**Cowling Pre-school & Toddlers Ltd.**

Registration Form.

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

**Basic Details.**

Name of child: Date of birth:

Name known as: Gender (male or female):

Name of parent(s) with whom child lives:

1.

Does this parent have parental responsibility? Yes/no (delete).

2.

Does this parent have parental responsibility? Yes/no (delete).

Address:

Telephone: Mobile:

Name of parent with whom the child does not live (if applicable).

Does this parent have parental responsibility? Yes/no (delete).

Address:

Telephone: Mobile:

Does this parent have legal access to the child? Yes/no (delete).

**Emergency contact details.**

Parent 1 – Daytime contact number(s):

Parent 2 – Daytime contact number(s):

Any other emergency contacts:

Name: Daytime contact number(s):

Name: Daytime contact number(s):

**Persons authorised to collect the child. (must be over 16 years of age)**

Name: Relationship to child:

Daytime contact number(s):

Name: Relationship to child:

Daytime contact number(s):

**Personal details of child.**

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/no (delete)

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)

How would you describe your child’s ethnicity or cultural background?

What is the main religion in your family?

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 you will support your child when settling in.

Details:

Does your child have any special needs or disabilities? Yes/no (delete).

Details:

Are any of the following in place for the child?

ILPP – Individual Learning Provision Plan Yes/no (delete)

EHCP - Education Health Care Plan Yes/no (delete)

What special support will he/she require in our setting? (If applicable)

Details:

What other information is important for us to know about your child? For example, what are they like, or what fears they may have, any special words they use, or what comforter they may need and when.

Details:

**Name of professionals involved with child.**

Name 1: Role:

Agency: Contact number:

Name 2: Role:

Agency: Contact number:

Name 3: Role:

Agency: Contact number:

Do you have a health visitor? Yes/no (delete).

Name: Based at:

Contact number:

Does your family have a social care worker for any reason? Yes/no (delete).

Name: Based at:

Contact number:

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.

**Outings.**

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

Cowling Park

Church

For any major outings, we will inform you and ask for your specific consent.

**Primary Schools.**

When is your child expected to attend primary school and which primary school does your child have their name down for?

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

Date starting:

Days and times of attendance:

Any fees payable? If so, note here:

Name of key person:

Name of back up key person:

Has the settling in process been agreed? Yes/no (delete)

Details:

**General Data Protection Regulation 2018.**

**Confirmation Signatures.**

**Child’s name: ………………………………………………………………..**

**Parent/Guardian 1 name: ………………………………………………………………..**

**Parent/Guardian 2 name: ………………………………………………………………..**

**Date: ………………………………………………………………..**

I/we have been provided with the details of the setting’s policies, and where they can be located, including the Information Sharing procedures, and understand that there may be circumstances where information is shared with other professionals or agencies without my consent, in the interest of safeguarding children and adults.

**Yes/No:**

Signature: Date:

Signature: Date:

I/We understand that the setting has data protection in place, in line with the General Data Protection Regulation 2018, and that I understand why any personal details are held and what they will be used for. Access can be gained to any information held by request to the Manager.

**Yes/No:**

Signature: Date:

Signature: Date:

I/We understand that the setting will share details as required with the local authority, Ofsted and developmental support agencies, to maintain placement funding and for matters such as special educational needs information, pupil premium payments, health concerns such as a measles outbreak, and other information which may be required for administration purposes. These authorities and agencies can be contacted separately for information on their own GDPR policies and regulations.

**Yes/No:**

Signature: Date:

Signature: Date:

I/we give permission for photographs to be taken of the named child for the purpose of gathering evidence of their development within their individual records, **to be used within the setting only**. (The main preschool room, and our office room.) **Any records for your own child which are taken away from the setting must be signed as being under parent/guardian responsibility for data protection.**

**Yes/No:**

Signature: Date:

Signature: Date:

I/we give permission for photographs of the named child to be used on wall displays in the setting or within the village hall, ‘William’s Diary’, newsletters, or **items which may be shared with other preschool children and their families and taken away from setting.**

Yes/No:

Signature: Date:

Signature: Date:

I/we give permission for photographs to be taken of the named child for the purposes of promotional literature for preschool, **outside of our setting, available for general public viewing i.e. website, newspaper articles.** (Names will not be used unless specific agreement has been requested and confirmed).

**Yes/No:**

Signature: Date:

Signature: Date:

I/we understand that if required, my/our child will be taken by staff or ambulance (if necessary) to the nearest accident and emergency unit to be examined, treated or admitted as necessary. Every attempt is made to contact parents/guardians but in the event that staff cannot make contact I/we give permission for staff to take my child to the hospital for further medical attention to be sought.

**Yes/No:**

Signature: Date:

Signature: Date:

I/We give permission for the Manager to seek any records or evidence of any orders etc. including agreements for change of name, from any previous settings, local authorities or agencies, and for the preschool to share information between other settings attended by my child currently, and future settings such as primary schools and also local authorities and agencies, within the General Data Protection Regulations.

In the event of an emergency resulting in the evacuation of the village hall premises, I give the permission for the staff to take my children to St Andrew’s Methodist Church, Walton Street, Cowling.

Signed: Parent/Guardian 1: ……………………………………………………………………………………..

Parent/Guardian 2: ………………………………………………………………………………………

Date: ………………………………………………………………………………………..

**Parental Consent.**

I hereby consent for my child to take up a place at Cowling Preschool & Toddlers Ltd, according to the terms and conditions set out in its policies and procedures.

I have understood the expectations and obligations relating to both myself and Cowling Preschool & Toddlers Ltd and agree to abide by them.

I confirm that persistent late or non-payment of fees will jeopardise my child’s continued attendance at the setting.

I agree that should it not be possible to contact me in an emergency, to allow the senior member of staff to take action and decisions on my behalf, acting on expert medical advice.

I agree to give permission to have my child’s hands/feet & face painted.

I agree to give permission for my child to attend outings with the preschool. Details will be provided for any trips, and an option given to attend or decline any outing.

I give permission for a member of staff to apply sunscreen to my child.

I confirm that the information detailed in this registration form is correct and I will contact the manager as soon as any of these details change.

Signatures of parent/guardian with parental responsibility:

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this completed form to Cowling Preschool & Toddlers Ltd.**

**Equalities Monitoring Form.** To be completed by the provider.

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

**White – British.**

Irish.

Traveller of Irish Heritage.

Gypsy/Roma.

Any other white background.

**Mixed – White and Black Caribbean.**

White and Black African.

White and Asian.

Any other mixed background.

**Asian or Asian British.**

Indian.

Pakistani.

Bangladeshi.

Any other Asian background.

**Black or Black British.**

Caribbean.

African.

Any other black background.

**Chinese.**

Chinese.

**Any other ethnic background.**

Please state:

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

Early Years Action.

Early Years Action Plus.

Statement.

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