

Registration form

Battisford Preschool

It is helpful for key persons or managers to complete 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 the 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

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 - Work/daytime contact number _____

Parent 2 - Work/daytime contact number _____

Any other emergency contact numbers

Name

Telephone

Mobile

Name

Telephone

Mobile

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

Name

Relationship to child

Telephone

Mobile

Name

Relationship to child

Telephone

Mobile

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)

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:

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

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?

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.

Names of professionals involved with child

Name 1 _____ Role _____

Agency _____ Telephone _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Name 3 _____ Role _____

Agency _____ Telephone _____

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

Name _____ Based at _____

Telephone _____

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

Name: _____ Based at: _____

Tel: _____

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.

Daily outings

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

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

To be completed by the key person/manager

Date starting at _____ (name of setting)

Days and times of attendance _____

Are 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)

If so, detail

I/we 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 my consent.

I/we also understand, that if required, my/our child will be taken by staff to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary, on the understanding that I/we have been informed and are on our way to the hospital.

Authorisation:

Parent 1 _____ Parent 2 _____

Key person _____ Manager _____

Date _____ Date of first review _____

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

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Any other ethnic background

- Please state _____

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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.