

Registration form

We need some details about your child and family. We have a legal obligation to collect and process this information in accordance with The Early Years Foundation Stage (Welfare Requirements) Regulations 2012 and therefore we do not require your consent for the first section of this form. Where information to be supplied is voluntary or where we do need consent this is identified. The information provided will be kept in paper form and used for the purpose of maintaining appropriate contact details and for the safety and well-being of your child.

Child's Details						
Child's name:			Known as:			
Date of birth:			Gender:			
Booking Requirements:						
Start Date: _____						
Sessions Required (please tick): Please note AM/PM sessions are only applicable to over 3s.						
	Mon	Tues	Wed	Thurs	Fri	
Full Day						
Morning*						
Afternoon**						
*7:30am-1:00pm (Over 3s only)						
**1:00pm-6:30pm (Over 3s only)						
Parent/Guardian Details:						
Parent/Guardian 1: Name _____			Parent/Guardian 2: Name _____			
Do you have parental responsibility for this child? Yes/No <i>(please delete as appropriate)</i>			Do you have parental responsibility for this child? Yes/No <i>(please delete as appropriate)</i>			
If no, do you have legal contact? Yes/No <i>(please delete as appropriate)</i>			If no, do you have legal contact? Yes/No <i>(please delete as appropriate)</i>			
Address of Parent/Guardian (s) with whom the child lives: 						
Home telephone number:			Mobile telephone numbers:			
			Parent:			
			Parent:			

Email address (es): Parent/Guardian 1: _____		
Parent/Guardian 2: _____		
Please note we use these to receive invoices, newsletters and information via email?		
<i>Please sign here to consent to us contacting you for the purposes above</i>		
Name of parent(s) with whom the child does not live:		
Does this parent have parental responsibility? <i>(appropriate)</i>	Yes/No	<i>(please delete as appropriate)</i>
Does this parent have legal contact?	Yes/No	<i>(please delete as appropriate)</i>

Does this parent have legal access to the child?	Yes/No	<i>(please delete as appropriate)</i>
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Address:	
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Home telephone number:	Mobile telephone number:
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E mail address:

Emergency Contact Details <i>Please provide the names and contact details of 2 people (other than parents/guardians) who we can contact in case of an emergency.</i> NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.

Emergency Contact 1 Name: Home telephone no: Mobile telephone no: Relationship to child:	Emergency Contact 2 Name: Home telephone no: Mobile telephone no: Relationship to child:
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Security Details

A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. Please do not use obvious things such as middle names. The password is required from anyone collecting your child. If they do not have the password we will not release your child to them.

My secure password is:

Persons authorised to collect the child. This is any other adult who may collect your child in your absence. Authorised persons must be over 18 years of age. NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.
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Authorised Person 1 Name: Home telephone no: Mobile telephone no: Relationship to child:	Authorised Person 2 Name: Home telephone no: Mobile telephone no: Relationship to child:
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Additional Security Information

We have the safety and well-being of the children in mind at all times and we are sure that you will appreciate that persons known to you are strangers to us and we do need means of identifying those you have authorised to collect your child (either authorised or emergency contacts) when you are unable to.

We as a setting and especially your child/children key person will be familiar with you but we do not always have the opportunity to meet both parents. This is also true of your nominated emergency contacts and authorised persons. We therefore request that should anyone unknown to us be collecting your child that you inform us in advance and show us a photograph to enable us to identify them when they collect your child.

Health Information

Does your child suffer from any of the following *(please tick those which apply)*

Asthma		Epilepsy	
Heart Condition		Kidney/Bladder problems	
Diabetes		Bee Sting Allergy	
Sight Impairment		Deafness	
Wears Glasses		Other	

If you have ticked any of the boxes above please give details here:

Does your child require medication, either long term for existing conditions or life saving drugs such as Ventolin? *(Please give details of the medication and dosage)*

Does your child have any special dietary needs or preferences? <i>(applicable)</i>	Yes/No <i>(Please delete as applicable)</i>
	If yes please give details below

Does your child have known allergies? <i>(applicable)</i>	Yes/No <i>(Please delete as applicable)</i>
	If yes please give details below

Name of GP:
Surgery:
Address:
Telephone number:

Safeguarding Children

Does your family have a social worker for any reason?

Name	Telephone number
Based at	

What is the reason for the involvement of Social Services with your family?

FOR OFFICE USE - 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 worker named above and keep these securely in the child's named Child Protection file.

The following information is voluntary and you do not have to complete it. However, we have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and to allow us to monitor and assess their development.

Health Visitor	
Name	Telephone number
Based at	

Has your child had their two year old progress check? **Yes/No** (Please delete as applicable)

If so, on what date was this completed?

Are you able to share this information with the setting? **Yes/No** (Please delete as applicable)

The following section requires information classed as 'sensitive personal data' for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child's needs.

Ethnicity and Cultural background

How would you describe your child's ethnicity/cultural background?

What is the main religion of your family?

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 s/he is in our setting?

What is/are the main language(s) spoken at home?

If English is an additional language, will this be your child's first experience of being in an English-speaking environment? **Yes/No** (Please delete as applicable)

Special Educational Needs and Disabilities

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

If yes please give details below

What (if any) special support will your child require in our setting?

Professionals involved with the child

Name

Name

Agency	Agency
Role	Role
Telephone no	Telephone no

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance.

Permissions and Consent

Permission for the setting to act in loco parentis

Emergency Medical Treatment:

We consent for our child to see a Doctor in an emergency and the nursery seeking any necessary emergency medical advice/treatment for our child. We understand that the nursery will endeavour to contact us before/whilst emergency treatment is arranged. (Please note that if a child needs to go to hospital, an ambulance will be called. A member of staff will accompany the child and their nursery profile will be taken with them. Arrangements will be made to meet the parents at the hospital).

Sun Protection:

We understand that it is our responsibility to protect our child's skin with a suitable sun cream which will protect their skin throughout the day. We also agree to provide a sun hat for our child. We understand our child will not be allowed outside without suitable sunscreen and a hat.

Please tick the statements below if you consent to the following:

<input type="checkbox"/>	I consent to my child participating in off-site outings as part of daily practice e.g. trips to the park, shops, etc
<input type="checkbox"/>	I consent to my child having their photograph taken for use in displays, for name pegs, etc within the setting
<input type="checkbox"/>	I consent to my child having their photograph taken to be used for publicity purposes – website, flyers.
<input type="checkbox"/>	I consent to my child's photograph being used on the settings social media sites
<input type="checkbox"/>	I consent to my child's artwork (with their name) being displayed in the setting
<input type="checkbox"/>	I consent to an online Tapestry Journal to be created & maintained for my child which may contain photographs and videos. I understand that it will be password protected.
<input type="checkbox"/>	I consent to my child's photograph/video being used in Learning Journeys & on Tapestry of other children within the setting
<input type="checkbox"/>	I consent to my child being videoed for use by the setting staff only with regards to observational purposes either assessment of children, an activity or for monitoring children's behaviour
<input type="checkbox"/>	I consent to the video, as mentioned above, to be shared with other professionals visiting the group such as Early Years Advisors, SENCO, Health Visitor etc if necessary
<input type="checkbox"/>	I consent to my child being on CCTV which will be stored for a maximum of 90 days.

	I consent to my child's learning journey being shared with Ofsted inspectors and/or as part of audits by the local authority
	I consent to my child's learning journey being shared with another setting if they attend more than one
	I consent to my child's learning journey being shared with their future school to provide information for their baseline assessments
Please sign below to confirm your consent for the indicated statements above:	
Signature of Parent(s)/Guardian:	

Further information regarding [how we use children's images within the setting](#) can be found in our [Image Use Policy](#).

SPECIAL NOTE: Please notify us immediately of any changes to the information provided. Please feel free to come and discuss any problems or concerns with us. If there are any other notes you would like to add, please use the space below.

I / We confirm that the information provided on this form is correct to the best of our knowledge.

Signature of Parent (s)/Guardian (s)

Date

I / We confirm that we have read and accept the Terms & Conditions identified by Chrysalis Nursery & Pre-School

Signature of Parent (s)/Guardian (s)

Date

Thank you for completing this form. You are welcome to request to see the information we hold on you and your child at any time.

