**Registration form**

**Please answer the following questions for our records:**

**Child’s Full Name: Date of Birth:**

**Residing address: Postcode:**

**Telephone: E Mail:**

**Ethnicity: Language spoken:**

**Parent/Carer 1 Full Name:**

**Telephone:**

**Parental responsibility (please tick) YES NO**

**Parent/Carer 2 Full Name:**

**Telephone:**

**Parental responsibility (please tick) YES NO**

**In the event of an emergency, we will attempt to contact parents 1 and 2. If we are unable to contact them, we will use the Emergency Contacts listed.**

**Are there any arrangements in place that we need to be aware of e.g Legal Contact, involvement of Social services? Yes No**

**Details:**

**Please list other people who live in your house:**

**NAME RELATIONSHIP**

**Doctor’s Name and Surgery Address:**

**Doctor’s telephone number:**

**Has your child been immunised against:**

**Please tick**

**Whooping Cough Measles/Mumps/Rubella (MMR) Polio**

**Diphtheria Tetanus**

**Please state any allergies or intolerances your child has:**

**Do we have permission to use plasters on your child?**

**YES NO**

**My child has an inhaler and/or epipen:**

**YES NO**

**I give permission for a named member of staff who has been trained to administer the epipen (supplied by parent and labelled with child’s name) to my child. The named staff are:**

*
*

**Do you have any concerns about your child’s health?**

**Does your child have any special needs or disabilities? What special support will they require for our setting?**

**Does your child attend any other child care providers?**

**YES NO**

**Details:**

|  |
| --- |
| **EMERGENCY CONTACT/PICK-UP** |
| **NAME:****RELATIONSHIP TO CHILD:****TELEPHONE NUMBER/S****DOES THIS PERSON HAVE PERMISSION TO PICK-UP YOUR CHILD? YES/NO** |
| **EMERGENCY CONTACT/PICK-UP** |
| **NAME:****RELATIONSHIP TO CHILD:****TELEPHONE NUMBER/S:****DOES THIS PERSON HAVE PERMISSION TO PICK-UP YOUR CHILD? YES/NO** |
| **EMERGENCY CONTACT/PICK-UP** |
| **NAME:****RELATIONSHIP TO CHILD:****TELEPHONE NUMBER/S:****DOES THIS PERSON HAVE PERMISSION TO PICK-UP YOUR CHILD? YES/NO** |

**IF NO EMERGENCY CONTACT CAN BE REACHED, DO YOU GIVE PERMISSION FOR THE SUPERVISOR OR DEPUTY SUPERVISOR TO TAKE YOUR CHILD TO THE DOCTORS OR HOSPITAL?**

**YES NO**

**Are there any procedures you do not give consent to e.g. blood transfusion:**

**Please sign with your authorisation:**

**Signature: Date:**

**General outings:**

**Pre-school staff occasionally take the children out of the setting as part of our daily activities. The venues we use are:**

* **Neatishead Primary School- library/hall for P.E or group games**
* **Library Van- parked on school car park**

**Please sign to give permission for your child to take part in these activities. Individual risk assessments are carried out for each.**

**SIGNED: DATE:**

**Photographs**

**We take photographs regularly for your child’s Learning Journey and classroom displays. Occasionally we take photographs for our Facebook page, but we ensure that children cannot be identified.**

**PLEASE SIGN WITH YOUR AUTHORISATION:**

**Signature: date;**

**We update our website with photographs and we also occasionally send photographs to local press for advertising purposes. If you are happy for your child to be photographed and included on the website and local press please sign below.**

**PLEASE SIGN YOUR AUTHORISATION:**

**Signature: Date:**

**Early Years Advisers**

**Occasionally, our setting has a visit from an Early Years Adviser from County Hall. Their role is to support our setting through observations and discussions. Please sign the consent if you are happy for them to discuss the learning/development of your child:**

**Signature: Date:**

**Policies and Procedures**

**Electronic versions of each policy are kept on our website.** [**www.nbps.org.uk**](http://www.nbps.org.uk)**. It is this setting’s policy NOT to post identifiable images of children onto social network sites. Please sign to say you are aware of where we keep our policies and that you are aware of our procedures regarding social networks.**

**Signature: Date:**

**PLEASE SIGN AND INCLUDE A £10.00 REGISTRATION FEE TO SECURE YOUR CHILD’S PLACE. Hand this form together with the £10.00 to the setting manager as soon as possible. We can then confirm your child’s place and secure their hours for starting.**

**I HAVE PAID A £10.00 REGISTRATION FEE TO SECURE MY CHILD’S PLACE:**

**SIGNED:**

**PRINT FULL NAME: DATE:**