



# Our registration form

## Welcome to Grindleford and Eyam Playgroup!

To help us provide the very best level of care to your child, we need to gather some important information from you. Please complete this form and return to our Supervisor before your child's first day with us.

Please also keep us informed of any changes. Thank you!

### Your Child

Name of Child	
Child's known name (if different to above)	
Child's Date of Birth	
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 in our setting?	
What language(s) is/are spoken at home?	

### Contact Details

<b>Name of Parent / Guardian / Carer</b>		
Home Address		
Home Tel No		
Mobile No		
Work Tel No		
Email Address		
Are you happy for us to use this email address for:	Invoicing	YES/NO
	Weekly newsletter	YES/NO
	Key worker contact	YES/NO
	Fundraising events	YES/NO

<b>Name of Parent / Guardian / Carer</b>	
Home Address	
Home Tel No	

Mobile No		
Work Tel No		
Email Address		
Are you happy for us to use this email address for:	Invoicing	YES/NO
	Weekly newsletter	YES/NO
	Key worker contact	YES/NO
	Fundraising events	YES/NO

<p>We are legally required to collect information on each child regarding parental responsibility and legal contact. If there is any further information that you think we need to know about your family's situation, please enclose it with your registration forms, or come and have a chat with a member of staff.</p>		
Who has parental responsibility for this child?		
Any other adults with parental responsibility / rights with whom the child does not live?	YES/NO	Relationship to child
<p><i>We will make contact via email to invite participation in learning and development records and discussion. Records of emails will be attached to this enrolment form</i></p>		
Please provide contact details		
Is there anybody who does <b>not</b> have legal contact with this child who may try to contact the pre-school or the child?		

Please provide details of two people who can collect and have your authority to act in an emergency for your child	
<b>Name of other emergency contact (e.g. a grandparent)</b>	
Home Tel No	
Mobile No	
Relationship to child	
<b>Name of other emergency contact (e.g. a grandparent)</b>	
Home Tel No	
Mobile No	
Relationship to child	
<p><i>Please ensure that you tell any additional adults that you have given us their contact details so that we can contact them if we are unable to speak to you if your child is unwell, has an accident or is uncollected at the end of the session. If they have any questions or queries regarding this, please direct them to contact the Supervisor on 07842 095402. Thank you</i></p>	

Password for collection of child by adult unfamiliar to playgroup staff:

Please tell the Supervisor at the beginning of a session of any changes as to who will be collecting your child, if this is not possible, please call or text the pre-school's phone on 07842 095402, confirming who is collecting the child, and that the person collecting has been given the password.

<b>Child's GP's name</b>	
GP's address	
GPs Telephone Number	

### Immunisations

Derbyshire County Council and the Health Visiting Service require that we keep information on children's immunisations. Please complete the table below (details should be in your 'red book').

<b>Age</b>	<b>Immunisation</b>	<b>Date</b>
2 months	1 <sup>st</sup> Diphtheria, Tetanus, Whooping Cough, Haemophilus influenza (Hib), Polio, Men C	
3 months	2 <sup>nd</sup> Diphtheria, Tetanus, Whooping Cough, Haemophilus influenza (Hib), Polio, Men C	
4 months	3 <sup>rd</sup> Diphtheria, Tetanus, Whooping Cough, Haemophilus influenza (Hib), Polio, Men C	
12-18 months	Measles, Mumps, Rubella (MMR)	
3-5 years	2 <sup>nd</sup> MMR , Diphtheria, Tetanus, Whooping Cough, Polio booster (pre-school booster)	

Has your child any medical condition we should be aware of? (Asthma, eczema etc.)	YES / NO
Details:	
Do our staff need any special training to be able to accommodate your child's medical needs?	YES / NO
Details:	

Does your child have any allergies or food intolerances?	YES / NO
Details:	
If yes, how does your child react to these so that we know the symptoms to look for	
Does your child have any other special dietary requirements?	
Dietary PREFERENCES Details:	
Does your child have any particular dislikes/favourites?	
Does your child have any special needs and/or need any additional support?	YES / NO
Details:	
EY Action / EY Action Plus / EHC	
Are there any other professionals involved in your child's care?	YES / NO
Please provide details of any health professional who has been or who is currently involved in the care of your child e.g. dietician, speech and language therapist, please provide contact details.	
<b>Toileting /Training</b>	
Does your child wear nappies? If so is this all day/just for sleeps?	
How often do you normally change your child's nappy?	
Does your child use the toilet/potty?	
Do they need any help? Do they require any aids? potty, toilet seat, step etc.	
How does your child indicate they wish to go to the toilet?	
<b>Dressing</b>	
Can your child dress themselves? Can they put on their coat? Can they put on their shoes?	
Can your child manage buttons/zips/toggles/shoe laces or do they require support?	
<b>Other Carers</b>	
Is your child regularly cared for by anyone else (i.e. a child minder, nursery, grandparents)?	

<b>Likes and Dislikes</b>	(Include any comfort objects and fears)
Toys Activities Books/Stories Television Programmes Games Other	
<b>Anything else you would like us to know about your child? Do they need any particular help with day to day activities? For example going up or down steps, mealtimes etc.</b>	

### Sharing information about your child

By working in partnership and sharing information about your child we aim to build a strong relationship with the family and other childcare providers who care for your child. Knowing what your child likes to do at home, any interests they have and hearing about significant events in family life will help us to develop a more complete picture of your child.

<p>The information you provide is regarded as confidential and we will seek your consent to share information in most cases. Any decision to share information without consent will be based on judgements about the facts of the case and whether there is a legal obligation. Please see our Privacy Notice and Information sharing policy for further information.</p> <p>Parent/Carer's Signature:</p> <p>Date:</p>	
Will your child be attending any other childcare setting?	YES / NO
<p>Name of setting:</p> <p>Contact details:</p> <p>Name of key person:</p>	
Has your child previously attended a childcare setting?	YES / NO
<p>Name of setting:</p> <p>Contact details:</p> <p>Name of key person:</p>	
<p>Between the ages of 2 and 3 we are obliged to complete an Early Years progress check. We will discuss this with you, and you can add your thoughts. We encourage you to share the report with your Health Visitor to support their health and development review.</p>	
<p>Child's Health visitor:</p> <p>Telephone number:</p>	

## Permissions

### Records, observations and photographs

At Grindleford and Eyam Playgroup staff carry out and keep records of observations of the children. These observations often include photographs of children. Photographs may also be taken for display within setting, for use in our publications and marketing materials and for use on our website/social media pages.

Please tick the boxes to indicate which of the following you give your consent to.

I give permission for the staff at Grindleford and Eyam Playgroup to:

- Carry out and record observations on my child; these observations are confidential and will be shared only with me and appropriate professionals (e.g. Ofsted inspectors) if requested.
- Take photographs for my child's development records; these may also be included in another child's records to record social play and interactions.

A child's name will not be used in any accompanying text to an image used for the following purposes.

- Take photographs for display within the setting
- Take photographs for use in pre-school's publications and promotional materials e.g. Grindleford News
- Take photographs for display on the pre-school's website and social media pages
- Take photographs for staff qualifications and course work purposes

Please note that photographs used for publications, promotional materials and social media may be retained after your child leaves pre-school, please see our Data retention, storage and disposal procedure if you would like more information.

Parents or carers are permitted to make recordings or take images whilst at pre-school sessions or events but these images must be for personal use only and must not be published on the internet or any other location. If you have any concerns about this, please speak to the Supervisor.

Name of parent/carer:

Signature:

Date:

### Nappy changing

It is our policy that parents provide their own bag each day with the child's supply of nappies or "pull ups", wipes and cream if required. We ask that you complete the permission slip below:

I/we authorise a staff member to apply a cream if provided and as required. YES / NO

Name of parent/carer:

Signature:

### First Aid Treatment

If necessary, do you agree to a trained First Aider using cotton wool, plasters and antiseptic lotion on your child? YES / NO

I/we authorise any qualified member of staff (i.e. with a current paediatric first aid certificate) to administer first aid assistance to my/our child named above as and when necessary, or in the event of an emergency to seek medical/hospital assistance in our absence as appropriate. I/we will provide you with up to date details of contact numbers. YES / NO

I/we understand that you will not be able to authorise any treatment and that I/we as the child's next of kin will be contacted by medical staff in the event of an emergency to give permission, or in a life-threatening situation the medical staff will act in their professional capacity. YES / NO

Name of parent/carer:

Signature:

Date:

### Outings

Our setting values **outdoor learning** and our **children's connection to the environment**. We believe that the children develop a strong sense of self and their place in their community through regular activities such as a visit to the church grounds/community shop and our allotment.

We recognize the benefits offered by outdoor play – social, physical and mental well-being - and offer two woodland sessions when the children have the opportunity to attend forest school or woodland adventure.

I do/ do not give consent for my child to take part in out of setting trips.

Name of parent/carer:

Signature:

Date:

### **Sun cream and use of insect repellent**

At Grindleford and Eyam Playgroup we want the children to enjoy the sun safely. Our policy is for parents to apply sun cream before their child attends and to supply a labelled bottle for each session.

We will have a stock of sun cream (water resistant factor 50) in case you forget to send in your own.

Staff will apply sun cream (either your own or ours) to children staying for the afternoon session and we ask that you complete the permission slip below:

I/we authorise a member of staff to apply sun cream to my/our child as and when necessary. YES / NO

In the Summer month's we use an insect repellent, such as Avon Skin So Soft to protect the children during outings e.g. forest school. If you wish to send in your own please note this here.

I/we authorise a member of staff to apply insect repellent to my/our child as and when necessary.

OR

I/we will supply an insect repellent for use by my/our children. (delete as applicable)

Name of parent/carer:

Signature:

Date:

## My Child

The following information is designed to give the staff a starting point for their planning and assessment. It is not a list of things that we expect your child to be able to do before starting Grindleford and Eyam Playgroup, our aim is to neither under- nor over-estimate any child's development.

Please fill out the form honestly, and from your own day-to-day knowledge of your child. Most of our assessments are carried out by observing children in their play and daily activities, not by asking them to complete tasks set by adults. If there are things that you are unsure of, please just leave them blank.

Please continue to let us know of any of your child's developments. We firmly believe that parents and carers are their child's first and most important teachers, and we aim to work with you in forming an accurate picture of your child, and helping them to develop at the right pace for them.

Child's name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Date completed: \_\_\_\_\_

**Please read the notes before filling in this form.**

### My Child:

Statement	Yes/No	Comments
I can feed myself independently with a spoon/fork		
I can drink from an open cup		
I can wash my hands independently		
I can run fairly well, stopping myself when needed without falling		
I can squat down with steadiness		
I show a dominant hand when pouring/drawing		
I can build a tower that balances		
I stop and look when I hear my name being called		
I can tell friends and grown-ups what I need		
I can speak in two and three word sentences		
I can stop what I am doing, listen and follow simple instructions		
I can take turns and share when I am playing		
I enjoy sharing books with grown-ups		
I can tell a grown up if I am happy, sad or cross		
I am curious and want to learn and play		

## All About Me

**This is for you and your child to complete together. Please let your child have a go at drawing a picture of themselves, and if you can find some paint, make a handprint!**

My name is:

I was born on:

This is a picture of me:

This is where I live:

These people live at my house:

And these are other people who are important to me:

These are my pets:

These are the festivals I celebrate with my family:

These are my friends:

These are things I like:

These are things I don't like:

These things worry me:

I am ..... cm tall aged ..... years and ..... months, and this is my handprint:

## Equal Opportunities Monitoring

As a setting our main function is to provide good quality early learning opportunities and to help/support our children and their families. We want to make sure we do not disadvantage anyone in our setting and we use the following information to help us.

This question is optional. We use the information you give to monitor for equal opportunities. This page will be stored separately from the registration form and will be used to meet our duties under the Equality Act 2010.

Please tick to show which group best describes your child (please tick one only).

### White

- British (WBRI)
- Irish (WIRI)
- Traveller of Irish Heritage (WIRT)
- Gypsy/Roma (WROM)
- Any other white background (WOTH)

### Mixed

- White and Black African (MWBA)
- White and Black Caribbean (MWBC)
- White and Asian (MWAS)
- Any other mixed background (MOTH)

### Asian or Asian British

- Indian (AIND)
- Pakistani (APKN)
- Bangladeshi (ABAN)
- Any other Asian background (AOTH)

### Black or Black British

- Caribbean (BCRB)
- African (BAFR)
- Any other Black background (BOTH)

- Chinese (CHNE)**

- Any other ethnic background (OOTH) (please specify):**

- Do not wish to be recorded (REFU)**

**Thank you for taking the time to complete this form!**