Little Acorns Pre-school Registration Form

I agree to inform the Pre-school staff if circumstances change.

|  |
| --- |
| Child’s full name: …………………………………………………………………………………………………………………………………………………….  Child’s preferred name: …………………………………………………………………………………………………………………………………………….  Child’s full details: …………………………………………………………………………………………………………….……………………………………….  Child’s full address: …………………………………………………………………………………………………………….………………………………………  …………………………………………………………………………………………………………post code………………………………….……………………………  Sex: ……………………………. Date of birth: ……………………….………. Birth certificate seen YES /NO  Birth Certificate no: …………………………………………..…………………Nationality …………………………………………………………….  Parent’s telephone numbers  Work ………………….……………….…………. Home ……………………….…….……………. Mobile ……………….………………………………. |

Family details

|  |  |
| --- | --- |
| Mother/main carer  Name ………………………………………………………………………………………………….  Full address details (if different from above) ……………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………………….     |  | | --- | |  |   Has parental responsibility  Contact telephone numbers E-mail address …………………………….……………………………………………………………  Work ……………………………….………………. Home …………………………….…………. Mobile ………………………………………………….  Father’s / Partner’s name …………………………………………………………………………………………………………………………………………  Full address details (if different from above) ……………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………..  Contact telephone numbers E-mail address ……………………………………………………………………………………  Work ……………………………………… Home …………………………………………. Mobile …………………………………………………………………  Other person with parental responsibility (if relevant)  Full address details (if different from above (if different from above) ……………………………………………………….  …………………………………………………………………………………………………………………………………………………………………………………………….  Contact telephone numbers …………………………………………………………. Email address ……………………………………………………  Work ……………………………………. Home ………………………………………………. Mobile ……………………………………………………………… |

Emergency contact details (if parents are not available) for two named contacts. If these details change you must inform the Pre-school. Persons listed below must be contactable when the child’s in Pre-school.

|  |
| --- |
| First contact ……………………………………….……………………. Relationship to child …………………………………………………………  Is English your first language YES / NO (if no please be specify)  Address …………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………………….  Telephone numbers  Work ………………………………………………………………… Home ……………………………………. Mobile ……………………………………………  Second contact ………………………………………………………………… Relationship to child …………………………………………………..  Is English your first language YES / NO (if no please specify)  Address ……………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………………….  Telephone numbers  Work …………………………………………………………………. Home ……………………………………. Mobile …………………………………………….  Child’s first language ………………………………………………………………………………………………………………………………………………………. |

In the event that a child is not collected by an authorized adult at the end of a session, the setting puts into practice agreed procedures. These ensure the child is cared for safely by an experienced and qualified practitioner who is known to the child. (Please refer to our “child not collected” policy.

If no-one collects the child after half an hour and the Pre-school have not been informed to collect the child, we apply the procedures for “child not collected” policy.

We contact our local authority social services department.

Health Visitor details

|  |
| --- |
| Health Visitor’s name ……………………………………………………………………………………………………………………………………………………  Health Visitor’s Address ………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………..  Health Visitor’s phone number ……………………………………………………………………………………………………………………………………. |

Medical details

|  |
| --- |
| Has your child been immunized against any of the following;  Diphtheria, Tetanus, Pertussis (DTP) YES/NO  Date ………………………………………………………………………….  Whooping Cough Yes/No Date ………………………………………………  Meningococcal Type C Yes/No Date ……………………………………………….  Polio Yes/No Date ……………………………………………….  BCG Yes/No Date …………………………………………………  Hepatitis Yes/No Date ………………………………………………….  Has your child had any on-going health problems or special needs (please give full details)  …………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………………………………….  Is your child allergic to anything (please give full details) ………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………………………………….  What reaction may this cause …………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………………..  What action should staff take …………………………………………………………………………………………………………………………………….  We will need training to administer certain medication for your G.P/Consultant. They must give written information: what the medicine is, dosage and how to administer. |
| Does your child take any medication?  Please give full details, including any medication given outside of the Pre-school session.  …………………………………………………………………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………………………………………………. |

For Inhalers/Epipens Only

|  |
| --- |
| I give permission for staff to administer the inhaler/Epipen/Anapen  Or…………………………………………………………………. (supplied by me) to give (name of child) ………………………………………….  Signed ………………………………………………………… print name ………………………………………. Date …………………………………………… |

Doctors Details

|  |
| --- |
| Doctors name ……………………………………………………………………………………………..  Doctors address ……………………………………………………………………………………………………………………………………………………………….  Doctors phone number ………………………………………………………………………………. |

Emergency Treatment

|  |
| --- |
| To ensure that your child receives the best and most appropriate care, attention and treatment should an emergency or accident happen, you need to complete and sign the following declaration.  Declaration  I give permission to the registered person (or authorized deputy) to take the necessary steps to ensure  that (name of child) ………………………………………………………… receives the best and most appropriate care,  attention and treatment should an accident happen. I understand that every effort will be made to  inform me of the accident or emergency as soon as possible, but they may need to accompany my child to  the hospital in the case of a serious accident in my absence. I give permission for the person in charge  to authorise hospital staff to administer essential treatment in my absence until I arrive.  Signed (by the person with parental responsibility) ……………………………………………………… date …………………………. |

Key Person

|  |
| --- |
| Each child joining will have a “key person”. It will be the key person’s responsibility to ensure your child  receives the best possible care and attention and ensure that your child’s records are kept up-to-date.  Your child’s key person will stay the same throughout and they will help your child make a “Learning  Journey” of time spent at Little Acorns.  If you have any problems, your child key person is your first point of contact, unless you would like to  speak to a more senior member of staff.  Your child’s key person is …………………………………………………………. |

About your child

|  |
| --- |
| Is English your first language? Yes/No  If not, what language is spoken at home? ………………………………………………………………  What religion does your family follow (if applicable) …………………………………………………………………………………..  How would you describe your family’s cultural background? ……………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………………………………………………….  Are there any cultural or religious festivals that your child takes part in? ……………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………………………..  Has your child attended any other Early Years settings? ………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………  What are your child’s dietary preferences/restrictions?  Likes ………………………………………………………………………………. Dislikes …………………………………………………………………………….  Allergies …………………………………………………………………………………………………………………………………………………………………………. |

Photographs and observations

|  |
| --- |
| As part of the on-going recording of the development areas, we regularly take photos of the children  during their play. These photos are used for display work and for your child’s Learning Journey. Little  Acorns also have a Website and update it monthly with the children’s work, free play and indoor/outdoor  activities, photos may be taken of your child but they will not be able to be identified from these  photographs.  I give permission for (name of child) …………………………………………………………………………………………  To have their photo taken for their Learning Journey and Little Acorns Website.  I give permission for staff to make written observations.  Signed ………………………………………………………………….. Print ………………………………………………….. Date ………………………………… |

Animals

|  |
| --- |
| Occasionally Little Acorns may keep animals or have animals visit. The animals that may be kept on the premises may include hamsters, rabbits, guinea pigs or fish. Visiting animals may add to this section. All of these animals will be healthy and fully inoculated.  Please answer the following:  My child is allergic or has an aversion to animals YES/NO  I have no objection to animals being kept in Little Acorns Agree/Disagree  I have no objection to animals visiting the Pre-school Agree/Disagree |

Outings

|  |
| --- |
| As part of our curriculum we will make visits to the local shops at manor Hatch, to buy snack items etc.  I give permission for my child to go to the shops.  Signed …………………………………………………………………………. Print ……………………………………….. Date………………………………. |

Does your child have any special toy or object that they like to take everywhere with them, and one they

might like to bring with them to Little Acorns?

……………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………..

What does your child like doing at home?

…………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………….

|  |
| --- |
| I have read, understood and agree to all of the Little Acorns Policies.  Parent/Carers Signature …………………………………………………………. Print……………………………………… Date………………….…  Please sign below to indicate that the information given is accurate and correct and that you will notify the Pre-school of any changes.  In addition you also agree to refrain from using your mobile phone or any other mobile device within the Pre-school at all times.  Parent/Main carer name ……………………………………………………………………………Date………………………………………………….  Parent/ carer signature ……………………………………………………………………………….  Key Persons name ………………………………………………………………………………………. Date ……………………………………………….  Key people’s signature …………………………………………………………………………………….  Manager/Deputy name ………………………………………………………………………………… Date ………………………………………………….  Manager/Deputy signature …………………………………………………………………………….  **Note**  All information that you have provided will be kept confidential at all times and be stored in a locked filling cabinet. |

How did you find out about Little Acorns Pre-school?

Please tick appropriate box:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Own enquires |  | Relative |  | Word of mouth |  |
| Children’s center |  | Friend |  | Family information services |  |
| Internet |  | Website |  | Other (please specify) |  |

Thank you ☺