

10.4 Registration form – for completion after the Application form 10.3 has been submitted and sessions have been confirmed

A typed signature will be accepted by Cheapside Pre-school Ltd and will be deemed to be binding

- a fee deposit of £75 per child is payable upon completing the registration form 10.4 and signing the terms and conditions 10.13. Deposits will be returned to parents when their child leaves the nursery subject to fees being paid in full and due notice given. Should this present any financial hardship please discuss with Lisa Naji, Business Administration.
- Payment details are - Sort code: 40-31-05 Account number: 61871323 Please use your child's name as a reference.

Cheapside Preschool's Registration Form
Village Hall
Cheapside Road
Cheapside
Ascot
Berkshire SL5 7QH
01344 627111
Email caroline@cheapsidepreschool.co.uk

Child's details

Child's first name(s) _____ Surname _____
Name known as _____
Child's full address _____

Gender _____ Date of birth _____

Family details

Name of parent(s)/carer(s) with whom the child lives: _____

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. Please note that if the authorised person is not the person indicated in the signing out book, staff will need a password before releasing the child.*

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

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:

It is our usual practice to provide fruit and vegetables and crackers as a snack, with milk or water to drink. If this is not in-keeping with your child's dietary requirements, please discuss this with our setting manager to ensure that we are working in partnership to meet your child's needs. Please refer to our Food and Drink Policy.

If your child is aged three years or over, does he or she have difficulty with any of the following:

- | | | | | |
|-----------------------------------|-----|--------------------------|----|--------------------------|
| Speaking and communicating | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Listening and attending | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Understanding simple instructions | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Eating and drinking | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Sitting and sharing a book | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Walking and climbing | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Rolling a ball | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Holding a crayon | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Socialising with adults and other children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Putting on their shoes and socks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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?

Early Years Action	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Early Years Action Plus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Education Health Care Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

Two year's old progress check – children aged 24 – 36 months

If your child is aged between 24-36 months, has a two year's old progress check already been completed for your child? Yes No

If No, a check will be completed by Cheapside Pre-School.

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:

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.*

Any other professional who has regular contact with the child

Name 1 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 3 _____ Role _____

Agency _____ Telephone _____

Address _____

General parental permissions – please read carefully and sign where appropriate. Any concerns please discuss with a member of staff

Family Online Learning Journeys

At Cheapside Pre-school we create individual ‘learning journeys’ for your child through a piece of educational software called ‘Family’. By logging on with a secure username and password you will be able to view all of your children’s observations, photographs and even videos from their time at pre-school, at home.

Staff will reference your child’s learning to the EYFS profile so you will know which area of learning your child is achieving in and the age-band they were working for in that activity. All this information is stored on a highly secure server which is monitored closely.

In addition to viewing our contributions, we encourage you to add to it by uploading photos and comments about your child and their achievements at home.

In order for your child’s learning journey to be created please read the guidelines below which requires you to acknowledge and upload the pre-schools guidelines on accessing Family at home. This will be forwarded to the email address provided earlier so please ensure your email address is correct as we will set up an account enabling you to access your child’s learning journey via the secure Family website for your child.

(Please note each parent only has access to their own child’s learning journey)

Details about how to access Family will be sent out to you along with your logon details once we have set up your account.

We are sure that you will love this way of viewing your child’s achievements as much as we do! If you have any questions, then please do not hesitate to come into pre-school and speak to us.

Agreed guidelines (below) for accessing and using Family ‘Online Learning Journeys’

As a parent I have

- Read and understood the information letter and policy regarding Famly
- I understand that my child will sometimes be in a photo with other children and their names may be used in the observation write up
- I understand that I must NOT publish any observations, videos or photographs that I have accessed from Famly onto any social media website
- I understand that I must keep the login details within my trusted family
- I am happy for my child to appear in group photographs if a group observation is made and my child is a part of that group
- In order for us to set up an account for you, we require the following information. The account will be set up for you and we will hand these details back to you along with some information about how to access your account. NB: **Password will initially be your child's first name, we strongly recommend you change this once you are set up.**

Famly-Online Learning Journey

Signed: _____ Date: _____

Password: _____

Email: _____

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 key person 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:

- Key person to be confirmed _____
- _____
- _____

Signed _____ Date _____

Printed name _____

Nappy cream

I give permission for nappy cream (supplied by me) to be administered to _____
(*name of child*) when required, in accordance with manufacturer's instructions.

Signed _____ Date _____

Printed name _____

Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by me) to
_____ (*name of child*) when necessary.

Signed _____ Date _____

Printed name _____

Short trip - general outings

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

The local village and surrounding walks.

The Great Park.

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 any major outings, 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 can be used for the following (**please delete as necessary**):

- Individual child's records
- Display within the pre-school
- For use in the pre-school prospectus
- For use on the pre-school web site
- For promotional events
-

I give permission for _____ (name of child) to have her/his photo taken
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. 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 usually remains unchanged as your child progresses through the setting. Your child's key person is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be _____ Confirmed upon starting _____

Policies and procedures

I have been advised that details of some of Cheapside Preschool's policies and procedures can be obtained from the website, www.cheapsidepreschool.co.uk or the complete file can be obtained from Caroline Sayers at caroline@cheapsidepreschool.co.uk I understand the Information Sharing Policy permits in specific circumstances, information to be shared with other professionals or agencies without my consent.

Signed _____ Date _____

Printed name _____

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 as requested by RBWM. Parents are not obliged to complete this data.

- | | | | |
|--------------------|--------------------------|---------------------------|--------------------------|
| White British | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| White other | <input type="checkbox"/> | Asian other | <input type="checkbox"/> |
| Black British | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Chinese other | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> |
| Black Other | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | White and Black Asian | <input type="checkbox"/> |
| Other please state | | | |
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