**Little Gems Pre-School’s Registration Form**

**West End Youth House, Moorgreen Road, West End, Southampton, SO31 7DN**

**023 8047 1070 littlegemswe@gmail.com**

**Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s first name(s) |   | Surname |  |
| Name known as  |  |
| Child’s full address |  |
|  Post Code |
| 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: |  |
|  |
| Please give the names and ages of your child’s brothers/sisters:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**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 that we need to be aware of? |
|  |
| **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.*

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

**About your child**The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.

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

|  |
| --- |
|  |

*Health and development*

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Two months old** | 6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | Yes □ No □ | Date: |  |
|  | Pneumococcal (PCV) vaccine. | Yes □ No □ | Date: |  |
|  | Rotavirus vaccine. | Yes □ No □ | Date: |  |
| **Three months old** | 6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | Yes □ No □ | Date: |  |
|  | Meningitis C vaccine. | Yes □ No □ | Date: |  |
|  | Rotavirus, second dose. | Yes □ No □ | Date: |  |
| **Four months old** | 6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | Yes □ No □ | Date: |  |
|  | Pneumococcal (PCV) vaccine, second dose. | Yes □ No □ | Date: |  |
| **Between 12 and 13 months old** | Hib/Men C booster - Haemophilus influenza type b (Hib), forth dose and meningitis C, second dose. | Yes □ No □ | Date: |  |
|  | MMR vaccine – mumps, measles and rubella. | Yes □ No □ | Date: |  |
|  | Pneumococcal (PCV) vaccine, third dose. | Yes □ No □ | Date: |  |
| **Two to three years** | Flu vaccine | Yes □ No □ | Date: |  |
| **Three years and four months or soon after** | MMR vaccine, second dose – mumps, measles and rubella. | Yes □ No □ | Date: |  |
|  | 4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio. | Yes □ No □ | Date: |  |
| 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 □ |
| Is your child known to have any allergies or food intolerances? If so, please specify: |
|  |
| *A risk assessment will be 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: |
| If your child is aged three years or over, does he or she have difficulty with any of the following: |
| Speaking and communicating | Yes | □ | No | □ |
| Listening and attending | Yes | □ | No | □ |
| Understanding simple instructions | Yes | □ | No | □ |
| Eating and drinking | Yes | □ | No | □ |
| Sitting and sharing a book | Yes | □ | No | □ |
| Walking and climbing | Yes | □ | No | □ |
| Rolling a ball | Yes | □ | No | □ |
| Holding a crayon | Yes | □ | No | □ |
| Socialising with adults and other children | Yes | □ | No | □ |
| Using the toilet | Yes | □ | No | □ |
| Putting on their shoes and socks | Yes | □ | No | □ |
| Any other concerns: |
| Does your child have any special needs or disabilities? If so, please specify: |
|  |
| Are any of the following in place for the child?  |
| SEN action plan |  |  |  |  |
| Education, Health and Care Plan |  |  |  |  |
| What special support will he/she require in our setting?  |
|  |
| *Two year old progress check – children aged 24 – 36 months* |
| 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 |  |
| 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 will discuss it with you.  |
| *Cultural background* |
| 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 | □ |
| Does your child need a bilingual support plan? | Yes | □ | No | □ |
| If so, discuss and agree with the key person how we can work together to support your child when settling-in: |
|  |
| *General information* |
| What is your child’s usual sleep pattern? |
|  |
|  |  |  |  |  |
| 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? |
|  |
| What other information is it important for us to know about your child? For example, what they like, or what fears they may have, or any special words they use. |
|  |

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

*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**

***First Aid treatment declaration***

Should your child require first aid treatment please sign to agree that you are happy for your child to receive first aid from a qualified first aider at Little Gems using first aid equipment in our first aid box. Please state if your child has any allergies to anything such as plasters or latex. My child is allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Printed name |  |
| ***For inhalers/auto-injectors (e.g. Epipens) only*** |
| I give permission for a named member of staff who has been appropriately trained to administer the inhaler/ epipen or anapen (supplied by me) to *(name of child)* |
| The named staff are: |
|  |
|  |
| Signed |  | Date |  |
| Printed name |  |
|  |
| ***Nappy Changing and nappy cream*** |
| I give permission for staff members to change my child’s nappy or pants when necessary and to use nappy cream (supplied by me) to *(name of child)*  |
| when required, in accordance with manufacturer’s instructions.  |
| Signed |  | Date |  |
| Printed name |  |

***Paracetemol based medicine (e.g. Calpol or Sudafed)***

|  |
| --- |
| I give permission for staff to administer paracetamol (e.g. Calpol) to *(name* *of 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 procedures on the administration of medicines.  |
| Signed |  | Date |  |
| Printed name |  |

***Sun Protection***

|  |
| --- |
| 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 |  |
| Printed name |  |

***Short trip - general outings***

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

|  |
| --- |
| Play park, playing field and muga on the site of the building. Local post box and libraryDawson lodge |
| 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 outings not mentioned above, I understand I will be informed and my specific consent obtained.

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

***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. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child’s records within the setting. 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 |  |
| Printed name |  |

***Animals***

|  |
| --- |
| We may occasionally have supervised visits of animals to our setting. A risk assessment will be carried out for visiting animals, and parents informed.  |
| Please state below any known allergies or aversion  |  | *(name of child)* has to animals: |
|  |
| Signed |  | Date |  |
| Printed name |  |

**Key persons - Information for parents**

Each child joining the setting will have a key person appointed to them as your child’s key person. 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. You will be introduced to your child’s key person on their trial session.

**Clothing**

Purple book bags, t-shirts, polo shirts and sweatshirts are available to order prior. Sizes: age 1-2 yrs, 3-4 yrs, 5-6 yrs). Please indicate if you would like to pre-order any of these to be ready for their settling in day.

|  |  |  |
| --- | --- | --- |
| Item | Size | Quantity |
| Book bag  |  |  |
| T-shirt |  |  |
| Polo shirt |  |  |
| Sweatshirt |  |  |
|  **Policies and procedures**INFORMATION SHARING POLICYAny information shared between Little Gems Pre-School and the parent / carer will be treated as confidential, and as such will not be shared with other agencies without the parent / carer’s permission. (\*Except where staff feel it necessary to do so – see below)Information shared will be used to safeguard the child and to raise the quality and standards within the pre-school. Should parents /carers confide in other adults who are not Little Gems staff, Little Gems cannot accept responsibility for this information remaining confidential.There could be circumstances where we feel it would be necessary and appropriate to share information with other agencies without your permission. This would include circumstances such as preventing a crime being committed, intervening to prevent possible harm to some-one or where some-one may have been harmed, either child or adult. Also, whereby not sharing the information could be worse than the outcome of having shared it.Circumstances where staff will seek either verbal or written permission to share information with outside agencies about the child may be for example, with regard to any possible special needs the child may haveor transition information for the next school.I have been provided with details of Little Gems early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy as above, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent. |
| Parent name  |  | Date |
| Signed |  |
| *Please tick your preferred sessions overleaf (although we try to accommodate your preferred choice please understand that this cannot be guaranteed at this stage).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Morning(9am til 12pm) | Lunch period(12pm- 12.30pm) | Afternoon(12.30pm- 3pm) | All day(9am til 3pm) |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

*For our future reference, please indicate how you heard about Little Gems Pre-School.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please state the month and year you would like your child to start \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Would you like your child’s sessions to increase at a later date? If yes, when and how many?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***GDPR consents***I give consent to Little Gems Preschool contacting me via:**Email:* *YES/NO Signed: Date:* *Little Gems Preschool will make contact via email to invite participation in learning and development records and discussion, newsletters any other Little Gems information.* *Text: YES/NO Signed: Date:**Little Gems Preschool will make contact via text if parents text about their child's absence or if we have an emergency closure.* *Phone: YES/NO Signed: Date:* *Little Gems Preschool will make contact via phone in an emergency, if there is anything we need to talk to you about regarding your child, fees any other Little Gems information.* *Letter / Post YES/NO Signed: Date:* *Little Gems Preschool will make contact via letter/post if we have events coming up, newsletters and anything Little Gems related.* *In person: YES/NO Signed: Date:*  *Little Gems Preschool will make contact in person to inform you of your child's day, participation in learning and development of your child and any other Little Gems information.* *I give consent that my details or my child's details are used for 3rd parties for safeguarding purposes such as; tapestry log ins, Ofsted, Health visitors, Gp's, Hampshire County council* *Signed: Date:****\*PLEASE ENSURE YOU READ AND UNDERSTAND THIS STATEMENT FULLY\*****I wish to apply for admission of the above named child to Little Gems Pre-School. I have received and read the regulations and the pre-schools various policies and I have agreed to comply with them. I understand that and agree to pay for sessions even when my child has not attended for whatever reason, unless I have given 4 week’s notice of a change of sessions or leaving. I agree to comply with any other conditions which, may be required in the future. I also confirm that I sign to give permission to the Medical treatment consent statement on this form.**I understand once a starting date has been offered and accepted, any delay in starting will incur a charge for the sessions missed of 50% of the session fees.**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Legal Guardian) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**I have enclosed a cheque/cash for £55.00 as a registration fee to reserve my child’s place if my child is non funded. I understand that this fee is non-returnable and includes a purple T-shirt for my child when they begin. If my child is funded no fee is payable and I can pay for clothing I may wish to order.*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.  |
| Parent name  |  |
| Signed |  | Date |  |

**Equalities monitoring form**

|  |
| --- |
| *Ethnicity* - *Gathered for monitoring purposes only. Parents are not obliged to complete this data.* |
| 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 |  |

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

*To be completed by the manager:*

Child’s name Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Date starting  |  |  |
| Days and times of attendance |  |
|  |
| Clothing order sent off? Yes □ No □Email confirmation sent? Yes □ No □Are any fees payable? If so, note here |  |
| Has the settling-in process been agreed? Yes □ No □If so, please specify: |
|  |
|  |
|  |
| Name of key person |  |
| Signed |  | Date |  |
| Name of manager |  |
| Signed |  | Date |  |
| Date of first review  |  |