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Health	Birth Cert	



09.01c Registration form

Rainbow Pre-school (Wickford)

Registered as a Charity: 1046532

Ofsted No: 402297

Child's details

Child's first name(s) _____ Surname _____

Name known as _____

Child's full address _____

Gender _____ Date of birth _____

Family Details *Contact details 1*

Parent/carer full name _____

Relationship to child _____

National Insurance No. _____ Date of Birth _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Does this parent have parental responsibility for the child? Yes/No (*delete*)

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

Contact details 2

Parent/carer full name _____

Relationship to child _____

National Insurance No. _____ Date of Birth _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Does this parent have parental responsibility for the child? Yes/No (*delete*)

Does this parent have legal access to 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 the setting needs to know about?

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

Contact 1 - Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____

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

Person 1 – Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____

Person 2 - Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____

Password for the collection of child by authorised person _____

About your child

Has your child received the following immunisations?

Two months old Yes/No <i>(delete)</i>	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Pneumococcal infection.	DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)
Three months old Yes/No <i>(delete)</i>	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C).	DTaP/IPV/Hib and MenC
Four months old Yes/No <i>(delete)</i>	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C). Pneumococcal infection.	DTaP/IPV/Hib and MenC and PCV
12 months old Yes/No <i>(delete)</i>	Haemophilus influenza type b (Hib) and meningitis C.	Hib/MenC
13 months old Yes/No <i>(delete)</i>	Measles, mumps and rubella (German measles). Pneumococcal infection.	MMR and PCV
Three years and four months or soon after Yes/No <i>(delete)</i>	Diphtheria, tetanus, pertussis (whooping cough) and polio. Measles, mumps and rubella.	DTaP/IPV (or dTaP/IPV) and MMR

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

If so, please provide details:

Has a risk assessment, if required, been completed? Yes/No *(delete)*

Has a health care plan and agreement to administer medicine, if required, been completed? Yes/No *(delete)*

Health and development

Was your child born prematurely, if so how many weeks early?

Special notes:

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 ☐

Special notes

If yes, complete health care plan with parents.

Does your child have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance? Yes ☐ No ☐

Special notes:

Do you have any concerns about your child's learning and development? Yes ☐ No ☐

If yes, special
notes:

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

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 (*delete*)

If so, discuss and agree with the Pre-school Leader how we can work together to support your child when settling-in:

About your child

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

Does your child have previous experience of attending an early year 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 ☐ No ☐

Does your child require a care plan? Yes ☐ No ☐

What is your child's usual sleep pattern?

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. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.*

Dentist (if applicable)

Name Telephone

Address

Two year old progress check/Integrated health check

As per the requirements of the Early Years Foundation Stage we will liaise with the Family Hub to 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. Please note that where a local authority has arrangements in place we complete an integrated check with you and 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

Any other professional who has regular contact with the child

Name 1	Role
Agency	Telephone
Address	

Name 2	Role
Agency	Telephone
Address	

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 can be the first point of contact for anything you wish to discuss about your child. You will be notified of who your key person will be on your first day at Rainbow.

General parental permissions

Children's Act (1989) Part X

If, at any time, you or any authorised person from your registration forms are unable to collect your child from Pre-school, it is necessary for us to have a letter, signed by you, giving the name of the person who will be collecting your child.(must be 16yrs or over)

Please note that staff have the right to stop a child leaving Pre-school premises with anyone, not known to them, without a letter of authority.

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 immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the pre-school leader (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

■

■

■

Signed _____ Date _____

Permission to Observe

Healthcare and various other Professionals visit pre-school to liaise with the Pre-school Leader, key persons and SENCo, regarding pupils at our setting. Occasionally, we need to observe individual children in order for them to give us advice. Please sign below if you are happy for this observation to take place.

Signed _____ Date _____

Property Disclaimer

I understand that Rainbow cannot accept responsibility for children's possessions or valuables whilst they are attending the pre-school, and agree to label all belongings to avoid any loss.

Signed _____ Date _____

Short trip - general outings

In line with the Children's Act 1989, we need permission to take any child from Pre-school for a visit, i.e. to the local school/library/park.

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 _____

E:safety (staff and children)

There are procedures in place that govern the use of IT equipment on site. Only equipment owned by Rainbow Pre-school (Wickford) is used. Visitors to the setting using IT equipment, such as Ofsted or Social Care, are advised of the procedure for its use and must seek prior permission from the Pre-school Lead.

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.

Signed _____ Date _____

Animals

We may occasionally have supervised visits of animals to our setting. Risk assessments will be carried out for visiting animals and will be made available to parents on request. Please state here any known allergies or aversion your child has to animals.

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Name of child:

Signed _____ Date _____

Photographs and Videos

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 may also record events and activities on video. 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. Where suitable we will also use the internet for educational purposes, this will be supervised and in line with our online safety policy.

I give permission for _____ (name of child) to have her/his photo taken, or to be videoed and to use the internet, as per the above conditions.

Signed _____ Date _____

Sunscreen

As children play regularly outside, it is important that they are protected from the sun. It is important that through the summer months all children have an application of sun cream applied to them before playing out in the sun.

It is the policy of Rainbow Pre-school (Wickford) to gain parent/carer permission before applying sun cream to a child. Sun cream will be at least factor 30.

I give permission for you to apply sun cream, which I have provided for my child as necessary during their day. I agree to provide this labelled with my child's name. In the event that I do not provide a named bottle, I give permission for Rainbow Pre-school (Wickford) to apply their own sunscreen. (Nivea Sun Babies and Kids Sensitive Protect Factor 50+)

Signed _____ Date _____

Policies and procedures

Please sign below to confirm that you have been provided with 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 _____

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 1 _____

Signed _____ Date _____

Parent 2 _____

Signed _____ Date _____

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

Ethnic Category Form

Name of child:.....

White

- ☐ British
- ☐ Irish
- ☐ Traveller of Irish Heritage
- ☐ Gypsy/Roma
- ☐ Albanian (excluding Kosovan)
- ☐ Italian
- ☐ Kosovan
- ☐ Greek/Greek Cypriot
- ☐ Turkish/Turkish Cypriot
- ☐ White Eastern European
(including Bulgarian, Czech, Latvian, Lithuanian, Polish, Romanian, Russian, Slovak, Ukranian,)
- ☐ White Western European
(including French, German, Spanish, Portuguese, Scandinavian)
- ☐ White other
(Other children of White background not represented in the categories above)

Black or Black British

- ☐ Caribbean
(including Antigua and Barbuda, Bahamas, Barbados, Dominica, Grenada, Guyana, Jamaica, St Kitts and Nevis, St Lucia, St Vincent & Grenadines, Trinidad and Tobago)
- ☐ Angolan
- ☐ Congolese
- ☐ Ghanaian
- ☐ Nigerian
- ☐ Sierra Leonian
- ☐ Somali
- ☐ Sudanese
- ☐ Black Other African
(including Black South African, Ethiopian, Rwandan, Ugandan, Zimbabwean)
- ☐ Black any other background
(Other children of Black background not represented in the categories above, including Black Canadian, Black European, Black North American)

Mixed/dual background

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
(including White and Bangladeshi, White and Pakistani, White and any other Asian background)
- ☐ White and any other ethnic group
- ☐ Mixed any other background
(Other mixed race children not represented in the categories above, including Asian and Black, Asian and Chinese, Asian and other ethnic group, Black and Chinese, Black and other ethnic group, Chinese and other ethnic group)

Asian or Asian British

- ☐ Indian
- ☐ Pakistani
(including Mirpuri Pakistani, Kashmiri Pakistani and other Pakistani)
- ☐ Bangladeshi
- ☐ Nepali
- ☐ African Asian
(including East and South African Asians)
- ☐ Asian Other Asian
(Other Asian children not represented in the categories above, including Kashmiri Other, Sinhalese, Sri Lankan Tamil)

Chinese

- ☐ Hong Kong Chinese
- ☐ Other Chinese
(Other Chinese children not represented in the category above including Malaysian Chinese, Singaporean Chinese, Taiwanese)

Any other ethnic background

- ☐ Afghanistani
- ☐ Filipino
- ☐ Thai
- ☐ Vietnamese
- ☐ Any other ethnic group* (see below)