

Milton Mount Playgroup's Childcare registration form

Child's details

Child's first name(s) _____ Surname _____

Name known by _____

Child's full address _____

Gender _____ Date of birth _____ Birth certificate seen Yes No

Family details

Who does the child live with? _____

Contact details 1 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes No

Parent NI number _____ (for funding purposes only)

Contact details 2 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Email

Home address

Work address

Does this parent have parental responsibility for the child? Yes No

Parent NI number _____ (for funding purposes only)

Contact details 3 (including emergency information):

Parent/carer full name

Relationship to child

Daytime/work telephone

Mobile

Email

Home address

Work address

Does this parent have parental responsibility for the child? Yes No

Parent NI number _____ (for funding purposes only)

Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and/or an S8 Order is in place.*

Name

Address

Contact telephone numbers

Relationship to child

Please give details of the legal contact arrangements that we need to be aware of

Ethnicity data gathered for monitoring purposes only. Parents are not obliged to give this information.

Ethnic origin is classified as special category of data under data protection legislation and we require your consent in order to process and store this information. The Privacy policy explains how the data provided in this form will be processed and explains your rights with respect to the information given.

Privacy Notice

I confirm that I have received a copy of the Privacy Notice and give my consent to the processing of special category data.

Signed		Date	
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

Collection permission authorisation (other than parents) *Only those over the age of 16 years can be named as authorised persons.*

Authorised Person 1 (parent/carer) – Name

Relationship to child

Full address

Daytime/work telephone

Home
telephone

Mobile

Authorised person 2 (other family member) –

Name

Relationship to child

Full address

Daytime/work telephone

Home
telephone

Mobile

Authorised person 3 (other family member)-

Name

Relationship to child

Full address

Daytime/work telephone

Home
telephone

Mobile

Password for the collection of child by authorised persons

No Access – Name

Full address

Relationship to the child

Reason: e.g. court order or other?

Evidence seen Yes No

Copy provided Yes No

Emergency contact details for two named contacts – if parents are not available *Only those over the age of 16 years can be named as emergency contacts. Please ensure emergency contacts are local and their consent has been given.*

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

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 and emergency services will be called as necessary. I understand that my child may be taken hospital accompanied by the manager or authorised deputy for emergency treatment. I understand that health professionals will be responsible for decisions about medical treatment in my absence.

Signed

Date

Name

For inhalers/auto-injectors (e.g. 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)

(*name of child*).

to

Signed _____

Date _____

Printed name _____

Medical details

Has your child received the following immunisations, this enables us to effectively manage any special education, health or medical needs of your child (please confirm and date);

Two months 5-in-1 (DTaP/IPV/Hib) vaccine – diphtheria, Yes No Date:
tetanus,

whooping cough (pertussis), polio and
Haemophilus

influenzae type b (known as Hib);
Pneumococcal (PCV)

vaccine; Rotavirus vaccine; Men B vaccine

Three months 5-in-1 (DTaP/IPV/Hib) vaccine, second dose; Yes No Date:
Men C

vaccine; Rotavirus vaccine, second dose

Four months 5-in-1 (DTaP/IPV/Hib) vaccine, third dose; Yes No Date:
Pneumococcal (PCV) vaccine, second dose;

Men B

vaccine second dose

12 to 13 months Hib/Men C booster, given as a single jab Yes No Date:
containing

meningitis C (second dose) and Hib (fourth
dose); Measles,

mumps and rubella (MMR) vaccine, given as a
single

jab; Pneumococcal (PCV) vaccine, third dose;

Men B

vaccine third dose

**Eligible
pediatric age
groups**

Children's flu vaccine (annual)

Yes No Date:

**Three years
and four
months to five
years**

Measles, mumps and rubella (MMR) vaccine,
second dose; 4-in-1 (DTaP/IPV) pre-school
booster, diphtheria, tetanus, whooping cough
(pertussis) and polio

Yes No Date:

For internal use: Has the child's health record book been seen to confirm immunisation dates?

Yes No

Health and development

Was your child born prematurely, if so how many weeks early?

Special notes:

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

Special notes

If yes, complete health care plan with parents.

Does your child have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance? Yes No

Special notes:

Do you have any concerns about your child's learning and development? Yes No

If yes, special
notes:

Is your child known to have any allergies or food intolerances? If so, please specify:

Special notes:

What are your child's dietary requirements? Please specify:

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

Special notes

Dentist (if applicable)

Name Telephone

Address

Any other professional who has regular contact with the child

Name

Role

Agency

Telephone

Address

Two year old progress check/Integrated health check

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 to share it with your child's health visitor. Please note that where a local authority has arrangements in place we complete an integrated check with you and your child's health visitor.

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

Setting completing
check

Date
completed

Parental permissions

E:safety (staff and children)

There are procedures in place that govern the use of IT equipment on site. Visitors to the setting using IT equipment, such as Ofsted or Social Care, are advised of the procedure for its use and must seek prior permission from the setting manager.

In some instances children will use ICT equipment to promote their learning and development under the supervision of staff. Children do not normally have access to the internet and never have unsupervised access to the internet.

I give permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures and risk assessment in place to govern its use and that staff and visitors may also use ICT equipment to record and monitor children's learning and development.

Signed

Date

Nappy cream

I give permission for non-medicated nappy cream (supplied by me) to be administered to my child when required in accordance with manufacturer's instructions. If medicated nappy cream is

supplied by me, I give permission for it to be applied as above and to record its use and inform me of when it was administered. (*Medication Administration Record*)

Name of child: _____

Signed _____

Date _____

Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by me) to

(*name of child*) when necessary and to record its use.

Signed _____

Date _____

Short trip - general outings

I give permission for my 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 and are available for me to see as required.

Name of child: _____

Signed _____

Date _____

Photographs and videos

To record aspects of our curriculum and for children's individual development records, staff often take photographs or videos of children during their play. Only equipment supplied by us is used for this purpose and images taken are for display and for your child's learning records. Images are saved and stored on our equipment securely, and only kept for the period your child is with us. If we wish to use any images of your child for publicity or marketing purposes we will seek your written consent for each image we wish to use.

I give permission for my child to be photographed/recorded as per the conditions above.

Name of child: _____

Signed _____

Date _____

Animals

We may occasionally have supervised visits of animals to our setting. Risk assessments will be carried out for visiting animals and will be made available to parents on request. Please state here any known allergies or aversion your child has to animals

Name of child: _____

Signed _____

Date _____

Key persons

Your child will have a key person assigned to them. It is the key person's responsibility to ensure your child receives the best possible care and attention and to ensure that their records are kept up to date whilst they are with us. Your child's key person may change as they progress through the setting, but you will be notified of these changes in advance. The key person should be the first point of contact for anything you wish to discuss about your child.

About your child

The following information will tell us a little more about your child.

Does your child have previous experience of attending a childcare setting? If so, please give details:

Does your child have difficulty with walking, talking or socialising? If so, please give details:

Is your child disabled? Yes No

Does your child require a care plan? Yes No

What languages does your child speak at home?

What religion does your family follow (if applicable)?

How would you describe your family's cultural background?

Are there any religious or cultural festivals that your child takes part in?

What is your child's usual sleep pattern?

Does your child have any food preferences? Yes No

Does your child have a pacifier i.e. dummy or thumb? Yes No

Does your child have a special toy or object they might bring with them? Yes No

What sort of things does your child enjoy doing at home, i.e. drawing or cooking?

Is there any other background information about your child that may be useful for us to know? For example, how do they prefer to be comforted when they are upset?

Transfer of records

With your consent we will transfer your child's records to the receiving school when they leave our setting. This will enable the school to continue to effectively manage any special education, health or medical needs, and to continue with their development.

I agree for my child's records to be transferred to their receiving school

Name of child: _____

Signed _____

Date _____

Which year will your child start school?

Which school?.....

When would you like your child to start? (minimum age 2)

.....

15 hours free entitlement is effective from the term (January/April or September) after your child's 3rd birthday. Fees are £5.00 an hour, payable in advance every term/half term. 15 hours free entitlement may be available for 2 year olds if you meet the criteria (this can be found on www.westsussex.gov.uk (2 year free entitlement). This is effective from the term (January/April or September) after your child's 2nd birthday.

We offer the 30 hours free entitlement to those that are eligible. (For the Extended Entitlement for working parents, this is once you have received your validity code from the DWP).

Where did you hear about the Playgroup

Preferred sessions at Playgroup

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8.30 – 11.30) £15.00					
Afternoon (11.30 – 2.30) £15.00					
All Day (8.30 – 2.30) £30.00					
All Day (8.30 –1.30) £25.00					

NB. We make every effort to allocate your preferred choices, however this may not always be possible. Please note we take children for a minimum of 2 sessions.

AGREEMENT

Milton Mount Playgroup is a Registered Charity managed by a committee of volunteer parents/carers. In order to keep the Playgroup running we rely on parents/carers getting involved with the various activities that keep our Playgroup working for you and your child.

I understand that my help will be essential in keeping this Playgroup running and will, where possible, take part in the following activities: Parent Rota (once a term – parents/carers, grandparents all welcome), Fundraising activities or Committee.

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.....

Please complete and return to:
**The Manager, Milton Mount Playgroup, 10 Kenmara Close, Three Bridges,
 Crawley West Sussex RH10 8AN**