

Sutton on the Hill Preschool

School Lane, Sutton on the Hill, Ashbourne, DE6 5JA



10.4 Registration form

It is helpful for expected key persons or managers to complete this form with the parent(s) when the child starts at the setting.

Name	Sutton on the Hill Preschool	Ofsted URN	206883
Address	School Lane, Sutton on the Hill, Ashbourne, Derbyshire DE6 5JA	Insured by	RSA
Telephone	07969 368599	Insurance policy number	
Email	suttonpreschool@hotmail.co.uk	Charity number	1042910

GDPR Consent

By completing this form, I consent to Sutton on the Hill Preschool holding the relevant information required for my child. I understand that I can review this information at any time by making a request in writing or that I can withdraw my information at any time by contacting the Preschool. (Please refer to the Privacy Policy in the prospectus)

Child's details

Surname

Child's first name(s) _____

Name known as _____

Child's full address _____

Gender _____ Date of birth _____ Birth certificate seen Yes No

Family details

Name of parent(s)/carer(s) with whom the child lives: _____

Contact details 1 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

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Work address _____

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

Contact details 2 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____

Mobile _____

Home telephone _____

Email _____

Home address _____

Work address _____

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

Contact details 3 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____

Mobile _____

Home telephone _____

Email _____

Home address _____

Work address _____

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

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

Name _____

Address _____

Contact telephone numbers _____

Relationship to child _____

What are the contact arrangements that [we/I] need to be aware of?

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Emergency contact details if parents are not available *Emergency contacts must be local.*

We are required under the GDPR to have consent from third parties (your emergency contacts) to hold their information on file. We need a permission signature from each of your contacts to hold their details. Please sign below.

Contact 1 - Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____
Signed _____ Date _____

Contact 2 - Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____
Signed _____ Date _____

Persons other than parent(s) authorised to collect the child *Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, staff will check before releasing the child.*

Person 1 – Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____

Person 2 - Name _____

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Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____

Mobile _____

Person 3 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____

Mobile _____

Password for the collection of child by authorised persons _____

About your child

The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.

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

Settings name, address, contact details, hours attending and key person name:

Health and development

Has your child received the following immunisations? *Please confirm and provide date of immunisations given.*

Two months old 6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, Yes No Date:

tetanus, pertussis (whooping cough), polio and
Haemophilus influenzae type b (Hib).

Pneumococcal (PCV) vaccine. Yes No Date:

Rotavirus vaccine. Yes No Date:

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Three months old	6-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). Meningitis C vaccine. Rotavirus, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Four months old	6-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Between 12 and 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose. MMR vaccine – mumps, measles and rubella. Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Two to three years	Flu vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Three years and four months or soon after	MMR vaccine, second dose – mumps, measles and rubella. 4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____

For internal use: Has the child's health record book been seen to confirm immunisation dates? Yes No

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:

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Does your child require a health care plan? Yes No

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

A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.

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

It is our usual practice to provide both a meat and vegetarian option. If this is not in-keeping with your child's dietary requirements, please discuss this with our setting manager to ensure that we are working in partnership to meet your child's needs. Please refer to our Food and Drink Policy.

If your child is aged three years or over, does he or she have difficulty with any of the following:

Speaking and communicating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Listening and attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Understanding simple instructions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eating and drinking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sitting and sharing a book	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walking and climbing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rolling a ball	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Holding a crayon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Socialising with adults and other children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Putting on their shoes and socks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any other concerns:

Does your child have any special needs or disabilities? If so, please specify:

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Are any of the following in place for the child?				
SEN action plan				
Education, Health and Care Plan				
What special support will he/she require in our setting?				
<i>Two-year-old progress check – children aged 24 – 36 months</i>				
If your child is aged between 24-36 months, has a two-year-old progress check already been completed for your child? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Setting completing check		Date completed		
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 will discuss it with you.				
<i>Cultural background</i>				
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 he/she is in our setting?				



What language(s) is/are spoken at home?				
If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child need a bilingual support plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, discuss and agree with the key person how we can work together to support your child when settling-in:				
<i>General information</i>				
What is your child's usual sleep pattern?				
Does your child have any food preferences?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have a pacifier i.e. dummy or thumb?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have a special toy or object they might bring with them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What sort of things does your child enjoy doing at home, i.e. drawing or cooking?				
What other information is it important for us to know about your child? For example, what they like, or what fears they may have, or any special words they use.				

Details of professionals involved with your child

GP

Name _____ Telephone _____

Address _____

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Health Visitor (if applicable)

Name _____ Telephone _____

Address _____

Social Care Worker (if applicable)

Name _____ Telephone _____

Address _____

What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.*

Dentist (if applicable)

Name _____ Telephone _____

Address _____

Any other professional who has regular contact with the child

Name 1 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 3 _____ Role _____

Agency _____ Telephone _____

Address _____

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General parental permissions

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 immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed _____ Date _____

Printed name _____

If you do not agree with any or all of the above declaration, **please do not sign** it but make your views known in the space below. The manager will then discuss this with you and do their best to accommodate your particular wishes.

I do not agree with the declaration and would prefer the following procedure to be followed for my child in the event of any emergency.

Signed _____ Date _____

Printed name _____

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

I give permission for a member of staff who has been appropriately trained to administer the inhaler/

EpiPen or AnaPen (supplied by me) to _____
(name of child).

Signed _____ Date _____

Printed name _____

Nappy cream

I give permission for nappy cream (supplied by me) to be administered to _____
(name of child) when required, in accordance with manufacturer's instructions.

Signed	_____	Date	_____
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Printed name

Sun Safety Information

Statement of Intent at Sutton on the Hill Preschool, we want staff and children to enjoy the sun safely. We will use the sunny weather as an opportunity to educate the children about how to keep themselves safe in the sun.

Education: All children will be given a talk about how we need to look after our skin and protect it from the sun's harmful rays. The message will be re-enforced particularly in the summer term.

Shade: The garden area is quite open and the amount of shade is limited. During hot, sunny weather we will emphasise the importance of covering exposed skin with large hats and long sleeves and stress the benefits of wearing sun cream and drinking water. Staff will endeavour to provide sunshade cover over some of the outdoor areas for extra protection. **Clothing:** All children will be required to wear a hat when playing outside in the sun. We have spare sun hats to lend to children who have forgotten theirs. We will also encourage children to cover very exposed areas of the skin, such as shoulders.

Sun cream:

- We ask parents to apply waterproof sun cream (at least SPF 50) to their child before they come to preschool during the summer months.
- Children staying all day must bring a named bottle of waterproof sun cream to preschool each day. These are to be kept in a box. Sun cream must be a new bottle each year and we will clearly date when it is opened. Management reserve the right to decline sun cream if it does not meet our specifications (lower than recommended factor or used/old bottle).
- All parents will be asked to sign consent below giving staff permission to re-apply this sun cream when necessary. This will usually be at lunchtime but maybe applied during the morning session if the staff deem it necessary.
- Children who are not wearing sun cream will not be allowed outside to play. Children who stay all day who do not have their own bottle of sun cream for re-application at lunchtime will not be allowed outside after lunch.

Application of Sun cream

In order to fulfil our Health and Safety policy it is a requirement that parents must supply sun cream of SPF 50 and hats for their child during the warm months. All sun cream and hats must be clearly labelled with your child's name.

I Do/Do Not give consent for staff at Sutton on the Hill Preschool to apply sun cream to _____ when necessary.

Signature Parent/Carer _____ Date _____

Short trip - general outings

Your child will be taken out of our setting as part of the daily activities. The venues used are detailed here:

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I give permission for _____ (name of 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 taken and are available for me to see as required. For any **planned** outings, I understand I will be informed and my specific consent obtained.

Signed _____ Date _____

Printed name _____

Photographs/Tapestry Learning Journal Consent

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs for your child's online Tapestry learning journal within the setting. We may also record events and activities on video. Photos/videos are stored on the setting's IPad's and computer only; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use.

I give permission for _____ (name of child) to have her/his photo taken, or to be videoed, as per the above conditions.

Signed	_____	Date	_____
Printed name	_____		

I give permission for photographs containing my child's image being included in other children's learning journals.

Signed _____ Date _____

Printed name _____

Agreed guidelines for accessing and using Tapestry 'Online Learning Journeys'

As a parent I will...

- **Not** publish any of my child's observations, photographs or videos on any social media site. (This means that the information cannot be shared with others, or published in any way, without the explicit consent of the parents or carers of those children who may be included. For example, any such photographs **cannot** be posted on a social networking site or displayed in a public place.)

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- Keep the login details within my trusted family.
- Speak to a member of staff if I experience any difficulties accessing my child's learning journey.

I agree to the guidelines:

Parent/carer full name _____

Email _____

We will set up your account and send out your login details shortly

Animals

We may occasionally have supervised visits of animals to our setting.

A risk assessment will be carried out for visiting animals, and parents informed.

Please state below any known allergies or aversion _____ (name of child) has to animals:

Key persons - Information for parents

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's key person may change as your child progresses through the setting. You will be notified of these changes. Your child's key person is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be _____

Date starting at _____

Days and times of attendance _____

Are any fees payable? If so, note here _____

Has the settling-in process been agreed? Yes No

If so, please specify: _____

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Three visits; the first one is for 45 minutes and an adult must stay with your child. The second session is for an hour and a half, we would ask that you stay for a short period to settle your child. And finally, the third visit you can drop your child off at the start of the session and collect them at the end of the session.

Policies and procedures

I have been provided with details of Sutton on the Hill Preschool's early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

Signed _____ Date _____

Printed name _____

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 _____

Name of key person _____

Signed _____ Date _____

Name of manager _____

Signed _____ Date _____

Date of first review _____

A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need

SEN action plan

Education, Health and Care Plan

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.