

 Child Registration form

|  |  |
| --- | --- |
| Full name of child  |  |
| Name known by |  |
| Date of birth |  |
| Address |  |

### Parent/carer 1

|  |  |
| --- | --- |
| Name |  |
| Does the child live with this adult? |  |
| Does this adult have parental responsibility? | tick box Yes tick box No |
| Contact numbers |  |
| Address*(If different from child’s address above)* |  |
| Does this adult have legal access to the child? | tick box Yes tick box No |

### Parent/carer 2

|  |  |
| --- | --- |
| Name |  |
| Does the child live with this adult? |  |
| Does this adult have parental responsibility? | tick box Yes tick box No |
| Contact numbers |  |
| Address*(If different from child’s address above)* |  |
| Does this adult have legal access to the child? | tick box Yes tick box No |

## Emergency contact details- 3 different contacts as a minimum

### Parent/carer 1

|  |  |
| --- | --- |
| Work/daytime contact |  |
| Mobile |  |

### Parent/carer 2

|  |  |
| --- | --- |
| Work/daytime contact |  |
| Mobile |  |

### When a parent/carer is unavailable 1

|  |  |
| --- | --- |
| Name  |  |
| Relationship to child |  |
| Contact numbers |  |

### When a parent/carer is unavailable 2

|  |  |
| --- | --- |
| Name  |  |
| Relationship to child |  |
| Contact numbers |  |

## Persons authorised to collect the child

### Person 1

|  |  |
| --- | --- |
| Name  |  |
| Relationship to child |  |
| Contact numbers |  |

### Person 2

|  |  |
| --- | --- |
| Name  |  |
| Relationship to child |  |
| Contact numbers |  |

|  |
| --- |
| PASSWORD |

## Personal details of child

|  |
| --- |
| Does your child have any special dietary needs or preferences? Yes No |
| Please give details: |
| Does your child have any particular health needs? Yes No |
| Please give details: |
| So that we can get to know you and your family and best support your child’s learning can you please describe your child’s ethnicity or cultural background?  |
|  |
| 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 languages 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? tick box Yes tick box No  |

|  |
| --- |
| Does your child have any special needs or disabilities? Yes No |
| Please give details: |

|  |
| --- |
| Is there any other information that you feel is relevant for us to know about your child?  |
| *For example, what they like, or what fears they may have, any special words that they use, or what comforter they may need and when…* |

## Professionals involved with your child

|  |  |
| --- | --- |
|  Doctor’s name  |  |
| Surgery Address |  |
| Contact number |  |

|  |  |
| --- | --- |
| Health Visitor name  |  |
| Contact number |  |

## **Are any other professionals involved with your child? For example**

|  |  |
| --- | --- |
| ☐ Speech and Language Therapy | ☐ Community Paediatrician |
| ☐ Lifetime Nurse | ☐ Neurologist |
| ☐ Audiology | ☐ Cardiologist |
| ☐ Physiotherapy | ☐ Dietician |
| ☐ Ophthalmology | ☐ Endocrinologist |
| ☐ Respiratory Team | ☐ Diabetic Nurse |
| ☐ Occupational Therapy | ☐ Educational Psychologist |
| ☐ Portage | ☐ Sensory Support Service (Hearing or Vision) |
| ☐ North Somerset Disabled Children’s Tea | ☐ Springboard Opportunity Group (specialist provision support) |
| ☐ Family Support Worker | ☐ Social Services |
| ☐ Other (please specify) |  |

|  |
| --- |
| Main carers-please add here any information about yourselves (health or otherwise) that might be relevant to the care of your child in the event of us trying to contact you in an emergency, for example non collection of your child |
|  |

|  |  |
| --- | --- |
| Do you give permission to share relevant information with professionals involved with your child? | tick box Yes tick box No |

|  |
| --- |
| Does your child attend any other setting? tick box Yes tick box No  |
| Do you give permission for us to share relevant information about your child with this setting? tick box Yes tick box No |
| Name of setting |
| Address |
| Telephone |
| Key person |
| Details of session times and days your child attends |
| Have you been made aware of the government scheme for Two-Year Old Funding?tick box Yes tick box No |
| If yes, have you checked your eligibility for this funding? tick box Yes tick box No  |
| Is your child eligible and in receipt of Disability Living Allowance (DLA)?tick box Yes tick box No |
| Are you aware that three and four-year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF)? DAF is paid to the child’s early years setting as a fixed annual rate of £615 per eligible child. tick box Yes tick box No |
| Are you aware if your child is/would be eligible for Early Year’s Pupil Premium and the benefits of this? tick box Yes tick box No |
| Please provide national insurance number/s for parent/s or carers who live with the child.This information will be used for the sole purpose of checking eligibility for Two-Year-Old Funding/Early Year’s Pupil Premium. It will be kept securely within your child’s file. |
| National Insurance number Parent/carer 1 |
| National Insurance number Parent/carer 2 |

## To be completed by the key person/manager

|  |
| --- |
| Child’s start date |
| Attendance pattern |
| Are there any fees payable? tick box Yes tick box No  |
| Is there a deposit payable? tick box Yes tick box No  |
| Key Person |
| Back-up Key Person |
| Has the settling-in process been agreed? tick box Yes tick box No  |

## Permissions

|  |
| --- |
| I agree for my child to be taken out of the setting as part of the daily activities in the local area. I understand that further agreement will be requested for organised tripstick box Yes tick box No  |
| I agree to photographs being taken of my child to be used within their:* learning diary? tick box Yes tick box No
* children’s displays? tick box Yes tick box No
* the website and local media? tick box Yes tick box No
 |
| I agree for my child to be taken out of the setting as part of the daily activities in the local area. I understand that further agreement will be requested for organised trips. tick box Yes tick box No  |
| I agree for staff to call for an ambulance in the case of an emergency and for emergency treatment to be carried out as necessary. tick box Yes tick box No  |

Signed by

Parent/carer 1 Parent/carer 2

Manager Key Person

Date