

**Goostrey Pre-School's Registration Form**

**1<sup>st</sup> Goostrey Scout Hut, 220 Main Road, Goostrey, Cheshire CW4 8PE**

**Mobile 07471756720 Email [manager@goostreypreschool.org.uk](mailto:manager@goostreypreschool.org.uk)**

**Ofsted Setting Reference Number: 2569765**

**Charity Number: 1180435**

**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: \_\_\_\_\_

*First Contact :*

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

*Second Contact :*

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

**Emergency contact details if parents are not available** *Where possible emergency contacts should 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 let us know at drop off and this will be recorded on our collection sheet. This can be another Pre-Schooler's parent or parent's friend. If this is a last minute change to pick up please text before collection time to notify us.*

Person 1 – Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone Number \_\_\_\_\_

Person 2 – Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone Number \_\_\_\_\_

Password for the collection of child by authorised persons \_\_\_\_\_

## About your child.

Does your child have previous experience of attending a childcare setting? If so, please specify:

## Health and development

*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

If yes, were there any issues raised that we should know about?

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.

Is your child up to date with their immunisations? Yes  No

Does your child have any on-going medical conditions? If so, please specify:

Is your child known to have any allergies or food intolerances? If so, please specify:

If your child is aged three years or over, does he or she have difficulty with any of the following:

- |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| Speaking and communicating        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Listening and attention           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Understanding simple instructions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Eating and drinking               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Sitting and sharing a book        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Walking and climbing              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Rolling a ball                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Holding a crayon                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Socialising with adults and other children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Putting on their shoes and socks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any other concerns:

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 Care Plan.

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

***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	<input type="checkbox"/>	No	<input type="checkbox"/>
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Does your child need a bilingual support plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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## 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

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 \_\_\_\_\_

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

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

I give permission for members of staff who has been appropriately trained to administer the inhaler/Epipen (supplied by me) to \_\_\_\_\_ (*name of child*).

The named staff are:

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Parents  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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

### ***Intimate care***

I give permission for my child's nappy to be changed (if applicable). Yes  No

Parents are to provide nappies, wipes and nappy bags.

I give permission for my child's under wear to be changed if required. Yes  No

I give permission for my child's clothing to be changed if required. Yes  No

Each child will need a full change of clothes including underwear and socks each day in their bag.

### ***Suncream***

I give permission for staff to apply a hypoallergenic suncream (supplied by Pre-School) to

\_\_\_\_\_ (*name of child*) when necessary.

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

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

## **Photographs**

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your child has undertaken. We take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent. Personal details or names of any child in a photograph will not be given to allow them to be individually identified.

Please tick which permissions you give for your child.

- Electronic and printed displays and exhibitions at the Pre-School (e.g. photos/videos of activities)
- Observation and assessment
- Development records of my child
- To accompany staff or student coursework
- Pre-School Website
- Pre-School Social Media pages/groups (member restricted)
- Promotional material for the Pre-School
- Local and/or National newspaper or magazine
- Other (for example other organisation's website and/or promotional material)

I understand that I can withdraw consent at any time.

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 may change as your child progresses through the setting. You will be notified of these changes.

## **Policies and procedures**

I have been provided with details of Goostrey Pre-School 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 \_\_\_\_\_