A Beetley and 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):	

Parent(s)/Carer(s) Details:

Name of parent(s)/Carer(s) with whom the child lives with:	
1.	Relationship:
Does this parent have parental responsibility? Yes/No (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 <u>does not</u> live with:	
1.	Relationship:
Does this parent have parental responsibility? Yes/No (delete as appropriate)	Home number: Mobile number:
Email address:	
Occupation:	
Address (including Postcode):	
Does this parent have legal access to the child? Yes/No (delete as appropriate)	
2.	Relationship:
Does this parent have parental responsibility? Yes/No (delete as appropriate)	Home number: Mobile number:
Email address:	
Occupation:	
Address (including Postcode):	
Does this parent have legal access to the child? Yes/No (delete as appropriate)	

Could your child be entitled to extra funding? The EYPP is additional funding available to the preschool to improve the education we provide for 3 and 4-year-olds. We use this to provide support for your child's specific needs.

Eligibility Criteria – do you receive one or more of the following?	
□ Income Support	□ Support under Part 6 of the Immigration and Asylum Act 1999
□ Jobseekers Allowance	□ Guaranteed element of Pension Credit
□ Employment and Support Allowance	□ Universal Credit (with annual net household income of under £7,400

Emergency Contact details:

Parent/Carer 1 – Daytime contact number	
Parent/Carer 2 - Daytime contact number	
Any other emergency contacts	
Name and Daytime contact number	
Name and Daytime contact number	

Are there any Court Orders in place relating to this child (e.g., Residence, Contact, or Prohibited Steps Orders)? **YES / NO**

If **YES**, a copy of the order must be provided for our safeguarding files.

Persons authorised to collect the child:

(To include all names: parents, emergency contacts and people who will regularly collect).

Name:	**Relationship to child:**
Home number:	**Mobile number:**
Name:	**Relationship to child:**
Home number:	**Mobile number:**
Name:	**Relationship to child:**
Home number:	**Mobile number:**
Name:	**Relationship to child:**
Home number:	**Mobile number:**
Name:	**Relationship to child:**
Home number:	**Mobile number:**
Name:	**Relationship to child:**
Home number:	**Mobile number:**

Correspondence:

Famly is a digital app that provides us with an all-in-one solution for communication, learning journals and invoicing. You are able to stay informed of your child's learning and development, receive and send private messages to staff, report sick days/holidays, receive information regarding events and more.
If you are unable to access a digital app please speak to the manager regarding other options.

Occasionally, we send out text messages to the main carers of the child. This may be due to us having to close for bad weather or a reminder that the sessions are running at a different venue, i.e. the village hall.

Sometimes, it will be necessary for us to contact you via email or send paper letters.

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)		
8 weeks old Date:	Diphtheria, Hepatitis B, haemophilus influenzae type b (Hib), Polio, Tetanus, Whooping Cough (pertussis). (1st dose)	Rotavirus MenB
12 weeks old Date:	Diphtheria, Hepatitis B, haemophilus influenzae type b (Hib), Polio, Tetanus, Whooping Cough (pertussis). (2nd dose)	Pneumococcal PVC Rotavirus (2nd dose)
16 weeks old Date:	Diphtheria, Hepatitis B, haemophilus influenzae type b (Hib), Polio, Tetanus, Whooping Cough (pertussis). (3rd dose)	MenB (2nd dose)
12 months old Date:	Hib/MenC MMR Pneumococcal PVC (2nd dose) MenB (3rd dose)	
From 2yrs Date:	Flu Vaccine (yearly)	
Three years and four months or soon after Date:	Diphtheria, tetanus, pertussis (whooping cough) and polio. Measles, mumps and rubella. (MMR 2nd 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 below with regards to 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:

We operate a NO NUT policy

Allergy & Dietary Requirements:

Please tick if your child is allergic to any of the following:

[ ] Celery [ ] Gluten [ ] Crustaceans [ ] Eggs [ ] Fish [ ] Lupin [ ] Milk [ ] Molluscs [ ] Mustard [ ] Peanuts [ ] Sesame [ ] Soya [ ] Sulphites [ ] Tree Nuts

If any ticked, describe the reaction (e.g., swelling, breathing):

Does your child require an EpiPen/Auto-injector? YES / NO

Does your child have Asthma? YES / NO

Lunchboxes & Cross-Contamination Agreement

- **Packed Lunches:** I/We understand that Beetley & District Preschool is a **Nut-Free setting**. I/We agree to ensure that all food provided from home in my child's lunchbox is strictly free from nuts and nut products.
- **Cross-Contamination:** I/We acknowledge that while the preschool implements rigorous hygiene procedures, food is consumed in a shared environment. I/We accept that the preschool cannot provide a 100% guarantee against accidental cross-contamination but will take every reasonable precaution.
- **Sharing Food:** I/We understand that children are discouraged from sharing items from their lunchboxes to minimize the risk of allergic reactions.
- **Medical Emergency:** In the event of an allergic reaction, I/we give permission for staff to act accordingly and administer prescribed antihistamines or adrenaline auto-injectors if provided.

Signed: _____ Date: _____

Has your child been in hospital recently? YES/NO

Has your child had any infectious illnesses? YES/NO

Please give details:

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

Please give details:

Does your child have an Educational Health & Care Plan? YES/NO
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

Professionals 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

If yes please give details:

Name:	Email:
Address:	Reason for Involvement:
Phone number:	Mobile number:

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.

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.

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

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.

Other experiences:

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

If so which one? _____

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

Has your child attended any other Early Years care, i.e. preschool, nursery, childminder? YES/NO

Name & Contact details: _____

Does your child still attend? YES/NO

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

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.

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	• Walks around Beetley village
• Beetley Woods	• Gressenhall Museum

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

I/We do 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 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. 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 observations. These photos may also be used on our preschool website, (beetley-preschool.org), our notice boards (within the preschool and outside area) and for publicity with the media.

Please complete the following box:

I/we do/do not give permission for my/our child's photograph/video to be used on the Preschool's website (beetley-preschool.org), on the Preschool's notice boards, for publicity purposes including the media and on the Preschool's Facebook page (No photos will be added to Facebook that 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)

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

Signed: **Print name:**