

# BEETLEY DISTRICT PRESCHOOL

Registered as a Charity Number 1181636

## REGISTRATION FORM - PRIVATE AND CONFIDENTIAL

### Child's Details:

Full Name:	Date of birth:
Name they are known by:	What date will your child start school?
Ethnicity:	Gender:
Birth Certificate Number:	Please bring in your child's birth certificate for us to verify.
Home Address (including Postcode):	

### Parents Details:

Name of parent(s) with whom the child lives:	
1.	Relationship:
Does this parent have parental responsibility? Y/N (delete as appropriate)	Home number: Mobile number:
Email address:	
Occupation:	
2.	Relationship:
Does this parent have parental responsibility? Yes/No (delete as appropriate)	Home number: Mobile number:
Email address:	
Occupation:	

Name of parent(s) with whom the child does not live:	
1.	Relationship:
Does this parent have parental responsibility? Y/N (delete as appropriate)	Home number: Mobile number:
Address (including Postcode):	
Does this parent have legal access to the child? Yes/No (delete as appropriate)	

**Emergency Contact details:**

<b>Parent 1 – Work/daytime contact number</b>	
<b>Parent 2 - Work/daytime contact number</b>	
<b>Any other emergency contact numbers</b>	
<b>Name and daytime contact number</b>	
<b>Name and daytime contact number</b>	

**Persons authorised to collect the child. (To include all names: parents, emergency contacts and people who will regularly collect your child).**

<b>Name:</b>	<b>Relationship to child:</b>
<b>Home number:</b>	<b>Mobile number:</b>
<b>Name:</b>	<b>Relationship to child:</b>
<b>Home number:</b>	<b>Mobile number:</b>
<b>Name:</b>	<b>Relationship to child:</b>
<b>Home number:</b>	<b>Mobile number:</b>
<b>Name:</b>	<b>Relationship to child:</b>
<b>Home number:</b>	<b>Mobile number:</b>
<b>Name:</b>	<b>Relationship to child:</b>
<b>Home number:</b>	<b>Mobile number:</b>
<b>Name:</b>	<b>Relationship to child:</b>
<b>Home number:</b>	<b>Mobile number:</b>

**Correspondence:**

During the time your child is with us, we will be sending out information to keep you updated on Preschool activities and events.

Please indicate below how you would like to receive this information and who you would like the information to go to.

<b>/we would like email/paper copies of information sent to:</b>	
<b>Name:</b>	<b>Email address:</b>
<b>Name:</b>	<b>Email address:</b>

Occasionally we send out text messages. This may be due to us having to close for bad weather or a

As a legal requirement, this form will be retained for 3 years after the child has left the provision.

reminder that the sessions are running at a different venue, i.e. the village hall.

If you are happy to receive a message by text could you please let us know who you would like the message to go to and their number, (please remember to let us know when you have a new number).

Name	Mobile no.
Name	Mobile no.
Name	Mobile no.
Name	Mobile no.

#### Health details of child:

Name and address of child's doctor:
Telephone number:

Has your child been immunised against: (Please confirm and put the date received)		
<b>8 weeks old</b> Yes / No ( <i>delete</i> ) Date:	Diphtheria, Hepetitus B, haemophilus influenzae type b (Hib), Polio, Tetnus, Whooping Cough (pertussis). (1 <sup>st</sup> dose)	Rotavirus MenB
<b>12 weeks old</b> Yes / No ( <i>delete</i> ) Date:	Diphtheria, Hepetitus B, haemophilus influenzae type b (Hib), Polio, Tetnus, Whooping Cough (pertussis). (2 <sup>nd</sup> dose)	Pneumococcal PVC Rotavirus (2 <sup>nd</sup> dose)
<b>16 weeks old</b> Yes / No ( <i>delete</i> ) Date:	Diphtheria, Hepetitus B, haemophilus influenzae type b (Hib), Polio, Tetnus, Whooping Cough (pertussis). (3 <sup>rd</sup> dose)	MenB (2 <sup>nd</sup> dose)
<b>12 months old</b> Yes / No ( <i>delete</i> ) Date:	Hib/MenC MMR Pneumococcal PVC (2 <sup>nd</sup> dose) MenB (3 <sup>rd</sup> dose)	
<b>From 2yrs</b> Yes / No ( <i>delete</i> ) Date:	Flu Vaccine (yearly)	
<b>Three years and four months or soon after</b> Yes / No ( <i>delete</i> ) Date:	Diphtheria, tetanus, pertussis (whooping cough) and polio. Measles, mumps and rubella. (MMR 2 <sup>nd</sup> dose)	

Which Health Visitor Team is your child registered with?

Has your child had their two year progress check with the health visitor? YES/No

If YES were there any concerns? YES/NO

If YES please give details:

As part of your child's 2 Year Progress check and if we have concerns about their development, we may need to communicate with the Health Visitor team. Please complete the part below with regards permission for us to speak to and share information with the Health Visitor.

I/we **\*do/do not** give permission for the preschool to share information about my child with the local Health Visitor. \*delete as appropriate.

Signature:

Date:

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

Please give details:

**We have a NO NUT policy.**

(Please make sure that any food your child brings to Preschool is nut free)

Has your child been in hospital recently? YES/NO (delete)

Has your child had any infectious illnesses? YES/NO (delete)

Please give details:

Does your child have any special needs or disabilities? YES/NO (delete)

Please give details:

Does your child have an Educational Health & Care Plan YES/NO (delete)

What special support will he/she require in our setting?

Please give details:

Has a risk assessment, if required, been completed? YES/NO

Has a health care plan and agreement to administer medicine, if required, been completed? YES/NO

**Names of professional involved with your child:**

Name 1:	Agency:
Role:	Contact details:
Name 2:	Agency:
Role:	Contact details:
Name 3:	Agency:
Role:	Contact details:

If it becomes necessary to seek medical attention or advice with regards to my child, I/we hereby give the preschool staff permission to act accordingly.

I/we also understand that if required, my/our child will be accompanied by staff in an ambulance 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.

Signed: \_\_\_\_\_

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

If yes please give details:

Name:	Based at:
Address:	Email:
Phone number:	Mobile number:

Please give details of their involvement.

If your child has a Child Protection plan, make a note here but do not include the details. These details will be obtained from the social worker named above and will be kept securely in the child's file.

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**Additional information:**

If there are any festivals or special occasions celebrated in your culture that your child will be taking part in and you would like to see acknowledged and celebrated while he/she is in our setting, please give details.

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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 please discuss with the manager and your child's key person how you would like us to support your child when settling-in.

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**Previous experiences with groups:**

Is your child registered with your local Children's centre? YES/NO (delete)

If so which one? \_\_\_\_\_

Does or has your child ever attended a stay & play toddler group? YES/NO (delete)

Does or has your child attended any other Early Years care, i.e. preschool, nursery, childminder? YES/NO (delete)

Name & Contact details: \_\_\_\_\_

If so do you give us permission to contact them and share information with them about your child's development? YES/NO (delete)

**Norfolk County Council Involvement:**

We are supported by Norfolk County Council in the form of an Early Years Adviser. They are qualified, experienced teachers with an expertise of working with children aged 0-5 years. Their role is to support early years settings meet the needs of all children's learning and development through discussions and/or observations.

To enable us to support children in the best way possible we need your permission to share information about your child/children. Please sign in the box below if you are happy for us to do this.

I/we agree and consent to the involvement of an Early Years Adviser who may discuss the learning and development needs of my child.

Signed: \_\_\_\_\_

### **Observing and assessing development.**

During your child's time with us we will observe them during their play, record, assess and track their progress from what we see. We use this information to help us support them to progress and plan activities to meet their needs and interests.

We use an online system hosted by a company called Famly.

You will have access to your child's own learning journal and this cannot be seen by other parents. Many of the observations have photographs of the children interacting, we therefore ask that these photos are for your own viewing and not to be shared publicly or uploaded onto any social media websites. Failing to uphold this request will result in us suspending your access to the site.

For more information please see the Prospectus.

### **Famly online User Agreement.**

1. I agree to Beetley & District Preschool using Famly to create an online journal for my child.
2. I agree to uphold the Preschool's request not to share or upload any photographs showing other children.
3. I agree to my child appearing in group photographs that may be included in other children's Learning Journals.
4. I agree to keep my log in details secure.
5. I agree to my child's key person working on their learning journal at home.

If you do not agree with any of the statements above please put a line through that statement, the manager will then contact you to discuss the steps we will take to adhere to your wishes.

Signed \_\_\_\_\_ Parents Name: \_\_\_\_\_

### **More information on Famly can be found in our Prospectus.**

### **Personal Care:**

While attending the Preschool, your child will be given the same help and support as you would give at home. Nappy changing and toileting will follow a set procedure (see Nappy Changing & Toileting Procedure in the Prospectus).

If your child is distressed, hurt, worried, upset or instigates the need for affection, our staff will give them comfort, a hug or a cuddle.

Our aim is to treat your child as you would if you were here; we realise the importance of re-assuring a distressed child.

All our staff are DBS checked and a minimum of 2 staff are present however few children attend sessions. Please sign to say that you are happy for staff to support your child in their personal care and to comfort them should the need arise.

Signed: \_\_\_\_\_

### **Daily Outings:**

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

St Mary's school playground and fields.  
 Beetley Woods.  
 Walks around Beetley village.  
 Gressenhall Museum

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

I/We do/do not give permission for \_\_\_\_\_ (Name of child) to go on brief, local outings from the Preschool. I/we understand that specific consent will be sought for major excursions.

Signed: \_\_\_\_\_

### Use of Photographs and videos:

**A Photograph of your child will be taken and kept with this form with details of their name, DOB and contact numbers, as a safety measure in the event of an emergency.**

During the course of your child's time at Preschool, photographs and videos will be taken of them playing, engaging in activities and special events. These are used as part of the observations and assessments we do on your child whilst they are in the Preschool and they may be included in other children's learning journals when they are playing with them, alongside them or in the background of another child's observation. They may also be used by staff for course work or training programs. These photos may also be used on our Preschool website, (beetley-preschool.org), our notice boards (on Elmham Road and at the entrance to the school grounds from the car park on Fakenham Road) and for publicity with the media.

Please complete the following boxes to inform us which areas you are happy for us to use the photographs in.

**I/we do/do not give permission for my/our child's photograph to be included or used in any preschool training or course work.**

Signed:

**I/we do/do not give permission for my/our child's photograph or video to be used for publicity purposes including media.  
 I understand that any images which appear in the media may be shared on social media by a third party.**

Signed:

**I/we do/do not give permission for my/our child's photograph or video to be used on the preschool website; (beetley-preschool.org).**

Signed:

**I/we do/do not give permission for my/our child's photograph to be used in any Preschool notice boards.**

Signed:

**I/we do/do not give permission for my/our child's photograph to be used on their Facebook page. No photos will added be to Facebook that will clearly identify my child, photos will contain hands or be taken from behind.  
 I understand that any images which appear in the media may be shared on social media by a third party.**

Signed:

## Policies

Please sign below to say you have read the policies listed.

These policies are available at: [Preschool Policies - Beetley Preschool \(beetley-preschool.org\)](http://beetley-preschool.org)

Safeguarding – Child Protection	Equality & Diversity	Making concerns known	Admissions & Operation of waiting list
Health & Safety - Safety Identification of illnesses	The Role of the key Person	Working in Partnership with other Agencies	Promoting Positive behaviour
Fees & Charges	SEND – Special Educational Needs & Disability.	Health & Safety – Administration of Medicines	Parental Involvement
Transitions	Safeguarding - Use of Mobile Phones		
Signed: _____			

*Details entered on this form will also be held on a Confidential Computer Database for the duration of your child's stay at Preschool; all records will then be deleted.*

I have read and understood the information pack. I accept the conditions and the policy regarding the payment of fees; I hereby apply for a place at Beetley & District Preschool.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

When you have completed all pages of this form please return it to the Preschool manager/supervisor.

**Agreed start date:**

**Signed:**  
**Manager/Supervisor**

**Date:**