

**10.4 Registration form**

A member of staff will talk through this form with you during your initial visit at the setting.

**Child’s details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First/middle name(s) | | | | | |  | | | | | | | | Surname | | | | |  | |
| Name known as | | | | | |  | | | | | | | | | | | | | | |
| Child’s full address | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Gender |  | | | | | | Date of birth | | | |  | | Birth certificate seen and copy made Yes □ No □ | | | | | | | |
| **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 □ | | | | | | | | | | | | | | | | | | | | |
| *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 □ | | | | | | | | | | | | | | | | | | | | |
| **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 of which we need to be aware? | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **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 unless this is a regular arrangement please fill in the daily signing in/out sheet if an authorised person is collecting.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *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 |  |
| *Person 3* - Name | | |  | | | |
| Relationship to child | | |  | | | |
| Address |  | | | | | |
| Daytime/work telephone | | | |  | | |
| Home telephone | |  | | | Mobile |  |

**About your child**

Does your child have any siblings? If so, please specify:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Gender | Date of Birth | Do they live with your child? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does your child have any ongoing medical conditions and/or distinguishing marks? If so, please specify: | | | | | | |
|  | | | | | | |
| If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc: | | | | | | |
|  | | | | | | |
| Are any of the following in place for the child? | | | | | | |
| Early Help Assessment | | |  | | | |
| Education, Health and Care Plan | | |  | | | |
| What are your child’s dietary requirements? Please specify: | | | | | | |
|  | | | | | | |
| Does your child have any special needs or disabilities? If so, please specify: | | | | | | |
|  | | | | | | |
| Do you feel your child will need any special support whilst in our setting? | | | | | | |
|  | | | | | | |
| *Cultural background* | | | | | | |
| How would you describe your child's ethnicity or cultural background? | | | | | | |
|  | | | | | | |
| What religion does your family follow, if any? | |  | | | | |
| 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 | □ |

**Details of professionals involved with your child (including previous involvement)**

*GP*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Telephone |  |
| Address |  | | |
|  | | | |

*Health Visitor (if not known specifically, please specify which area are you covered by)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Telephone |  |
| Address |  | | |
|  | | | |

*Social Care Worker (if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Telephone |  |
| Address |  | | |
|  |  | | |

*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 |  | | | |

**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 for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed |  | | Date |  |
| Printed name | |  | | |

*Local trips*

We often take children out of our setting for local trips that are in walking distance as part of the daily activities; for example, we may go to the school for a visit or a short walk within the village. I give permission for my child to be taken on local trips. I understand that individual risk assessments are carried out for each type of trip or outing taken and I can discuss these as required. We will ask for your permission for any more significant trips.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed |  | | Date |  |
| Printed name | |  | | |

*Photographs*

As part of our ongoing observations and assessments of your child’s progress staff take photos and videos during sessions. As children naturally play so closely together this may mean your child’s image will be in another child’s development record. Only cameras supplied by the setting are used for this purpose and photos/videos are stored on the setting’s computer system. We will ask for specific permission for promotional use. Please tick if you consent to the following:

|  |  |
| --- | --- |
|  | To use in your child’s individual development record |
|  | To appear in other children’s development record |
|  | For display within our setting |
|  | For staff training |
|  | On Little Owls website |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed |  | | Date |  |
| Printed name | |  | | |

**Attendance**

|  |  |
| --- | --- |
| Agreed start date: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days and times of attendance: | | |  | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Session** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | | **9am - 12 noon** |  |  |  |  |  | | **Lunch Club 12-1pm** |  |  |  |  |  | | **1pm – 3pm** |  |  |  | **CLOSED** | **CLOSED** |   **Policies and procedures**  I acknowledge that I can access Little Owls’ early years prospectus for parents and key policies on the website. It has been explained to me that the Little Owls policies and procedures are available for me to view in setting at any time. The Information Sharing Policy has been explained to me and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent. | | | | | |
| Signed |  | | | Date |  |
| Printed name | |  | | | |
| Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise. | | | | | |
| Signed |  | | | Date |  |
| Printed name | |  | | | |
|  | | | | | |

**Equalities monitoring form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Ethnicity* - *Gathered for monitoring purposes only. Parents are not obliged to complete this data.* | | | | |
| Asian other | | □ | Indian | □ |
| Bangladeshi | | □ | Pakistani | □ |
| Black African | | □ | White and Black African | □ |
| Black British | | □ | White and Black Asian | □ |
| Black Caribbean | | □ | White British | □ |
| Black Other | | □ | White and Black Caribbean | □ |
| Chinese | | □ | White Irish | □ |
| Chinese other | | □ | White other | □ |
| Other please state |  | | | |

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

|  |  |
| --- | --- |
| No special educational need | □ |
| SEN action plan | □ |
| Education, Health and Care Plan | □ |

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.