

REGISTRATION FORM

**THIS FORM MUST BE RETURNED TO THE PRE SCHOOL—YOUR CHILD CANNOT
START WITHOUT THIS FORM BEING FULLY COMPLETED AND RETURNED**

Start Date: ____ / ____ / ____

Bitterne Community Pre School CIO
Bitterne CE Primary School
Brownlow Avenue
Bitterne
Southampton
SO19 7BX
Telephone - 02380 422233
Email – enquiries@bitternepreschool.co.uk
Charity Number – 1197222



Child's details

Child's first name(s) _____ Surname _____
Name known as _____
Child's full address _____
Post Code: _____
Gender _____ Date of birth _____ Birth certificate seen and copy made 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 _____
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 _____

Contact details 2 cont'd...

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 need to be aware of?

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

Contact 1 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Contact 2 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

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 _____

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:

Health and development

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

Two months old 5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). Yes No Date:

Pneumococcal (PCV) vaccine. Yes No Date:

Rotavirus vaccine. Yes No Date:

Three months old 5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). Yes No Date:

Meningitis C vaccine. Yes No Date:

Rotavirus, second dose. Yes No Date:

Four months old 5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). Yes No Date:

Pneumococcal (PCV) vaccine, second dose. Yes No Date:

Between 12 and 13 months old Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose. Yes No Date:

MMR vaccine – mumps, measles and rubella. Yes No Date:

Pneumococcal (PCV) vaccine, third dose. Yes No Date:

Two to three years Flu vaccine Yes No Date:

Three years and four months or soon after MMR vaccine, second dose – mumps, measles and rubella. Yes No Date:

4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio. Yes No Date:

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:

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:

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

Are any of the following in place for the child?

SEN action plan

Any other plan

What special support will he/she require in our setting?

Two year old progress check – children aged 24 – 36 months

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes No

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.

Cultural background

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 No

Does your child need a bilingual support plan? Yes No

If so, discuss and agree with the key person how we can work together to support your child when settling in:

General information

What is your child's usual sleep pattern?

Details of professionals involved with your child

GP

Name _____ Telephone _____

Address _____

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 _____

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 _____

Your child's Co Key person will be _____

To be completed by the key person:

Date starting at Bitterne Community Pre School CIO _____

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:

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, Karen Blakeman (or authorised Deputy, Lindsay Mulhern) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed _____ Date _____

Printed name _____

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

I give permission for a named member of staff who has been appropriately trained to administer the inhaler/Epipen or Anapen (supplied by me) to

Child's
Name _____

The named staff are:

- Karen Blakeman
- Lindsay Mulhern
- Name of Key Person: _____

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 _____

Printed name _____

Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by me) to _____
(*name of child*) when necessary and to record its use.

Signed _____ Date _____

Printed name _____

Paracetamol based medicine (e.g. Calpol or Sudafed)

I give permission for Karen Blakeman to administer paracetamol based products (e.g. Calpol) to

_____ (name of child) in the case of an extremely raised temperature
and on the understanding that I will be making arrangements for

my child to be collected as soon as possible in accordance with the setting's procedures on the administration of medicines.

Signed _____ Date _____

Printed name _____

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:

Forest area and Bitterne CE Primary School playground

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

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child's records within the setting. We are happy to provide duplicate photos of your child to you if requested, [although this might incur a small charge to cover our costs]. We may also record events and activities on video. Photos/videos are stored on the setting's 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 _____

Animals

We may occasionally have supervised visits of animals to our setting and we have the following pets on site:

- Worms / ants

- Stick Insects / Butterflies

- Fish

We will ensure that our pets are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. 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:

Signed _____ Date _____

Printed name _____

Facebook group/website

We have a private Facebook group that parents can join; we post updates, any relevant information and photos taken in the preschool. We also have a website that we post photos/videos to.

Do you give your consent for your child's photos to be posted on our Facebook group and or our website?

Yes No

Fees

I understand that my child will be charged for any sessions up until the term following their third birthday (or second birthday, if I have been granted 2year funding and this 2year funding has been confirmed and approved by Bitterne Community Preschool CIO).

Parent/Guardian's Name _____

Signed _____

Date _____

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 _____

Your child's Co Key person will be _____

To be completed by the key person:

Date starting at Bitterne Community Pre School CIO

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:

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 _____

Equalities monitoring form

Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>
Other please state	<hr/>		

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.



Child's Name: _____

Child's D.O.B.: ____ / ____ / ____

When would you like to start:

Please tick the boxes below for all sessions you would like to request :-

		Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club	08.00 - 08.30					
Morning Session	08.30 - 11.30					
Lunch Club	11.30 - 12.10					
Afternoon Session	12.10 - 15.10					
After School Club	15.10 - 15.30					

Fees from September 2021

Morning sessions and Afternoon sessions are charged at £14.00 per session
Breakfast Club, Lunch Club and After School Club costs £2.60each per day

Contact Name : _____

Contact Number: _____

Contact Email: _____

