

HEACHAM INFANT AND NURSERY PRESCHOOL REGISTRATION FORM

Child's Details	
Child's Surname	
Child's First Names	
Date of Birth	
ADMIN: Birth Certificate seen: Yes/No	Seen by: _____ Date: _____
Sex	Male/Female/other
Any distinguishing marks?	
First language	
Other languages spoken	

Other Family Details (Please give details of other children living in the family home)			
Children's Names	Date of Birth	Sex: Male/ Female/Other	School/Setting/Childminder

Equalities Monitoring Form			
<i>Ethnicity – Gathered for monitoring purposes only. Parents are not obliged to complete this data.</i>			
Registered Child's Ethnicity Details			
White British		Pakistani	
White Irish		Indian	
White Other		Asian Other	
Black British		Chinese	
Black African		Chinese Other	
Black Caribbean		White and Black Caribbean	
Black Other		White and Black African	
Bangladeshi		White and Black Asian	
Other please state			

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Parents/Carers Contact Details (Please provide two contacts)

Date of Birth and National Insurance numbers are only used to claim funding for your child

Name	1.	2.
Date of Birth <i>For funding purposes only</i>		
Relationship to child		
Does the identified parent/carer have Parent Responsibility?	Yes/No	Yes/No
Does the identified parent/carer have Legal Responsibility?	Yes/No	Yes/No
Does any person not have Legal Access to the named child?		
First Language		
Other languages spoken		
Translation/Translator required		
Home Address		
Postcode		
Home Telephone		
Mobile Telephone		
Email address		
Work address		
Work Telephone		
Work Mobile Telephone		
Parent's National Insurance Number <i>For funding purposes only</i>		
Occupation		
We would be grateful if you could provide a password which would aid staff when unknown or unexpected people arrive to collect your child <i>This can be a word or phrase that only you and trusted people to collect would know. Please call the Nursery or Office if your child is going home with someone who is not named on the Collection List.</i>	Password:	

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Other Person(s) with Legal Contact

Name		
Relationship to child		
Address		
Home Telephone		
Mobile Telephone		
Work Telephone		
Email Address		
Details of Contact Arrangements		

Emergency Contact Details (Please provide at least two additional contacts other than parents)

Name	1.	2.
Relationship to Child		
Address		
Home Telephone		
Work Telephone		
Mobile Telephone		
Please Note: Persons authorised to collect your child must be over 16 years of age. Additional contacts may be added to the Authorised		

Other Childcare Providers

Providers Name	1.	2.
Contact Name and Role		
Address		
Telephone Number		
Sessions/Days Attended		
Start Date		
Leaving Date		

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Medical Details: Health Professionals

Professional's Name	Doctor's Name	Health Visitor's Name
Name of Organisation		
Address		
Telephone Number		
Details of any other Professional working with your child	Speech and Language Therapist Paediatrician Consultant Physiotherapist Dietician Health Visitor Occupational Therapist G.P. Other	
Is and FSP/Early Help/S17/S47 in place?	Name of Lead Professional or Social Worker	

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Medical Details: Immunisations		
Immunisations	Please delete as appropriate	Date of Immunisation
Two Months Old		
5 in 1 (DTaP/IPV/Hib) vaccine – diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza type b (Hib)	Yes / No	
Pneumococcal (PVC) vaccine	Yes / No	
Rotavirus vaccine	Yes / No	
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 / No	
Meningitis C vaccine	Yes / No	
Rotavirus vaccine, second dose	Yes / No	
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 / No	
Pneumococcal (PVC) vaccine, second dose	Yes / No	
Between 12 and 13 Months Old		
Hib/Men C booster – Haemophilus influenza type b (Hib), fourth dose and Meningitis C, second dose	Yes / No	
MMR vaccine – Mumps, Measles and Rubella	Yes / No	
Pneumococcal (PVC) vaccine, third dose	Yes / No	
Two to Three Years		
Flu vaccine	Yes / No	
Three Years and Four Months or soon after		
MMR vaccine, second dose – Mumps, Measles and Rubella	Yes / No	
4 in 1 (DTaP/IPV/Hib) vaccine, second dose – diphtheria, tetanus, pertussis (whooping cough) and polio	Yes / No	

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Individual Requirements		
<p>Does your child have any food allergies or dietary restrictions?</p> <p>If Yes, the Room Leader will draw up an allergy alert for any intolerance/allergy.</p>	<p>Yes / No</p>	<p>If Yes, please provide details:</p>
<p>Has a medical professional diagnosed this allergy/intolerance?</p> <p>If Yes, the Room Leader will draw up an Individual Health Care Plan.</p>	<p>Yes / No</p> <p>Yes / No</p>	
<p>Does your child suffer from any other allergies? <i>E.g. Plasters, wipes, sun cream, animal fur, etc</i></p>	<p>Yes / No</p>	
<p>If your child is aged 24 Months or over, has a Two Year Progress Check been completed by a Health Visitor or previous setting?</p>	<p>Yes / No</p>	
<p>Does your child have any Special Educational Needs or disabilities?</p> <p>Has your child had any serious illnesses?</p> <p>Are there any reasonable adjustments we would need to take into consideration for your child?</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>	
<p>Does your child have an IEP/Support Plan/EHCP in place?</p>	<p>Yes / No</p>	
<p>Is there any other medical information relevant to your child's development/EHCP? <i>E.g. Hearing, sight, asthma, epilepsy, etc</i></p>	<p>Yes / No</p>	
<p>Are there any festivals or special occasions in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while they are in our setting?</p>	<p>Yes / No</p>	

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Individual Routines: Getting to know your child	
<p>Drinks <i>Favourite drink? Can they drink from a cup? We ask that all children bring in a bottle of water. No squash or juice if possible please.</i></p>	
<p>Meal Times <i>Favourite meal/snack? Where do they usually sit to eat? Do they like to use a knife and fork? We offer a fruit/vegetable snack during the session and ask that children staying for lunchtime bring a healthy, packed lunch.</i></p>	
<p>Sleep/Nap Routines <i>We tend not to nap at Nursery, however if your child does fall asleep we will make sure they are comfortable and will contact you if we think it is best they came home.</i></p>	
<p>Likes <i>Items that bring comfort, songs, toys, etc. If your child has an item of comfort they will be bringing to nursery, please make sure it is clearly named.</i></p>	
<p>Dislikes <i>Is there anything your child does not like or that they are unsure, worried or frightened of?</i></p>	
<p>Special Words/Gestures <i>If you and your child use special words or gestures that you would like to share with us, particularly to help comfort, then please do tell us about them.</i></p>	

Signature	Date
Parent/Carer:	
Room Leader/Teacher:	
EY Admin:	
EY Lead:	

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Medical Treatment and First Aid

In the event of an accident on site we may need to contact the emergency services. We will always try to make contact with parents and emergency contacts first. Please sign to say we have permission to seek emergency medical advice if needed.

Sign:

Print:

Date:

Administration of Medicines

If your child requires prescribed medicines at school, authorised staff will be able to administer the prescribed dosage with your consent. Please sign to say we have permission to give the appropriate dose to your child if necessary.

Please Note: A Medicinal Form will need to be completed at the Office. We will never administer medicines without consent from the Parent/Carer.

Sign:

Print:

Date:

Use of Plasters

We may occasionally need to use plasters within the preschool. If your child has an allergy to certain plasters, please make sure this is noted. Please sign to say we have permission to use these if required.

Sign:

Print:

Date:

Notice Period

Should you wish to change your child's sessions, please complete the Change of Hours form and return to us with at least four weeks notice. Changes will be made for the following term. If you require changes to be made before the end of term, please speak to your child's Room Leader/Teacher and the EY Admin.

Should you wish to terminate your child's place with the Nursery, you must provide us with four weeks written notice. Full terms and conditions apply during this time and you must pay outstanding fees within fourteen days of the preschool receiving written confirmation of a leaving date.

Sign:

Print:

Date:

Permission for Intimate Care

In order to ensure your child is comfortable through the day, we will support your child when toileting and/or change your child's nappy using the nappies, wipes, cream provided by yourself. Please sign to say we have permission to provide intimate care for your child.

Sign:

Print:

Date:

Permission for Local Trips and Outings

It is important children learn about the world around them and from time to time we may take children on local outings such as a walk to the park, to the Junior school woods or just a quick walk nearby. Please sign to say we have permission to take your child for walks in the local community.

Please Note: We will always let parents know if we are planning a local walk/trip and will make contact via text, email or through Class Dojo.

Sign:

Print:

Date:

Internal Use of Photographs/Videos

Photographs are an essential way to document and evidence your child's learning. We may also use photographs for display work. Please sign to say that we may take and display photographs of your child in the setting, on our wall displays, and use them in your child's learning journey.

Sign:

Print:

Date:

External Use of Photographs/Videos

From time to time we may use photographs of your child in another child's learning journey, on the school website or in the local press, for example, participating in group activities or appearing in the background of photos. Please sign to say that we may use your child's photograph in this way.

Sign:	Print:	Date:
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Sun Cream

In warmer weather we would ask that parents apply a long lasting sun cream before children attend their sessions. Please note that in line with the setting's policy, staff are not permitted to apply sun cream.

Sign:	Print:	Date:
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OFFICE USE ONLY

Form completed	
Place Approved and Date of Start	
Teacher/Room Leader visit/call booked (if necessary)	
EY Admin Signed	
EY Admin Print Name	
Date	
Any Other Information	