

# Kingfisher Preschool Registration form



MEYC, Jackman's Meadow, Watergate, Kingsand, Cornwall, PL10 1NY

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Charity Number: 1145939

## Child's details

Child's first name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Name known as \_\_\_\_\_

Child's full address \_\_\_\_\_

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 \_\_\_\_\_

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?

**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**

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:

*It is our usual practice to provide a healthy snack which may include fish and eggs as well as 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.*

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

Education, Health and Care 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:

**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.*

*Any other professional who has regular contact with the child*

Name 1 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

## 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 \_\_\_\_\_

Any other information \_\_\_\_\_

### *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 \_\_\_\_\_ (*name of child*).

The named staff are:

- \_\_\_\_\_
- \_\_\_\_\_

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 \_\_\_\_\_

### *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:

Kingsand/Cawsand Beach, Park, Forest, Local shop and Furlanesend School.

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 major outings, I understand I will be informed and my specific consent obtained.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

### *Animals*

We may occasionally have supervised visits of animals to our setting, a risk assessment will be carried out for all visiting animals, and parents informed.

Please state below any known allergies or aversion your child has to animals.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

### **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 is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be \_\_\_\_\_

### **Policies and procedures**

I have been provided with details of Kingfisher 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 \_\_\_\_\_

## 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     | <input type="checkbox"/> |
| SEN action plan                 | <input type="checkbox"/> |
| Education, Health and Care Plan | <input type="checkbox"/> |

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