



West Smethwick Enterprise
Stepping Stones, Two Steps, Little Steppers & Tiny Steps Pre-School
Pre School Registration Form

| | |
|-------------------------------------|-------------------------|
| STAFF ONLY | STAFF ONLY |
| Birth Certificate seen: Yes/No | Red book seen: Yes/No |
| Start date / End date: | Sessions booked in for: |
| Funded/paying: | |
| End date/ where child has moved to: | |

Child's details

| | |
|---------------------------|--------------------|
| Surname: | Home Address: |
| Forename: | |
| Date of birth: | |
| Male/Female: | |
| Nationality: | Postcode: |
| 1 st Language: | Home telephone no: |

Parent/ Carer 1

Parent/ Carer 2

| | |
|------------------------|------------------------|
| Name: | Name: |
| Relation: | Relation: |
| Telephone: | Telephone: |
| National insurance no: | National insurance no: |
| Date of birth: | Date of birth: |
| Email address: | Email address: |
| Address: | Address: |
| | |
| Postcode: | Postcode: |

Medical Details

| | |
|--------------------------|--------------------|
| Doctors Name: | Doctors Telephone: |
| Doctors Address: | |
| | Postcode: |
| Child's Medical Card No: | |

| | | |
|---|--------|--|
| <u>Is your child allergic to anything?</u> | Yes/No | <u>If yes, please state their allergies below:</u> |
| <u>Does your child have any dietary requirements?</u> | Yes/No | <u>Please state below:</u> |

Has your child been immunised against:

| | | | |
|-------------|--------|-----------------|--------|
| Diphtheria: | Yes/No | Whooping Cough: | Yes/No |
| Tetanus: | Yes/No | Polio | Yes/No |
| Measles: | Yes/No | HIBS | Yes/No |

Emergency Contact (Should parent(s) be unavailable)

| | |
|------------------------|-----------|
| Full Name: | |
| Relationship to child: | |
| Address: | Postcode: |
| | |

Contact numbers

| | When can we call? | |
|----------------------|-------------------|---------|
| | Daytime | Evening |
| <u>Work number</u> | | |
| <u>Mobile number</u> | | |
| <u>Home number</u> | | |
| <u>Other</u> | | |

Ethnicity of child

Pleas state below the ethnicity of your child by ticking in the relevant box.

| | √ | | √ |
|----------------------------|---|-----------------------------|---|
| White British | | Any other Mixed background | |
| White Irish | | Indian | |
| Traveller | | Pakistani | |
| White Gypsy/ Roma | | Bangladeshi | |
| Any other White background | | Any other Asian background | |
| White and Black Caribbean | | Caribbean | |
| White and Black African | | African | |
| White and Asian | | Any other Black background | |
| Chinese | | Any other ethnic background | |
| Other (Please Specify) | | Black British | |

Is parent 1 a legal guardian of this child? Yes/No (Please circle)

Is parent 2 a legal guardian of this child? Yes/No (Please circle)

Signed (Parent 1) (Date)

Signed (Parent 2) (Date)

Please state below who has parental responsibility for your child:

Name:

Relationship to child:

Name:

Relationship to child:

Who lives in the house with the child?

Occupation of parents/ carers:

Does the child speak any other languages? Yes/ No (Please circle)

If Yes which language(s)

Do you currently have any involvement with social services? (Please state below)

Have you previously had any involvement with social services? (Please state below)

Are you involved with any other agencies? Eg speech and language therapist, family support, inclusion support (Please state below)

Has your child ever attended any other setting? (Please state below)

Does your child have a space in school, if so where and when to start?

Would you like any support from us around parenting/ behaviour, housing/ finance, access to stay and play, volunteering opportunities or any other services we may be able to support you with? If so please identify which one.

Do you currently regularly attend a children's centre? If so which one?

Parental Permission Form for Emergency Treatment

In order for the staff to ensure that your child receives the best and most appropriate care, attention and treatment should there be an emergency in the provision or while out on an authorised outing, you need to complete, sign and date the declaration below.

Name of setting

Full name of child

Name of parent(s)

Please complete, sign and date the following declaration for emergencies:

I agree to the registered person in the provision (or deputy) taking the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the provision, or while my child is on an authorised outing. I understand that the registered person (or deputy) will make every effort to inform me of any emergency or accident as soon as possible after the event but that they may have to accompany my child to hospital in the case of a serious accident in my absence. I give permission for the registered person in charge of the provision (or deputy) to authorise hospital staff to administer essential treatment until my arrival.

Signed (Parent 1) Date

Signed (Parent 2) Date

If you DO NOT agree with any or all of the above declarations above please do not sign it and make your views known in the space below. The registered person in charge of the provision (or deputy) will then discuss this with you and will do their best to accommodate your particular views.

I do not agree with any or all of the above declarations and would prefer the following procedures to be followed for my child in the event of an emergency. (Please use the space below to explain)

.....
.....
.....
.....
.....
.....

Signed by Parent 1 Date

Signed by Parent 2 Date

Administering Medicines

Name of registered setting.....

In order for your child to receive prescribed medicines (e.g antibiotics, inhalers, epi- pens) and lotions whilst in the Pre-School, you need to complete and sign the form below.

For medicines (eg prescribed drugs) this form needs to be completed, signed and dated. An additional sheet will be filled in and completed every day the medicine should be administered.

Staff cannot administer prescribed medicines without parent’s written permission on the day the medicine needs to be given.

Please bring prescribed medicine with you when your child is in Pre-School and take them home after every session (other than spare inhalers supplied by parents for emergencies).

All medicines and lotions must be clearly marked with the child’s full name and where appropriate the prescribed dosage.

For inhalers / Epi- pens only

I give permission for staff to administer the inhaler / Epi- pen (supplied by parent) to my child as instructed and to record its use.

Signed by parent(s) Date

| | Yes | No |
|---------------------------------------|-----|----|
| Can the setting administer first aid? | | |
| Is your child allergic to plasters? | | |
| Are we able to use a plaster? | | |

Payments

Dear Parent / Carer

A payment of £..... per week is required to secure place at the setting. I agree to make this payment at the beginning of each week and that failure to do so could result in losing their place until the payment had been made. I also agree to make the above payment when my child does not attend due to sickness.

Signed Print Name

Date

If you have any concerns/ questions regarding payments please do not hesitate to speak to a member of staff who will be able to help you.

Prospectus

Please sign below to state that you have received a copy of the setting's prospectus and that you agree with guidelines.

Signed Print Name

Date

Photographs

Please circle the appropriate option

I do / do not agree for photographs to be taken and displayed of my child / children.

I do / do not agree for my child's photographs to be taken during group activities, celebrations, and festivals and displayed and / or allow other parents to take photographs during this time.

Signed Print Name

Date

Important information

Our pre-school offers supporting services as outlined in our prospectus, however, parents are the first and most important educators of their children. The work at the setting cannot be fully effective unless pre-school and parents work together in the children's interests.

Please read the statements below and sign them to show your shared commitment to supporting your child's learning and development.

I / We will join in the life of the pre-school for as long as my child attends. Please tick below the activities you would want to participate in.

| | | | |
|----------------------------|---|----------------------------|---|
| | √ | | √ |
| Helping during the session | | Taking part in outings | |
| Making/ mending equipment | | Other (please state below) | |
| Helping with fund raising | | | |

Shared Record Keeping

I / We will contribute to the record of the child's educational, personal, and social needs and to implement decisions taken in the interests of the child.

Fees

I / We will pay fees on a weekly basis at the time specified by the pre-school.

Punctuality

I / We will try not to be late in collecting my child at the end of the session, and will pay any late charge fee charged due to my lateness.

Outings

I am / am not willing for to go on brief local outings with the pre-school. I understand that specific consent will be sought for major excursions.

You will be informed by telephone if your child is unwell during the session, or has a serious accident, so it is vital that contact forms are kept up to date in case we need to contact you in an emergency. In the event of infection please ensure they are clear for 48 hours before sending them back to pre-school.

Signed by Parent 1 Date

Signed by Parent 2 Date

General Data Protection Regulations 2018

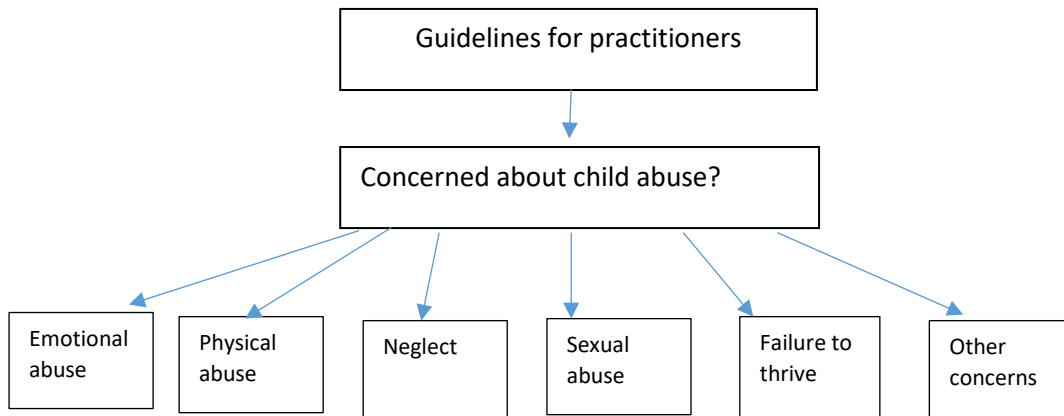
West Smethwick Enterprise will keep all your data and information safe and locked away during the time we hold it. Please sign below to state that you give consent for us to hold and use the details you give us within the setting to support your child's development. We will always ask permission to share information unless it is for the Local Authority or Ofsted, in these cases we must provide information if and when they ask for it.

| Information used for | Sign | Date |
|--|------|------|
| Photo of child on boards and displays | | |
| Date of birth of child on birthday board | | |
| Picture of child for peg in corridor | | |
| Children's work displayed around building | | |
| Photos of child in learning journey | | |
| Photos of child in scrap books | | |
| Family photos on boards | | |
| Pictures on Facebook to advertise setting or activity and promote our service | | |
| Medical information from red book to support child's learning and development in the setting | | |
| Birth certificate to ensure correct date of birth of child | | |
| Share information with our family support team if needed | | |

Getting to know your child

Please fill in these questions to allow us to know a little bit more about your child before they start.

1. How does your child ask to go to the toilet?
2. Does your child need support when washing their hands?
3. What does your child drink out of at home?
4. Where does your child eat their meals at home?
5. What is your child's first language?
6. What is your child's form of communication?
7. What does your child like to play with at home?
8. Does your child have any special interests?
9. Does your child have a comfort toy?
10. Does your child sleep during the day?
11. Does your child prefer milk or water?
12. Has your child been to or attended another setting, if so where and did they settle easily?



What do I do?

Act now do not delay

Contact CYP & F Social Care Services and speak to the Deputy Social Worker (see list)

Say you have a child protection concern

Discuss your concerns with the Duty Social Worker

The Duty Social Worker will advise you of any further action. You may be asked to follow up on your concern in writing.

Keep accurate records, signed and dated.

The safety of your child is the major consideration

REMEMBER: No young person is 'immune' from abuse. If there are concerns that someone is being abused or neglected ensure that the information is passed on to CYP & F Social Care Services.

PLEASE SIGN:

I have received a copy of the leaflet 'A Guide to Good Practice - Safeguarding'. I understand that any practitioner who suspects that a child in his/her care may have been abused or neglected, has a duty to report this to the local office of the CYP & F Social Care Services.

Signed..... Print Name Date