**REGISTRATION / CHILD’S PERSONAL RECORD**

|  |  |
| --- | --- |
| Child’s Full Name | Date of Birth |
| Name known as if different | Gender  Male / Female |

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**PLEASE NOTE - YOU WILL NEED TO BRING YOUR CHILD’S BIRTH CERTIFICATE AND YOUR RED BOOK (HEALTH RECORD) WITH YOU ON THEIR FIRST DAY**

|  |
| --- |
| Office Use Only : Birth Certificate seen and date of Birth Confirmed Yes / No |

|  |
| --- |
| Child’s Home Address including Postcode |
| Telephone Number |
| Email Address |
| Would you like to receive our newsletters by email Yes / No |
| Or would you prefer a paper copy Yes / No |

**PARENTS DETAILS / PARENTAL RESPONSIBILITY**

|  |
| --- |
| Parent’s / Guardian’s Full Names  1. Relationship to Child  2. Relationship to Child |
| Name of Person (s) who child lives with |
| Relationship to the child |
| Name of Person(s) with overall parental responsibility |
| Does this person live with the child ? Yes / No |

|  |
| --- |
| Name of Parent who does NOT live with the child (if applicable) |
| Address |
| Telephone Number |
| Does this parent have parental responsibility ? Yes / No |
| Does this parent have legal access to the child ? Yes / No |

**CONTACT DETAILS**

|  |
| --- |
| Parent’s / Guardian’s Contact Name during Pre-School hours  1.  Telephone Number  2.  Telephone Number |
| Carer’s Name (if applicable)  Telephone Number |
| Emergency name and contact should you not be available  Name  Telephone Number  Relationship to the child |

**WE WILL ASSUME THAT THE PERSONS LISTED ABOVE AS CONTACTS ARE ALSO AUTHORISD TO COLLECT YOUR CHILD FROM THE NURSERY, THEY MUST BE OVER 16 YEARS OF AGE.** If there are any other persons who you do authorise to collect your child in addition to the above named please list below.

|  |
| --- |
| Name  Telephone Number  Relationship to child |
| Name  Telephone Number  Relationship to child |
| Name  Telephone Number  Relationship to child |
| Name  Telephone Number  Relationship to child |

We welcome all children irrespective of ethnicity, culture or religion, home language, family background, learning difficulties or disabilities, gender or ability. The following information will give your child the best start possible in our nursery.

**HEALTH DETAILS**

|  |
| --- |
| Doctor’s Name  Address / Practice  Telephone Number |
| Health Visitor’s Name  Address / Practice  Telephone Number |

Immunisations : Has your child had the following immunisations ?

|  |
| --- |
| Whooping Cough Yes / No |
| Diptheria Yes / No |
| Tetanus Yes / No |
| Polio Yes / No |
| Hib Meningitis Yes / No |
| Measles Yes / No |
| Mumps Yes / No |
| Rubella Yes / No |

|  |
| --- |
| Does your child suffer from any known medical conditions, had any major illnesses, operations or hospital stays ?  Yes / No  If Yes, please give details below : |
| Does your child have any allergies ?  Yes / No  If yes please give details : |
| Does your child have any special dietary needs or restrictions or suffer from any food intolerances?  Yes / No  If Yes please give details : |
| Does your child require an epipen ?  Yes / No |
| Does your child have any ongoing health issues ? (eg asthma, eye patch, eczema, ear grommets)  Yes / No  If Yes please give details :  If your requires medication, eg an inhaler or epipen, please ensure you bring this with you on the 1st day |
| Does your child have any distinguishing marks ? (eg birth marks)  Yes / No  If Yes please give details : |
| Has a health care plan and agreement to administer medicine, if required, been completed ?  Yes / No |
| Does your child have any allergies to medicines ?  Yes / No  If Yes please give details : |

|  |
| --- |
| Does your child have any additional needs, disabilities or do you have any concerns regarding your child ? Please give add any notes you think may be helpful, or write No if you do not think this is applicable, in each section |
| Speech (eg speech sounds, saying words correctly, putting words together) |
| Language (eg using words or understanding simple instructions) |
| Emotional and / or behavourial (eg separating / playing with other children, sharing) |
| Hearing |
| Vision |
| Physical / movement (eg running, climbing stairs, using hands) |
| Other - Please specify |
| If you have completed one of these sections please state when the need was first identified and by whom |
| Details of any special support your child may need in the setting or does your child have or use any specialist equipment or resources ? (eg glasses, hearing aids, Makaton, signing etc)  Yes / No  If Yes please give details : |

|  |
| --- |
| Does your child already have a FSP / CAF in place ? (FSP - Family Support Process, CAF - Common Assessment Framework)  Yes / No  If Yes please provide details of the lead contact including their contact details : |

|  |
| --- |
| Are there any other professional involved with the child ? Yes / No  Please state their name, address and telephone number if applicable |
| Health Visitor |
| Social Worker |
| Speech Therapist |
| Paediatrician |
| Occupational Therapist |
| Portage |
| Specialist Teacher |
| Family Support Worker |
| Other |
| Do you give your permission for us to contact them ? Yes / No |

**OTHER INFORMATION**

|  |
| --- |
| Please detail any cultural or religious, cultural religious observances you would like us to be aware of (eg dress, diet, religious holidays or festivals) |
| What language(s) 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 give details of any other information that you think will be useful to us (eg Pet names, likes, dislikes, any fears, special words they use, any comforter they may need and why, etc) |

**PERMISSIONS**

Tapestry Image Consent

I consent to photographs of my child being taken by authorised personnel representing Little Melton Pre-School Nursery, and to those photographs being used in the PERSONAL secure online learning story. YES / NO

(Please circle and delete as appropriate)

I consent to photographs containing my child’s image being included in other groups of children which may appear in other children’s learning stories. Please note that if you circle ‘No’ you will have little or no photo records of your child’s time with us to take away at the end of their time with us. YES / NO

(Please circle and delete as appropriate)

YOUR RESPONSIBILITY AS A PARENT / CARER OF THE ONLINE LEARNING STORIES :

I consent to treat photographs containing images of other children as **for my own personal use only.** YES / NO

(Please circle and delete as appropriate)

**This means that the information cannot be shared with others or published in any way, without the explicit consent of the parents or cares of those children who may be included. For example, any such photographs cannot be posted on a social networking site or displayed in a public place.**

**PLEASE NOTE THAT SHOULD WE DISCOVER PARENTS/CARERS USING THIS SITE INAPPROPRIATELY THEIR ACCESS MAY BE TERMINATED.**

Please list below the details of who you would like to have access to the system via email - you can include close relatives like grandparents if you wish. Please include your own details.

|  |  |  |
| --- | --- | --- |
| Name | Relationship to Child | Email Address |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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Other Consents

We are regularly visited by an Early Years Advisor. An Early Years Adviser is a qualified, experienced teacher with an expertise of working with children aged 0-5 years. Their role is to support early years settings meet the needs of all children’s learning and development through discussion and/or observation. Do you agree and consent to the involvement of an Early Years Adviser who may discuss the learning an development needs of your child ? YES / NO

Do you give your permission for your telephone number to be distributed to staff and committee members on the emergency closure contact list ? YES / NO

Do you give permission for medical treatment, including emergency treatment, to be given to your child, if neither you or your named contacts are not available, including the removal of splinters ? YES / NO

The nursery requests that parents do not take photographs in the setting as a general rule but there are occasions when most parents wish for a record of a special event. (Please see our E-Safety Policy for full details). Do you give permission for photographs to be taken at events within the setting of Little Melton Pre-School Nursery by other parents, eg Nativity Play, Leavers Concert ? YES / NO

Do you give permission for the nursery staff to apply sun-cream provided by the nursery to your child ? Please note we do expect parents to apply sun-cream before the children are dropped off, but will apply our own on the odd occasion when parents have forgotten to do so. YES / NO

Do you give permission for the nursery staff to change your child’s nappy and / or help them with the toilet should it be necessary ? YES / NO

Does your child attend another setting ? YES / NO

If Yes please give details of the other setting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give your permission to share information about your child with another setting, ie if they already attend another setting or if they leave Little Melton Nursery and are placed with another setting ? YES / NO

Signature of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This organisation is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.**