

Neston Preschool Playgroup

Application Form

Name of Child:	
Date of Birth:	

Name and address of parent making the application:	
Name:	
Address:	
Tel – Home: Tel – Mobile:	
Email address:	

Name and address of parent making the application:	
Name:	
Address:	(please state as above if living at the same address)
Tel – Home: Tel – Mobile:	
Email address:	

We would like our child to attend on the following days / sessions:

Please circle your required days and times:				
Monday (Shooting Stars only)	Tuesday	Wednesday	Thursday	Friday
	9am – 12pm	9am – 12pm	9am – 12pm	9am – 12pm
12.30 – 3.30	9am – 1pm	9am – 1pm	9am – 1pm	9am – 1pm

We would like our child to start attending from(date) or as soon as possible.

If we find that we no longer need the place, we will inform the setting as soon as possible.

Signature of parent:	
Date:	
Signature of parent:	
Date:	

Application Received by:

Position:

Date:

Neston Preschool Playgroup

Registration Form

SECTION 1: CHILD DETAILS

Full Name of Child:	
Name known as:	
Any Previous Surname:	
Date of Birth:	
Birth certificate / Passport seen?	Yes No
Male / Female:	
Child's Full Address:	
Tel – Home: Tel – Mobile:	
Details of Previous / Current Preschools / Playgroups / Childminders attended	

SECTION 2: PARENT / CARER / GUARDIAN'S DETAILS

Name of Parent(s) / Carer(s) with whom the child lives:

Name of any Parent NOT living at child's address:

Parent Contact Details 1:

Name of Parent / Carer:	
Relationship to child:	
Tel –	Home: Work: Mobile:
Email address:	
Home address:	
Work address:	
Does this parent have parental responsibility for the child? Yes / No Does this parent have legal access to the child? Yes / No May we contact this parent in an emergency? Yes / No	

Parent Contact Details 2:

Name of Parent / Carer:	
Relationship to child:	
Tel –	Home: Work: Mobile:
Email address:	
Home address:	
Work address:	
Does this parent have parental responsibility for the child? Yes / No Does this parent have legal access to the child? Yes / No May we contact this parent in an emergency? 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:	
Tel -	Home: Work: Mobile:
Relationship to child:	
What are the contact arrangements that the setting need to know about?	

EMERGENCY CONTACT DETAILS:

Please give names of at least two other emergency contacts who live locally and will be able to collect your child from school

Emergency Contact 1:

Name:	
Address:	
Tel -	Home: Work: Mobile:
Relationship to child:	

Emergency Contact 2:

Name:	
Address:	
Tel -	Home: Work: Mobile:

Relationship to child:	
Emergency Contact 3:	
Name:	
Address:	
Tel -	Home: Work: Mobile:
Relationship to child:	

PERSONS OTHER THAN PARENTS AUTHORISED TO COLLECT THE CHILD (MUST BE OVER 16 YEARS OF AGE):

Person 1:

Name:	
Tel -	Home: Work: Mobile:
Relationship to child:	
Password for the collection of child by authorised person:	

Person 2:

Name:	
Tel -	Home: Work: Mobile:
Relationship to child:	
Password for the collection of child by authorised person:	

SECTION 3: MEDICAL INFORMATION

Name of Medical Practice:	
Name of General Practitioner (GP):	
Tel:	

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes / No

If so, please provide details and list regular medication below:

	Details:	List any regular medication taken:
Medical Conditions / History:		
Allergies:		
Do they carry an EpiPen?	Yes / No	
Special dietary needs / Preferences:		

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Has a risk assessment, if required been completed?	Yes / No
Has a health care plan and agreement to administer medicine, if required been completed?	Yes / No

Does your child have any special needs or disabilities?	Yes / No	Please provide details:
Are any of the following in place for the child?	Early Years Action	Yes / No
	Early Years Action Plus	Yes / No
	Statement of special educational need	Yes / No
What special support will he / she require in our setting?		

Has your child received the following immunisations? (Please confirm and provide date of immunisations given)

TWO MONTHS OLD Yes / No Date:	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenza type b (Hib). Pneumococcal infection.	DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)
THREE MONTHS OLD Yes / No Date:	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenza type b (Hib). Meningitis C (meningococcal group C).	DTaP/ IPV/Hib and MenC
FOUR MONTHS OLD Yes / No Date:	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenza type b (Hib). Meningitis C (meningococcal group C) Pneumococcal infection.	DTaP/ IPV/Hib and MenC and PCV
TWELVE MONTHS OLD Yes / No Date:	Haemophilus influenza type b (Hib) and meningitis C.	Hib/MenC
THIRTEEN MONTHS OLD Yes / No Date:	Measles, mumps and rubella (German measles). Pneumococcal infection.	MMR and PCV
THREE YEARS AND FOUR MONTHS OLD OR SOON AFTER Yes / No Date:	Diphtheria, tetanus, pertussis (whooping cough) and polio. Measles, mumps and rubella.	DTaP/IPV (or dTaP/IPV) and MMR

Name of health visitor	
Surgery:	
Tel:	

Does your family have a social care worker for any reason?	Yes / No
Name:	
Address:	
Tel –	
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. The Play Leader will ensure these are obtained from the social care worker named above and keep these securely in the child’s file.	

Are there any other professionals involved with your child?	Yes / No
Professional 1:	Name: Role: Agency: Tel: Address:
Professional 2:	Name: Role: Agency: Tel: Address:
Professional 3:	Name: Role: Agency: Tel: Address:

SECTION 4: RELIGION AND CULTURE

<p>How would you describe your child's ethnicity or cultural background?</p> <p>Please circle...</p>	<p>White – British</p> <ul style="list-style-type: none"> • Irish • Traveller of Irish Heritage • Gypsy / Roma • Any other white background 	<p>Asian or Asian British</p> <ul style="list-style-type: none"> • Indian • Pakistani • Bangladeshi • Any other Asian background
	<p>Mixed – White and Black Caribbean</p> <ul style="list-style-type: none"> • White and Black Caribbean • White and Asian • Any other mixed background 	<p>Black or Black British</p> <ul style="list-style-type: none"> • Caribbean • African • Any other Black background
	<p>Chinese</p> <ul style="list-style-type: none"> • Chinese 	<p>Any other ethnic background</p> <ul style="list-style-type: none"> • Please state:
<p>What is the main religion in your family? (if applicable)</p>		
<p>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?</p>		
<p>What languages are spoken at home?</p>		
<p>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?</p>	<p>If Yes, please discuss and agree with your child's key person how we can work together to support your child when settling in.</p>	

Further Information:

<p>What other information is important for us to know about your child? For example, what they like, or what fears they have, any special words they use, or what comforter they may need and when.</p>	
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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.

<p>Parent / Carer Signature:</p> <p>Date:</p> <p>Parent / Carer Signature:</p> <p>Date:</p>
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<p>Play Leader / Deputy Play Leader Signature:</p> <p>Date:</p>
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Neston Preschool Playgroup

General Parent Permissions

Please complete, sign and date each section on this form either before you child starts attending, or on your child's first day at Neston Preschool Playgroup.

MEDICAL AND FIRST AID TREATMENT:

1. In an accident or emergency, do you give permission for(your child) to receive first aid from a qualified member of staff? Yes / No

Signed: Date:

2. Do you give permission for staff to seek medical treatment or advice for (your child)? Yes / No

Signed: Date:

3. In an emergency do you give permission for staff to take(your child) to the nearest Accident and Emergency Unit to be examined, treated or admitted as necessary? Yes / No

In the event that this becomes necessary staff will make every effort to contact you or the named emergency contact. Please make sure these are kept up to date, **it is your responsibility to inform the Preschool of changes.**

Signed: Date:

4. Do you give permission for(your child) to be seen by a Health Visitor at the Preschool? Yes / No

Signed: Date:

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

Signed: Date:

FOR INHALER / EPIPENS ONLY:

I give permission for a named member of staff who has been trained to administer the inhaler / EpiPen or Anapen (supplied by me) to(name of child). The named staff are:

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-
-

Signed: Date:

SUNCREAM:

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

Signed: Date:

PLASTERS:

I give permission for hypoallergenic plasters to be administered in a first aid situation to(name of child).

Signed: Date:

SAFEGUARDING:

Our setting will work with children, parents and the community to ensure the safety of children and to give them the very best start in life. If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the Local Area Safeguarding Board does not allow this. This will usually be the case where the parent(s) is / are the likely abuser. In these cases the investigating officers will inform parent(s).

Please sign to acknowledge that you have read and understood this statement. Please refer to our Safeguarding Policy for further information.

Signed: Date:

SHORT TRIPS AND GENERAL OUTINGS FROM THE PRESCHOOL SETTING:

Parents are always asked to sign a consent form before their child is taken on any major outings. Your child may be taken out of the setting as part of the daily activities to the venues listed below:

- Neston Church
- Neston School
- Neston recreation ground and play park

I do / do not (please delete) 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:

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 your child has to animals:

.....
.....

Signed: Date:

OBSERVATIONS, ASSESSMENTS AND PHOTOGRAPHS:

We keep records on the children in our setting according to the requirements of the EYFS. From time to time we need to undertake observations and assessments and we need your permission to do so. All information is collated and kept with their records which parents are welcome to see at any time. Do you give permission for these observations and assessments to take place? Yes / No

As part of the ongoing recording of our curriculum and for children’s individual development records, staff regularly take photographs of the children during their play. These photographs 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. 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 do / do not give permission for(name of child) to have his / her photo taken

I do / do not give permission for(name of child) to be videoed -as per the above conditions.

Signed: Date:

PUBLICITY / LOCAL MEDIA:

Occasionally we use the local media to publicise or promote the work of the preschool. Names and addresses will never be revealed without parent consent. Do you give permission for your child to appear in publicity photographs?

Yes / No

We do have our website which has a photo gallery of children enjoying activities at Preschool. This is used to promote the Preschool. No children’s names are revealed. Do you give permission for your child to appear on the website?

Yes / No

Signed: Date:

KEY PERSON:

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.

You child’s key person will be.....

Has the settling in process been agreed? Yes / No

Please detail:

.....
.....

POLICIES AND PROCEDURES:

Please sign below to confirm that you have been provided with the details of the setting’s policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent.

Signed: Date: