DTaP/IPV/Hib) vaccine, second dose; Men C vaccine; Rotavirus vaccine, second dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Four months	5-in-1 (DTaP/IPV/Hib) vaccine, third dose; Pneumococcal (PCV) vaccine, second dose; Men B vaccine second dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
12 to 13 months	Hib/Men C booster, given as a single jab containing meningitis C (second dose) and Hib (fourth dose); Measles, mumps and rubella (MMR) vaccine, given as a single jab; Pneumococcal (PCV) vaccine, third dose; Men B vaccine third dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Eligible pediatric age groups	Children's flu vaccine (annual)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Three years and four months to five years	Measles, mumps and rubella (MMR) vaccine, second dose; 4-in-1 (DTaP/IPV) pre-school booster, diphtheria, tetanus, whooping cough (pertussis) and polio	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
<i>For internal use:</i> Has the child's health record book been seen to confirm immunisation dates?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Health and development

Does your child have any on-going medical conditions? If so, 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

Special notes

If yes, complete health care plan with parents.

Does your child have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance? Yes No

Special notes:

Do you have any concerns about your child's learning and development? Yes No

If yes, special notes:

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

Special notes:

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

Does your child have any dietary requirements?

Vegetarian

Vegan

Halal

Gluten Free

Dairy free

Nut free

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	
Special notes			

Dentist (if applicable)

Name		Telephone	
Address			

Any other professional who has regular contact with the child

Name		Role	
Agency		Telephone	
Address			

Two year old progress check/Integrated health check

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child?

Yes No

If yes, please name:

Setting completing check

Date completed

Parental permissions

E:safety (staff and children)

There are procedures in place that govern the use of IT equipment on site. Where ipads or similar are used by staff to record children's learning and development or as a management tool, a risk assessment is completed and only equipment owned by the Alliance is used. Visitors to the setting using IT equipment, such as Ofsted or Social Care, are advised of the procedure for its use and must seek prior permission from the setting manager.

In some instances, children will use ICT equipment to promote their learning and development under the supervision of staff. Children do not normally have access to the internet and never have unsupervised access to the internet.

I give permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures and risk assessment in place to govern its use and that staff and visitors may also use ICT equipment to record and monitor children's learning and development.

Signed		Date	
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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. (*Medication Administration Record*)

Signed		Date	
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Paracetamol or Ibuprofen based medicine (e.g., Calpol or Nurofen)

I give permission for staff to administer paracetamol or ibuprofen based products 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 in accordance with the setting's policies and procedures.

Signed		Date	
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Sun cream

I give permission for staff to administer hypoallergenic sun cream (supplied by me)

Signed		Date	
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Short trip - general outings

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 and are available for me to see as required.

Signed		Date	
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Photographs and videos

To record aspects of our curriculum and for children’s individual development records, staff often take photographs or videos of children during their play. Only equipment supplied by us is used for this purpose and images taken are for display and for your child’s learning records, this includes our communication software Tapestry. Images are saved and stored on our equipment securely, and only kept for the period your child is with us. If we wish to use any images of your child for publicity or marketing purposes we will seek your written consent for each image we wish to use.

I give permission for my child to be photographed/recorded during activities Yes No

I give permission for my child’s photo’s to be uploaded into tapestry. Yes No

I give permission for my child’s photograph to appear on our:

closed (parent’s only) Facebook page Yes No

Public Facebook page Yes No

I give permission for my child’s photograph to appear on our website. Yes No

Signed		Date	
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Animals

We may occasionally have supervised visits of animals to our setting or have pets on site. We will ensure that our pets are healthy and are inoculated as appropriate and that animals showing any signs of disease are treated. Risk assessments will be carried out for visiting animals and will be made available to parents on request.

Please state here any known allergies or aversion your child has to animals			
Signed		Date	

About your child

The following information will tell us a little more about your child.

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

Does your child have difficulty with walking, talking or socialising? If so, please give details:

How would you describe your family's cultural background?

Are there any religious or cultural festivals that your child takes part in?

Does your child have a special toy or object they might bring with them?

Yes No

Please specify

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

Is there any other background information about your child that may be useful for us to know? For example, how do they prefer to be comforted when they are upset?

Transfer of records

With your consent we will transfer your child's records to the receiving school when they leave our setting. This will enable the school to continue to effectively manage any special education, health or medical needs, and to continue with their development.

Name of child:			
Signed		Date	

Session Details

Please tick you preferred sessions:

	Monday	Tuesday	Wednesday	Thursday	Fridays
Mornings 09:15–12:15					
Afternoons 12:15- 14:45					
Friday 09:15-13:15					

What is your preferred start date:

Further information

I confirm that information about the setting's policies and procedures has been made available and explained to me, and I understand I can find more information as to how my personal data is handled through the Privacy policy.

I agree to pay fees within 14 days of the start of each half term with late fees charged at an additional £5 per week.

If I am consistently late collecting my child, I will be charged £20 for first 15 minutes and then £10 per additional 10 minutes I am late. I also understand one terms notice is required should I wish to leave.

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

Parent's name:			
Signed		Date	

Please return this form together with your £15.00 registration fee (Cheques Payable to Crawshay Preschool or Bank Transfer Account: 90187755 Sort Code: 20-71-03). Reference: Wait List and your child's surname.

For parent(s)/guardian(s) under the age of 18, a guarantor aged over 18, must also sign this form on your behalf. The agreement would therefore be between the setting, you, and the guarantor.

<i>Guarantor's name (if app)</i>			
<i>Signed</i>		<i>Date</i>	
<i>Relationship to the child</i>			
<i>Daytime/work telephone</i>		<i>Mobile</i>	
<i>Email</i>			
<i>Home address</i>			

Key person's name:

Signed _____ Date _____

Setting manager's name:

Signed _____ Date _____

Please note that the information on this form is always stored and maintained confidentially.