**Registration form**

|  |  |
| --- | --- |
| **Little Acorns** | (name of provider) |

It is helpful for key persons or managers to complete this form with the parent(s) when the child starts at the setting.

**Child’s details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s first name(s) | | |  | | | | | | | | | Surname | | | | | |  | | | |
| Name known as | | |  | | | | | | | | | | | | | | | | | | |
| Child’s full address | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Gender |  | | | | Date of birth | | | | |  | | | | | Birth certificate seen Yes/No *(delete)* | | | | | | |
| **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 *(delete)* | | | | | | | | | | | | | | | | | | | | | |
| Does this parent have legal access to the child? Yes/No *(delete)* | | | | | | | | | | | | | | | | | | | | | |
| *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 *(delete)* | | | | | | | | | | | | | | | | | | | | | |
| Does this parent have legal access to the child? Yes/No | | | | | | | | | | | | | | | | | | | | | |
| *Contact details 3 (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 *(delete)* | | | | | | | | | | | | | | | | | | | | | |
| Does this parent have legal access to the child? Yes/No *(delete)* | | | | | | | | | | | | | | | | | | | | | |
| **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 the setting needs to know about? | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Emergency contact details if parents are not available** *Emergency contacts must be local* | | | | | | | | | | | | | | | | | | | | | |
| *Contact 1* - Name | | | |  | | | | | | | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | |  | | | | | | | | | | | | | |
| Home telephone | | | | | | | |  | | | | | | | | Mobile | | |  | | |
| Address | |  | | | | | | | | | | | | | | | | | | | |
| Relationship to child | | | | | | | |  | | | | | | | | | | | | | |
| *Contact 2* - Name | | | |  | | | | | | | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | |  | | | | | | | | | | | | | |
| Home telephone | | | | | | | |  | | | | | | | | Mobile | | |  | | |
| Address | |  | | | | | | | | | | | | | | | | | | | |
| Relationship to child | | | | | | | |  | | | | | | | | | | | | | |

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Person 1* – Name | | |  | | |
| Daytime/work telephone | | |  | | |
| Home telephone | | |  | Mobile |  |
| Address |  | | | | |
| Relationship to child | | |  | | |
| *Person 2* - Name | | |  | | |
| Daytime/work telephone | | |  | | |
| Home telephone | | |  | Mobile |  |
| Address |  | | | | |
| Relationship to child | |  | | | |
| Password for the collection of child by authorised person | | | |  | |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Two months old** | | | Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Pneumococcal infection. | | | DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV) |
| Yes/No *(delete)* | Date: |  |
| **Three months old** | | | Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C). | | | DTaP/IPV/Hib and MenC |
| Yes/No *(delete)* | Date: |  |
| **Four months old** | | | Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C). Pneumococcal infection. | | | DTaP/IPV/Hib and MenC and PCV |
| Yes/No *(delete)* | Date: |  |
| **12 months old** | | | Haemophilus influenza type b (Hib) and meningitis C. | | | Hib/MenC |
| Yes/No *(delete)* | Date: |  |
| **13 months old** | | | Measles, mumps and rubella (German measles). Pneumococcal infection. | | | MMR and PCV |
| Yes/No *(delete)* | Date: |  |
| **Three years and four months or soon after** | | | Diphtheria, tetanus, pertussis (whooping cough) and polio. Measles, mumps and rubella. | | | DTaP/IPV (or dTaP/IPV) and MMR |
| Yes/No *(delete)* | Date: |  |
| Has the child’s health record book been seen to confirm immunisation dates? Yes/No *(delete)* | | | | | | |
| Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No *(delete)*  If so, please provide details: | | | | | | |
|  | | | | | | |
| Has a risk assessment, if required, been completed? Yes/No *(delete)* | | | | | | |
| Has a health care plan and agreement to administer medicine, if required, been completed? Yes/No *(delete)* | | | | | | |
| Does your child have any special needs or disabilities? Yes/No *(delete)*  If so, please provide details: | | | | | | |
|  | | | | | | |
| Are any of the following in place for the child? | | | | | | |
| Early Years Action Yes/No *(delete)*  Early Years Action Plus Yes/No *(delete)*  Statement of special educational need Yes/No *(delete)* | | | | | | |
| What special support will he/she require in our setting? | | | | | | |
|  | | | | | | |
| 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 *(delete)* | | | | | | |
| If so, discuss and agree with the key person how we can work together to support your child when settling-in: | | | | | | |
|  | | | | | | |
| What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when. | | | | | | |
|  | | | | | | |

**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. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.* | | | |
|  | | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

*For inhaler/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) to |  | (*name of child*). The named staff are: |

|  |
| --- |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

*Short trip - general outings*

Your child will be taken out of the setting as part of the daily activities. The venues used are detailed here:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| I give permission for |  | (name of 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 |  |

*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. These photographs 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; we only store images during the period your child is with us. 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 |  | (name of child) to have her/his photo taken, or to be |
| videoed, as per the above conditions. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

*Animals*

We may occasionally have supervised visits of animals to our setting.

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 or aversion your child has to animals:

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Key persons - Information for parents**

Each child joining the setting will have a key person appointed to them. It will be the key person’s responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child’s key person may change as your child progresses through the setting. You will be notified of these changes. Your child’s key person is your first point of contact for anything you wish to discuss about your child.

|  |  |
| --- | --- |
| Your child’s key person will be |  |
| Your child’s ‘back up’ person will be |  |

Has the settling-in process been agreed? Yes/No *(delete)*

If so, detail:

|  |
| --- |
|  |

*To be completed by the key person/manager:*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date starting at | |  | | | | | | *(name of provider)* |
| Days and times of attendance | | | |  | | | | |
|  | | | | | | | | |
| Are any fees payable? If so, note here | | | | |  | | | |
|  | | | | | | | | |
| **Policies and procedures**  Please sign below to confirm that you have been provided with details of the setting’s policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent. | | | | | | | | |
| Signed |  | | | | | Date |  | |
|  | | | | | | | | |
| **4 weeks Notice, Fees and EYE (Early Years Entitlement)**  Please sign below to confirm that you agree to provide us with a 4 week written notice if you intend to remove your child from any sessions or from the setting completely. If you decide to remove your child from our setting with an immediate effect, you will still be charged for 4 weeks or we will still claim those 4 weeks from your child’s EYE, which means you will not be able to claim for those hours at another setting.   |  |  |  |  | | --- | --- | --- | --- | | Signed |  | Date |  |   Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify is of any changes as they arise. | | | | | | | | |
| Parent 1 | | |  | | | | | |
| Signed | | |  | | | Date |  | |
| Parent 2 | | |  | | | | | |
| Signed | | |  | | | Date |  | |
| Manager | | |  | | | | | |
| Signed | | |  | | | Date |  | |

**Equalities monitoring form** – to be completed by the provider

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White – British** | | **Asian or Asian British** | | |
| * Irish |  | * Indian | |  |
| * Traveller of Irish Heritage |  | * Pakistani | |  |
| * Gypsy/Roma |  | * Bangladeshi | |  |
| * Any other White background |  | * Any other Asian background | |  |
|  | |  | | |
| **Mixed – White and Black Caribbean** | | **Black or Black British** | | |
| * White and Black Caribbean |  | * Caribbean | |  |
| * White and Asian |  | * African | |  |
| * Any other mixed background |  | * Any other Black background | |  |
|  | |  | | |
| **Chinese** | | **Any other ethnic background** | | |
| * Chinese |  | * Please state |  | |

A child’s learning difficulties and disabilities status should be recorded according to the following categories:

|  |  |
| --- | --- |
| No special educational need |  |
| Early Years Action |  |
| Early Years Action Plus |  |
| Statement |  |

Providers should refer to the SEN Code of Practice for an explanation of the terms above.