Office Use Only			
Card		Food	
Register		Password	
Health		Birth Cert	
T&C's		ID	

Rainbow Pre-school (Wickford)

Registered as a Charity: 1046532 Ofsted No: 402297

09.01c Childcare and early education registration form

Child's details

Child's first name(s)			Surname		
Name known by					
Child's full address					
Gender	M/F	Date of birth			
Family details					
Who does the child live with?					
Contact details 1 (including emergency information):					
Parent/carer full name					
Relationship to child					
Daytime/work telephone			Mobile		
Email					
Home address					
Work address					
Does this parent have parental responsibility for the child? Yes □ No □					
Parent NI number			Date of Birth		
Contact details 2 (including emergency information):					
Parent/carer full name					

Relationship to child			
Daytime/work telephone		Mobile	
Email			
Home address			
Work address			
Does this parent have parental responsibility for the child? Yes □ No □			
Parent NI number		Date of Birth	
Contact details 3 (including emergency information):			
Parent/carer full name			
Relationship to child			
Daytime/work telephone		Mobile	
Email			
Home address			
Work address			
Does this parent have parental responsibility for the child? Yes □ No □			
Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and/or an S8 Order is in place.*			
Name			
Address			
Relationship to child			
Contact telephone			
Please give details of the legal contact arrangements that we need to be aware of			
PASSWORD FOR THE COLLECTION OF CHILD BY AUTHORISED PERSONS			

Emergency contact details for two named contacts – if parents are not available *Only those over the age of 16 years can be named as emergency contacts. Please ensure emergency contacts are local and their consent has been given.*			
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	

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 to hospital accompanied by the Pre-school Lead 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			

Sessions Preference

Please choose your preferred days and sessions. Please note these are not guaranteed and are subject to availability. We will always do our best to accommodate requests but due to ratios that may not always be possible.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Session 9am-12pm					
PM Session 11.55am-3pm					

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

I give permission for a named member of staff who has been trained to administer the inhaler/Epipen or

Medication (supplied by me) to	Rainbow Pre-school	(*name of child*).	
Signed		Date	
Printed 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 and date);

12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B - DTaP/IPV/Hib/HepB Pneumococcal (13 serotypes) – PCV Rotavirus – Rotavirus	Yes □ No □	Date:	
16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B - DTaP/IPV/Hib/HepB MenB - MenB	Yes □ No □	Date:	
One year old (on or after child's first birthday)	Hib and Meningococcal group C – (MenC) Pneumococcal - PCV booster Measles, mumps, and rubella (German Measles) – MMR MenB – MenB booster	Yes □ No □	Date:	

Eligible pediatric age groups	Influenza (each year from September) – LAIV	Yes □ No □	Date:	
Three years and four months old (or soon after)	Diphtheria, tetanus, pertussis, and polio – dTaP/IPV Measles, mumps, and rubella – MMR (check first dose given)	Yes □ No □	Date:	
Three years and four months to five years	Measles, mumps and rubella (MMR) vaccine, second dose; 4-in-1 (DTaP/IPV) pre-school booster,diphtheria, tetanus, whooping cough (pertussis) and polio	Yes □ No □	Date:	

Health and development

Does your child have any medical conditions? If so, please specify:	
Special notes:	
Was your child born prematurely? If so, how many weeks?	
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:	

Is your child known to have any allergies or food intolerances? If so, please specify:	
Special notes:	
A risk assessment is completed and kept on the child's file for any known allergies or food intolerance as mentioned above.	
What are your child's dietary requirements? Please specify:	
It is our usual practice to provide both a meat and vegetarian option. If this is not in keeping with your child's dietary requirements, please discuss this with the Pre-school Lead to ensure that we are working in partnership with you to meet your child's needs. Please refer to our nutrition procedures.	

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			

Special Notes	

	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		Role	
Agency		Telephone	
Address			

Parental permissions

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	

Suncream

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+)

	(*name of child*) when necessary and to record its use.		
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 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. For any major outings, I understand I will be informed, and my specific consent obtained.

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 of the 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. If we wish to use any images of your child for publicity or marketing purposes, we will seek your written consent for each image we wish to use. We may also record events and activities on video.

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 can 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 an early year setting? If so, please give details:
Does your child have difficulty with walking, talking, or socialising? If so, please give details:

Does your child have a disability?	Yes □	No □
Does your child require a care plan?	Yes □	No □
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?	

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

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, give the name of the person who will be collecting your child. (They must be 16 years 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	

Permission to Observe

Healthcare and various other Professionals visit pre-school to liaise with the Pre-school Lead, keyperson and SENCo, regarding pupils at our setting. Occasionally, we need to observe individual children 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	

WhatsApp Permissions

I give Rainbow Pre-school permission to add me to their Whatsapp group (please be aware that your phone number and name will be visible to other parents in the group). The group is to keep parents informed of dates and events concerning the pre-school.

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.

For parent(s)/guardian(s) under the age of 18, a guarantor aged over 18, must also sign this form on your behalf. The agreement would therefore be between the setting, you, and the guarantor.

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	
Guarantor's name (if app)			
Signed		Date	
Relationship to the child			
Daytime/work telephone		Mobile	
Email			
Home address			
Pre-school Lead's name:	Donna Ellis		
Signed		Date	

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

Privacy Notice

I confirm that I have received a copy of the Privacy Notice and give my consent to the processing of special category data.		
	Date	