



Hambledon Youth Hut  
 West Street  
 Hambledon  
 PO7 4RW  
 02392 632242  
 www.hambledonpreschool.co.uk

## Registration Form

### Child's details

Child's first name(s)		Surname	
Name known as			
Child's full address			
Gender		Date of birth	Copy of Birth certificate Included: Yes/No ( <i>delete</i> )

### 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 ( <i>delete</i> )			
Does this parent have legal access to the child? Yes/No ( <i>delete</i> )			
<i>Contact details 2 (including emergency information):</i>			
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 ( <i>delete</i> )			
Does this parent have legal access to the child? Yes/No			
<i>Contact details 3 (including emergency information):</i>			
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 ( <i>delete</i> )			
Does this parent have legal access to the child? Yes/No ( <i>delete</i> )			

**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 the setting needs to know about?	

**Emergency contact details if parents are not available** *Emergency contacts must be local*

Contact 1 - Name			
Daytime/work telephone			
Home telephone		Mobile	
Address			
Relationship to child			
Contact 2 - Name			
Daytime/work telephone			
Home telephone		Mobile	
Address			
Relationship to child			

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age*

Person 1 – Name			
Daytime/work telephone			
Home telephone		Mobile	
Address			
Relationship to child			
Password for the collection of child by authorised person			

Person 2 - Name			
Daytime/work telephone			
Home telephone		Mobile	
Address			
Relationship to child			
Password for the collection of child by authorised person			

### About your child

Has your child received the following immunisations?

*(Please confirm and provide date of immunisations given)*

<b>Two months old</b>			Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Pneumococcal infection.	DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)
Yes/No <i>(delete)</i>	Date:			
<b>Three months old</b>			Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C).	DTaP/IPV/Hib and MenC
Yes/No <i>(delete)</i>	Date:			
<b>Four months old</b>			Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C). Pneumococcal infection.	DTaP/IPV/Hib and MenC and PCV
Yes/No <i>(delete)</i>	Date:			
<b>12 months old</b>			Haemophilus influenza type b (Hib) and meningitis C.	Hib/MenC
Yes/No <i>(delete)</i>	Date:			
<b>13 months old</b>			Measles, mumps and rubella (German measles). Pneumococcal infection.	MMR and PCV
Yes/No	Date:			

<i>(delete)</i>	e:		
<b>Three years and four months or soon after</b>		Diphtheria, tetanus, pertussis (whooping cough) and polio. Measles, mumps and rubella.	DTaP/IPV (or dTaP/IPV) and MMR
Yes/No <i>(delete)</i>	Date:		

Has the child's health record book been seen to confirm immunisation dates? Yes/No *(delete)*

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

If so, please provide 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)*

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

If so, please provide details:

Are any of the following in place for the child?

Early Years Action	Yes/No <i>(delete)</i>
Early Years Action Plus	Yes/No <i>(delete)</i>
Statement of special educational need	Yes/No <i>(delete)</i>

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

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 ( <i>delete</i> )	
If so, discuss and agree with the key person how we can work together to support your child when settling-in:	
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.	

## Details of professionals involved with your child

### GP

Name		Telephone	
Address			

Name		Telephone	
Address			

### Health Visitor (if applicable)

Name		Telephone	
Address			
<p>What is the reason for the involvement of the social care department with your family? <i>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.</i></p>			

### Social Care Worker (if applicable)

#### 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

### *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 setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed		Date	
Print name			

### *For inhaler/Epipens only*

I give permission for a named member of staff who has been trained to administer the inhaler/Epipen or			
Anapen (supplied by me) to		<i>(name of child)</i> . The named staff are:	

■	
■	
■	

Signed		Date	
Print name			

### *Suncream*

I give permission for staff to administer hypoallergenic suncream (supplied by me) to	
	<i>(name of child)</i> when necessary and to record its use.

Signed		Date	
Print name			



**Short trip - general outings**

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

I give permission for		(name of child)
Print Name		
Hambledon Primary School, Walks around the village, Hambledon church and village green or park.		

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	
Print name			

*Journals & Tapestry (online Learning Journal)*

I give permission for my child’s journal (Tapestry) to be remove from the pre-school, for update purposes

Signed		Date	
Print name			

*Photographs*

I give permission for \_\_\_\_\_ (name of child) to have her/his photo taken, or to be videoed, or to be included in Tapestry and in other children’s photographic Tapestry records, as per the above conditions.

Signed		Date	
Print 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. These photographs are used for display and for your child's records within the setting. We are happy to provide duplicate photos of your child to you if requested. We may also record events and activities on video. Photos/videos are stored on the setting's computer and in Tapestry (your child's online Learning journal) only. On occasions when your child is taking part in a certain activity with another child, it is inevitable that the other child will be photographed for his or her Tapestry journal.

I give permission for		(name of child)
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I confirm that I have parental responsibility for the child named above. I agree that my child may be photographed and that it is included in the following: (please delete any that your do not wish to agree to)

- Yes/No – Pre-School publications – for internal use
- Yes/No – Pre-School Website/facebook
- Yes/No – Pre-School publications – for external use(prospectus etc)
- Yes/No – Press/TV/Media (Hambledonian)
- Yes/No – Pre –School photographs recorded on a C.D (Parent given Copy)

Signed		Date	
Print name			

## Animals

We may occasionally have supervised visits of animals to our setting and we have the following pets on site (please list all):

- None

We will ensure that our pets are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals, and parents informed. Please state below any known allergies or aversion your child has to animals:

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Signed		Date	
Print 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 may change as your child progresses through the setting. You will be notified of these changes. 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	Allocated within the first couple of weeks
Your child's 'back up' person will be	

Has the settling-in process been agreed? Yes/No (*delete*)

If so, detail:

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

Date starting at		<i>Hambledon Pre-School</i>
Days and times of attendance		
Are any fees payable? If so, note here		

**Policies and procedures**

These will be explained during your child’s settling in period and are available on the parents table, in the setting, or on our website.

Please sign below to confirm that you have been provided with details of the setting’s policies and procedures, including the Payments and Fees and Information Sharing policy and understand that there may be circumstances where information is shared with other professionals or agencies without your consent.

Signed		Date	
Print 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.**

A **deposit of £15** is required before your child begins attending the Pre-school. This deposit secures the specific sessions you require and your child will be allocated a Sweatshirt and book bag when she joins.

Four weeks written notice is required when a child leaves Pre-School.

My child has approved 2yr old grant funding  (please tick). URN number \_\_\_\_\_  
 My child has approved 3yr old grant funding  (please tick).

*Please make payment by either cash  
 or bank transfer to our account: 65370856, sort code 08-92-99.*

We have read and accepted the Terms and Conditions above and agree to comply to them and our policies.

Parent 1			
Signed		Date	
Parent 2			
Signed		Date	
Key person			
Signed		Date	
Manager			
Signed		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


**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background


**Mixed – White and Black Caribbean**

- White and Black Caribbean
- White and Asian
- Any other mixed background


**Black or Black British**

- Caribbean
- African
- Any other Black background


**Chinese**

- Chinese

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**Any other ethnic background**

- Please state \_\_\_\_\_

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 term above.