

# Registration form



Your child's expected key person or the setting manager will complete this form with you when your child starts at the setting.

Child's first name(s)		Surname	
Name known by			
Child's full address			
Date of birth		Gender	Birth certificate seen and copy made Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Family details</b>			
Who does the child live with?			
<i>Contact details 1 (including emergency information):</i>			
Parent/carer full name			
Relationship to child			
Day/work telephone		Mobile	
Email			
Home address			
Work address			
Does this parent have parental responsibility for the child? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Parent NI number	Parent date of birth		(for funding purposes only)
<i>Contact details 2 (including emergency information):</i>			
Parent/carer full name			
Relationship to child			
Day/work telephone		Mobile	
Email			

Home address					
Work address					
Does this parent have parental responsibility for the child?      Yes <input type="checkbox"/> No <input type="checkbox"/>					
Parent NI number			Parent date of birth (for funding purposes only)		
<b>Other person(s) with legal contact</b> <i>To be completed where those persons with parental responsibility are separated and/or an S8 Order is in place.</i>					
Name					
Address					
Contact telephone numbers					
Relationship to child					
Please give details of the legal contact arrangements that we need to be aware of					
<p><b>Ethnicity data</b> gathered for monitoring purposes only. Parents are not obliged to give this information.</p> <p>Ethnic origin is classified as special category of data under data protection legislation and we require your consent in order to process and store this information. The Privacy policy explains how the data provided in this form will be processed and explains your rights with respect to the information given.</p> <p><b>Privacy Notice</b></p> <p>I confirm that I have received a copy of the Privacy Notice and give my consent to the processing of special category data.</p>					
Signed			Date		
Black African	<input type="checkbox"/>	Asian other	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White British	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Other, please state:	<input type="checkbox"/>
Chinese other	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>		

**Emergency contact details / collection permission authorisation - if parents are not available**  
*Only those over the age of 16 years can be named as emergency contacts/authorised persons. Please ensure emergency contacts are local and their consent has been given. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, we will check before releasing the child.*

<b>Authorised Person 1 (parent/carer)</b>		Name	
Relationship to child			
Full address			
Day/work telephone			
Home telephone		Mobile	
<b>Authorised person 2/ Emergency contact</b>		Name	
Relationship to child			
Full address			
Day/work telephone			
Home telephone		Mobile	
<b>Authorised person 3/ Emergency contact</b>		Name	
Relationship to child			
Full address			
Day/work telephone			
Home telephone		Mobile	
<b>Password for the collection of child by authorised persons</b>			
<b>No Access</b>	Name		
Full address			
Relationship to the child			
Reason: e.g. court order or other?			
Evidence seen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy provided	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 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 and emergency services will be called as necessary. I understand that my child may be taken hospital accompanied by the manager or authorised deputy for emergency treatment. I understand that health professionals will be responsible for decisions about medical treatment in my absence.

Signed		Date	
Name			

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

I give permission for a named member of staff who has been trained to administer the inhaler/Epipen or Anapen (an in-date unit will be supplied and replaced as necessary by me) to:

*(name of child):*

Signed		Date	
Name			

## Medical details

Has your child received the following immunisations, this enables us to effectively manage any special education, health or medical needs of your child (please confirm)

<b>Vaccinations over 3 doses at 2, 3 and 4 months</b>	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, whooping cough (pertussis), polio and haemophilus Influenzae type b (known as Hib); Pneumococcal (PCV) vaccine; Rotavirus vaccine; Men B and Men C vaccines	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>12 to 13 months</b>	Hib/Men C booster, given as a single jab containing Men C (2 <sup>nd</sup> dose) and Hib (4 <sup>th</sup> dose); Measles, mumps and rubella (MMR) vaccine, given as a single jab; Pneumococcal (PCV) vaccine, (3 <sup>rd</sup> dose); Men B vaccine, (3 <sup>rd</sup> dose)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Eligible age groups</b>	Children's flu vaccine (annual)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3 years 4 months to five years</b>	Measles, mumps and rubella (MMR) vaccine, (2 <sup>nd</sup> dose); 4-in-1 (DTaP/IPV) pre-school booster, diphtheria, tetanus, whooping cough (pertussis) and polio	Yes <input type="checkbox"/> No <input type="checkbox"/>

Notes:

## 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	
Notes			

*Dentist (if applicable)*

Name		Telephone	
Address			

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

Name		Role	
Agency		Telephone	
Address			

## Two-year-old progress check

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 to share it with your child's health visitor. 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 \_\_\_\_\_

## Parental permissions

### E:safety

There are procedures in place that govern the use of IT equipment on site. Tablets are used by staff to record children's learning and development; a risk assessment is completed and only equipment owned by Hopscotch is used. Visitors to the setting using IT equipment, such as Ofsted or Social Care, are advised of the procedure for its use.

In some instances, children will use ICT equipment to promote their learning and development under the supervision of staff. Children do not normally have access to the internet and never have unsupervised access to the internet.

I give permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures and risk assessment in place to govern its use and that staff and visitors may also use ICT equipment to record and monitor children's learning and development.

Name of child:			
Signed		Date	

### Nappy cream

I give permission for non-medicated nappy cream (supplied by me) to be administered to my child when required in accordance with manufacturer's instructions. If medicated nappy cream is supplied by me, I give permission for it to be applied as above and to record its use and inform me of when it was administered. (*Medication Administration Record*)

Name of child:			
Signed		Date	

### Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by me) to

	<i>(name of child) when necessary and to record its use.</i>		
Signed		Date	

### Short trip - general outings

I give permission for my 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 and are available for me to see as required.

Name of child:			
Signed		Date	

## Photographs and videos

To record aspects of our curriculum and for children's individual development records, staff often take photographs or videos of children during their play. Only equipment supplied by us is used for this purpose and images taken are for display and for your child's learning records. We may be able to supply duplicates if requested although this might incur a small charge to cover our costs. Images are saved and stored on our equipment securely, and only kept for the period your child is with us. If we wish to use any images of your child for publicity or marketing purposes we will seek your consent for each image we wish to use.

I give permission for my child to be photographed/recorded as per the conditions above.

Name of child:			
Signed		Date	

## Key persons

Your child will have a key person assigned to them. It is the key person's responsibility to ensure your child receives the best possible care and attention and to ensure that their records are kept up to date whilst they are with us. Your child's key person may change as they progress through the setting, but you will be notified of these changes in advance. The key person should be the first point of contact for anything you wish to discuss about your child.

Your child's key person is:	
Your child's back up key person is:	

## About your child

The following information will tell us a little more about your child.

Does your child have previous experience of attending a childcare setting? If so, please give details:	
Does your child have difficulty with walking, talking or socialising? If so, please give details:	
Is your child disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child require a care plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>

What languages does your child speak at home?				
What religion does your family follow (if applicable)?				
How would you describe your family's cultural background?				
Are there any religious or cultural festivals that your child takes part in?				
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, e.g., dummy or thumb?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have a special toy or object s/he might bring with her/him?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What sort of things does your child enjoy doing at home, e.g., drawing, cooking, puzzles, singing, dancing, trains, books?				
Is there any other background information about your child that may be useful for us to know? For example, how do they prefer to be comforted when they are upset?				



### Transfer of records

With your consent we will transfer your child's records to the receiving school when they leave our setting. This will enable the school to continue to effectively manage any special education, health or medical needs, and to continue with their development.

I agree for my child's records to be transferred to their receiving school

Name of child:			
Signed		Date	

### Further information

I confirm that information about the setting's policies and procedures has been made available and explained to me, and I understand I can find more information as to how my personal data is handled through the Privacy policy.

Please sign below to indicate that the information on this form is accurate and that you will notify us of any changes as they arise.

Parent's name:			
Signed		Date	
Key person's name:			
Signed		Date	
Setting manager's name:			
Signed		Date	

**Please note that the information on this form is stored and maintained confidentially at all times.**