| Child's registration form                                 | Start date         | :   |   | eiltop     |  |
|---|--------------------|---|---|------------|--|
| gal name of child:  |                    | Preferred n   | , in the second |            |  |
| Child's date of birth:                                    |                    | Age:  |   | Pre-School |  |
| Ethnicity:  |                    | Religion:   |   |            |  |
| Parent/carer name:  |                    | Parent/ca   | rer name:   |            |  |
| Does this person hold parental resp                       | onsibility? Y / N  | Does this person hold parental responsibility? Y / N                        |   |            |  |
| Place of work:  |                    | Place of work:  |   |            |  |
| Contact details   |                    | Contact details   |   |            |  |
| Home:   |                    | Home:   |   |            |  |
| Work:   |                    | Work:   |   |            |  |
| Mobile:   |                    | Mobile:   |   |            |  |
| Email:  |                    | Email:  |   |            |  |
| Home address:   |                    | Home address of parent/carer if different from child (please specify whom): |   |            |  |
| Details of siblings & other important  Emergency Contacts | преорге.           |   |   |            |  |
| Name  | Relationship to ch | nild  | Contact details   |            |  |
|   |                    |   |   |            |  |
|   |                    |   |   |            |  |
| Persons authorised to collect- p                          |                    |   | -   | d          |  |
| Name Relationship to c                                    |                    | nild<br>  | Contact details   |            |  |
|   |                    |   |   |            |  |
|   |                    |   |   |            |  |
|   |                    |   |   |            |  |
|   |                    |   |   |            |  |
| Chosen password:  |                    |   |   |            |  |

(A child will not be released to anyone other than the parents unless by prior arrangement. The password system is set up to ensure that only persons authorised by parents can collect a child. Please ensure staff are always informed of who will be collecting.)

| Medical information (please use red book where possible)   |                           |                                 |                          |  |
|--|---------------------------|---------------------------------|--------------------------|--|
| G.P:   |                           | Health visitor:                 |                          |  |
| G.P address:   |                           | Health visitor address:         |                          |  |
|  |                           |                                 |                          |  |
|  |                           |                                 |                          |  |
|  |                           |                                 |                          |  |
| G.P contact number:  |                           | Health visitor number:          |                          |  |
| Dlogge specify any modical r   | ands or regular modicat   | ions takon by your shild?       |                          |  |
| Please specify any medical r   | leeds of regular medical  | ions taken by your child?       |                          |  |
|  |                           |                                 |                          |  |
| Does your child have any of  | the following conditions  | ? Please give details           |                          |  |
| Asthma   |                           | . I lease give details          |                          |  |
| Eczema   |                           |                                 |                          |  |
| Hay fever  |                           |                                 |                          |  |
| Diabetes   |                           |                                 |                          |  |
| Epilepsy   |                           |                                 |                          |  |
| Has your child had chick   | en pox?                   |                                 |                          |  |
| Immunisations received:  | Date received             | Immunisations received:         | Date received            |  |
| Diphtheria   |                           | Polio                           |                          |  |
| Tetanus  |                           | H.I.B                           |                          |  |
| Whooping cough   |                           | Meningitis C                    |                          |  |
| M.M.R  |                           |                                 |                          |  |
| Does your child have any kn  | lown allergies? E.g. food | s, medications, face paints, su | n cream etc. Please give |  |
| Does your child have any known allergies? E.g. foods, medications, face paints, sun cream etc. Please give detail  |                           |                                 |                          |  |
|  |                           |                                 |                          |  |
| Does your child have any dietary requirements, allergies, sensitivities or preferences?  |                           |                                 |                          |  |
| and the same and t |                           |                                 |                          |  |
|  |                           |                                 |                          |  |
| Please specify any individual needs. E.g. speech delays, glue ear, SEN (Special educational needs).  |                           |                                 |                          |  |
|  |                           |                                 |                          |  |
|  |                           |                                 |                          |  |
| Are any other professionals supporting your child? E.g. speech therapist etc   |                           |                                 |                          |  |
| To your child in nannice, noth,  |                           |                                 |                          |  |
| Is your child in nappies, potty //toilet trained?  |                           |                                 |                          |  |

| Does your child attend another Early years setting or provider? Please give details.   |   |                     |  |  |  |  |
|--|---|---------------------|--|--|--|--|
| Name & address:  | Contact number:   | Child's key person: |  |  |  |  |
|  | Start date:   |                     |  |  |  |  |
| attending. We may from time  | It is a statutory requirement that childcare providers liaise to share relevant information regarding children attending. We may from time to time request information from this other setting/provider to share your child's interests, fascinations, progress and next steps? |                     |  |  |  |  |
| At Pilton Pre-school we like to encourage parents, carers and families to be involved in the group. If you are interested in supporting the group by carrying out an exciting activity, would like to help on a regular voluntary basis or are interested in joining the committee please speak to the Pre-school manager. |   |                     |  |  |  |  |
| Signed by parent / carer   |   |                     |  |  |  |  |
| Print name   |   |                     |  |  |  |  |
| Date   |   |                     |  |  |  |  |

## **Please indicate sessions required:**

|           | 8:45  | Am: 9.00-12.30 | Pm: 12.30-16.00 | 9:00-14:00 | Full day:  | Other, please |
|-----------|-------|----------------|-----------------|------------|------------|---------------|
|           | Start |                |                 |            | 9.00-16.00 | specify       |
| Monday    |       |                |                 |            |            |               |
| Tuesday   |       |                |                 |            |            |               |
| Wednesday |       |                |                 |            |            |               |
| Thursday  |       |                |                 |            |            |               |
| Friday    |       |                |                 |            |            |               |

Total hours:

Please note – extra sessions can be purchased at short notice where space is available and are charged on the day. Extra hours can also be purchased to extend a morning or afternoon session where space is available.

## **Induction checklist & Consent form**

Please initial to confirm you have been informed of and understand the following policies, procedures and key information. (Full policies are available on request and we advise that you take the time to read them to gain a full understanding of the settings requirements and standards. If you wish to view the full policies please ask a member of staff.)

| Safeguarding & child protection including | Health and well-being – including healthy     |
|---|---|
|   | , , ,   |
| written statement & designated persons    | snacks, being physical and getting outside    |
| Health and Safety – inside and out        | Fees Policy – incl session times, early years |
| including outings/forest school based     | entitlement funding, additional charges,      |
| activities                                | changes to sessions, administration fees      |
| Equality and diversity                    | Intimate care policy                          |
|   |   |
| Behaviour management – including STC      | Signing in and out plus your child's peg,     |
| emotions cards                            | drawer and self registration                  |
| First aid, illness and administering of   | Red book & 2 year check                       |
| medicines.                                | ,   |
| Accident & incident forms                 | Complaints procedure, Ofsted info and         |
| Accident & meldent forms                  | important information boards                  |
| Tanastry Learning journal log in smail    | Staff and committee structure, roles, key     |
| Tapestry Learning journal, log in email,  |   |
| contributing to and regular sharing.      | person and who to go to if needed.            |
| Confidentiality and information sharing,  | Methods of communication                      |
| Privacy Policy                            | - child's drawer, parent noticeboard,         |
|   | email, Facebook, website                      |
|   | / /   |

Please initial to confirm you understand and give consent for the following:

| Administering of first aid - including seeking emergency medical support should the need arise.                                | Use of plasters if requested by your child   |
|--|--|
| Nappy changing / clothing changes / assistance with toileting (intimate care policy)   | Use of wet wipes, steri-gel (as needed) & hand soap  |
| Inclusion in multi-cultural events & festivities - please inform us of any you would like us cover or not participate in.      | Off-site trips and inclusion in Forest school approach activities (we will always inform you, in advance where possible, of outings) |
| Application of sun cream (to be provided by you and kept at Pre-school). Please ensure you apply sun cream before the session. | Use of face paints/body paints   |

| Signed parent: | Signed practitioner: |  |
|----------------|----------------------|--|
|                |                      |  |
| Date:          |                      |  |

# Pilton Pre-school Data Processing Consent

(version issued May 2018)

#### THIS DOCUMENT IS A BINDING AGREEMENT

| Nar   | me of child:  |                    |  |  |
|---|---|--------------------|--|--|
|   |   |                    |  |  |
|   | I have received a copy of F<br>the terms and conditions s   |                    | ol's Privacy Policy and have read and understood |  |
|   | ☐ I consent to my child's data being collected and used as stated within the Privacy Policy, and give explicit consent for the following uses:  ☐ observation and evidence collecting (including photographs) for individual progress record (see Tapestry consent form for further details)  ☐ share details and learning progress with other settings ☐ seeking support should concerns arise regarding development, health, safety or well-being of my child |                    |  |  |
|   | ☐ I consent to my child's photograph being used as follows: ☐ in another child's learning journal ☐ on setting displays, noticeboards and newsletters ☐ on the setting's website and/or facebook page (no personal details will be included) ☐ in group photographs (available to purchase by other parents) ☐ articles in local newspapers   |                    |  |  |
| <ul> <li>□ I consent to my data being collected and used as stated within the Privacy Policy. By entering into a childcare contract with Pilton Pre-school, I agree that it is necessary to contact me by phone and/or email regarding my child and service updates related to the setting. I give explicit consent for the following uses:</li> <li>□ to be contacted by email regarding fundraising events</li> </ul> |   |                    |  |  |
| Comm  | nunication preferences (Em  | ail will be used   | by default. Paper copies on request)             |  |
| -   | Fee invoices<br>Termly newsletters  | □ email<br>□ email | □ paper copy □ paper copy                        |  |
|   |   |                    |  |  |

- Copy to be made and given to parent/guardian for their records
- Original copy to be filed in Child's file by Pilton Pre-school

## All About Me ☺

| Favourite People:                   | My favourite places:                    |
|-------------------------------------|---|
|                                     |   |
|                                     |   |
| My favourite toys/comforters:       | My favourite foods:                     |
|                                     |   |
|                                     |   |
| My favourite stories/songs:         | Things I like to do:                    |
|                                     |   |
|                                     |   |
| Things I am not so fond of:         | When I'm upset, please comfort me with: |
|                                     |   |
|                                     |   |
|                                     |   |
| Things I might enjoy at Pre-school: |   |
|                                     |   |
|                                     |   |