



*Village Hall, Chapel Road, Fingringhoe, Colchester, CO5 7BH*

*☎ 01206 729731*

*Registered Charity No. 1202216*

## **Roman River Preschool's Childcare 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 and copy made Yes ☐ No ☐

### **Family details**

Who does the child live with? \_\_\_\_\_

*Contact details 1 (including emergency information):*

Parent/carer full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Does this parent have parental responsibility for the child? Yes ☐ No ☐

Parent NI number \_\_\_\_\_ (for funding purposes only)

*Contact details 2 (including emergency information):*

Parent/carer full name

Relationship to child

Daytime/work telephone

Mobile

Email

Home address

Work address

Does this parent have parental responsibility for the child? Yes ☐ No ☐

Parent NI number

(for funding purposes only)

*Contact details 3 (including emergency information):*

Parent/carer full name

Relationship to child

Daytime/work telephone

Mobile

Email

Home address

Work address

Does this parent have parental responsibility for the child? Yes ☐ No ☐

Parent NI number

(for funding purposes only)

**Other person(s) with legal contact** *To be completed where those persons with parental responsibility are separated and/or an S8 Order is in place.*

Name

Address

Contact telephone numbers

Relationship to child

Please give details of the legal contact arrangements that we need to be aware of

**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	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>

Other please state

**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.*

**Authorised Person 1** (parent/carer) – Name

Relationship to child

Full address

Daytime/work telephone

Home telephone

Mobile

**Authorised person 2** (other family member) - Name

Relationship to child

Full address

Daytime/work telephone

Home telephone

Mobile

**Authorised person 3 (other family member)- Name**

Relationship to child

Full address

Daytime/work telephone

Home telephone

Mobile

**Password for the collection of child by authorised persons**

**No Access – Name**

Full address

Relationship to the child

Reason: e.g. court order or other?

Evidence seen Yes ☐ No ☐

Copy provided Yes ☐ No ☐

**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

Address

Daytime/work telephone

Home telephone

Mobile

Contact 2 - Name

Relationship to child

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) to

*(name of child).*

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, Yes ☐ No ☐ Date:

whooping cough (pertussis), polio and Haemophilus

influenzae type b (known as Hib); Pneumococcal  
(PCV)

vaccine; Rotavirus vaccine; Men B vaccine

#### Three months

5-in-1 (DTaP/IPV/Hib) vaccine, second dose; Men Yes ☐ No ☐ Date:

C

vaccine; Rotavirus vaccine, second dose

**Four months**      5-in-1 (DTaP/IPV/Hib) vaccine, third dose;      Yes ☐ No ☐ Date: \_\_\_\_\_  
Pneumococcal (PCV) vaccine, second dose; Men B  
vaccine second dose

**12 to 13 months**      Hib/Men C booster, given as a single jab containing      Yes ☐ No ☐ Date: \_\_\_\_\_  
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

**Eligible  
pediatric age  
groups**      Children's flu vaccine (annual)      Yes ☐ No ☐ Date: \_\_\_\_\_

**Three years and  
four months to  
five years**      Measles, mumps and rubella (MMR) vaccine,      Yes ☐ No ☐ Date: \_\_\_\_\_  
second dose; 4-in-1 (DTaP/IPV) pre-school  
booster, diphtheria, tetanus, whooping cough  
(pertussis) and polio

*For internal use:* Has the child's health record book been seen to confirm immunisation dates? Yes ☐ No ☐

### Health and development

Was your child born prematurely, if so how many weeks early?

Special notes: \_\_\_\_\_

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:

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

If yes, special notes:

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

Special notes:

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

What are your child's dietary requirements? Please specify:

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#### **Details of professionals involved with your child**

*GP*

Name 

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 Telephone 

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Address 

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*Health Visitor (if applicable)*

Name 

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 Telephone 

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Address 

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*Social Care Worker (if applicable)*

Name 

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 Telephone 

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Special notes 

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*Dentist (if applicable)*

Name 

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 Telephone 

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Address \_\_\_\_\_

*Any other professional who has regular contact with the child*

Name \_\_\_\_\_

Role \_\_\_\_\_

Agency \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

## **Two year old progress check/Integrated health check**

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and to share it with your child's health visitor. Please note that where a local authority has arrangements in place we complete an integrated check with you and your child's health visitor.

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes ☐ No ☐

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 \_\_\_\_\_

*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 and inform me of when it was administered.



*(Medication Administration Record)*

Name of child: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

*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./

Name of child: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

*Suncream*

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

\_\_\_\_\_ (name of child) when necessary and to record its use.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*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.

Name of child: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

*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. We may be able to supply duplicates if requested although this might incur a small charge to cover our costs. 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 as per the conditions above.

Name of child: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

### *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

Name of child: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

### **Key persons**

Your child will have a key person assigned to them. It is the key person's responsibility to ensure your child receives the best possible care and attention and to ensure that their records are kept up to date whilst they are with us. Your child's key person may change as they progress through the setting, but you will be notified of these changes in advance. The key person should be the first point of contact for anything you wish to discuss about your child.

Your child's key person is: \_\_\_\_\_

Your child's back up key person is: \_\_\_\_\_

### **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:

Is your child disabled? Yes ☐ No ☐

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Does your child require a care plan? Yes ☐ No ☐

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What languages does your child speak at home?

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What religion does your family follow (if applicable)?

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How would you describe your family's cultural background?

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

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What is your child's usual sleep pattern?

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Does your child have a feeding routine (for children under 2 years)? Yes ☐ No ☐

Does your child have any food preferences? Yes ☐ No ☐

Does your child have a pacifier i.e. dummy or thumb? Yes ☐ No ☐

Does your child have a special toy or object they might bring with them? Yes ☐ No ☐

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

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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?

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### 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.

I agree for my child's records to be transferred to their receiving school

Name of child:

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Signed

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Date

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**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.

**Please note that the information on this form is stored and maintained confidentially at all times.**