



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:			
<i>Contact details 1 (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> )			
<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			

**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?	

**Details of professionals involved with your child**

*GP*

Name		Telephone	
Address			

Name		Telephone	
Address			

*Known medical conditions, allergies, special dietary needs: Yes No*

*If yes please give details below*

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*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			

## 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/Epi pens only*

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

Signed		Date	
Print name			

## Visits to the park/village green

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

I give permission for		(name of child)
Print Name		
Village green or park.		

Signed		Date	
Print name			

## **Photographs**

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
- 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			

## **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			

Manager			
Signed		Date	

**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.