

Registration form



Child's details

Child's first name(s)		Surname	
Name known as			
Child's full address			
		Postcode	
Date of Birth		Gender	

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 (delete)

Does this parent have legal access to the child?

Yes / No (delete)

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 (delete)

Does this parent have legal access to the child?

Yes / No (delete)

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 (delete)

Does this parent have legal access to the child? Yes / No (delete)

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 the setting needs to know about?			

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

Contact 1	Name	Relationship to child	
Daytime/work telephone			
Home telephone		Mobile	
Address			
Contact 2	Name	Relationship to child	
Daytime/work telephone			
Home telephone		Mobile	
Address			

Persons other than parent(s) authorised to collect the child *Must be over 16 years of age*

Person 1		Name			Relationship to child
Daytime/work telephone					
Home telephone			Mobile		
Address					
Person 2		Name			Relationship to child
Daytime/work telephone					
Home telephone			Mobile		
Address					

About your child

Has your child been immunised against diphtheria, measles, mumps, rubella, whooping cough, polio, tetanus, HIBS? **Yes / No** Please circle

Has s/he received any other immunisations? If so, please provide details:

Does your child suffer from any known allergies or medical conditions? **Yes / No** Please circle

If so, please provide details:

Does your child have any special needs or disabilities? **Yes / No** Please circle

If so, please provide details:

Are any of the following in place for your child?

Early Years Action	Yes / No	(delete)	Early Years Action Plus	Yes / No	(delete)
Education and Health Care plan (EHC)			Yes / No	(delete)	

What special support would help him/her at Hopscotch?

Does your child have any special dietary needs or preferences? **Yes / No** Please circle

If so, please provide details:

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 s/he is at Hopscotch?

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** Please circle

Is your child used to being in a child care setting? **Yes / No** Please circle

If yes, please provide the name of the setting, when s/he attends and if this will be continuing.

Is there any additional information that would help us to understand your child?

For example any brothers or sisters, things s/he particularly enjoys, any fears or anxieties, special words s/he uses, any comforters s/he may need and when or any particular words s/he uses for toilet.

Please provide details below:

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Details of professionals involved with your child

GP

Name		Telephone	
Address			

Health Visitor (if applicable)

Name		Telephone	
Address			

Any other professional who has regular contact with the child

Name 1		Role		Telephone	
Address					
Name 2		Role		Telephone	
Address					
Name 3		Role		Telephone	
Address					

Fees

The fee of £12.50 per session is to be paid at least weekly in advance, although you can pay monthly or for each half-term/term if you prefer. Fees can be paid by cash, cheque or direct bank transfer. Please ask for our bank details if you can pay this way. Fees are due for all sessions your child is booked for, including any sessions missed due to illness or holiday, etc. They are payable for 38 weeks per year. We require one month's notice of cancellation of your child's place. We allow a settling-in period of one month or 10 sessions, whichever is the shorter, during which one week's fees in lieu of notice will be needed should you cancel the place during that period.

Free Early Education Entitlement for eligible 2 year olds and 3 and 4 year olds

All children are eligible for 15 hours of fully funded education from the beginning of the term following their 3rd birthday. Some 2 year olds are also eligible for 15 hours of funding and some 3 and 4 year olds are eligible for up to 30 hours of free early education, this is dependent upon family circumstances and income. We can check eligibility for 2 year old funding; you need to check your eligibility at www.childcarechoices.gov.uk for 30 hours of free childcare. Funding can be shared with other Early Years providers. We claim this funding on your behalf and in order to do this we need to see your child's birth certificate and also know about any other day care your child is attending. This is in order to ensure that your child is not receiving more than their entitlement. It remains your choice and your responsibility to decide which providers claim the funding. Please ask if you are unsure about any of the details and about when your child qualifies for this.

I would like my child to attend Hopscotch on

Mon am Mon pm Tues am Tues pm Weds am Weds pm Thurs am Thurs pm Fri am Fri pm
(Please Circle)

Parent 1: Name: _____

I agree to being contacted by email, text message, phone and/or post by Hopscotch Playgroup with regard to my child whilst they are at Hopscotch. **Yes No**

I agree to being contacted by email, text message, phone and/or post by Hopscotch Playgroup with occasional newsletters, updates and information about services. **Yes No**

Parent 2: Name: _____

I agree to being contacted by email, text message, phone and/or post by Hopscotch Playgroup with regard to my child whilst they are at Hopscotch. **Yes No**

I agree to being contacted by email, text message, phone and/or post by Hopscotch Playgroup with occasional newsletters, updates and information about services. **Yes No**

By signing below you are confirming that:

- you have been provided with details of our policies, including our privacy notice.
- the information given on this form is accurate and correct, and that you will notify the manager of Hopscotch Playgroup of any changes as they arise.
- you will pay any fees due as outlined above.

Parent 1 Signed _____ Date _____

Parent 2 Signed _____ Date _____

