

## 10.4 Registration Form

# REGISTRATION FORM

Please complete and return, enclosing your non-refundable registration fee of £50 to:  
Little Fingers Pre-school, The Gospel Hall, Vernham Dean, Hampshire SP11 0LD

Please notify us immediately of any changes to the information given. We will also need to see a copy of your child's birth certificate or valid passport in preparation for when your child is eligible for Nursery Education Funding.

### Child's details

Date of birth	
Forename(s)	
Known as	
Surname	
Address	
	Postcode

### Parent/Guardian 1 (main contact including emergency information)

Full name	
Relationship to child	
Parental responsibility	Yes / No
Daytime/work number	
Home number	
Mobile number	
Email address	
Address (if different)	
	Postcode
Signed	

**Parent/Guardian 2 (secondary contact including emergency information)**

Full name	
Relationship to child	
Parental responsibility	Yes / No
Daytime/work number	
Home number	
Mobile number	
Email address	
Address (if different)	Postcode
Signed	

**Other person(s) with legal contact** *To be completed where those persons with parental responsibility are separated and an S8 Order is in place*

Full name	
Relationship to child	
Daytime/work number	
Home number	
Mobile number	
Email address	
Address (if different)	Postcode
What are the contact arrangements that we need to aware of?	

**Please speak to the Pre-school Manager if there are any issues about anybody who you do NOT wish to collect your child, so this can be discussed and recorded in more detail.**

**Contact details of people who will be collecting your child on a regular basis**

*i.e. Nanny, childminders or another member of your family. All persons must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, staff will check before releasing the child.*

Name	Relationship to child	Telephone number
		Tel: Mob:
		Tel: Mob:
		Tel: Mob:
<b>Safe word/password</b> Only authorised persons will be allowed to collect your child		

**Emergencies**

In the event of an emergency every effort will be made to contact you or alternative contacts nominated by you. However, if parent/guardian attendance cannot be immediate, it may be necessary to give emergency first aid and seek further medical advice or medical intervention - treatment from a doctor or casualty department of a hospital. A member of staff will always accompany a child taken to hospital by ambulance and will stay until a parent/guardian arrives. Any delay in treating a child is highly undesirable, the healthcare professionals will be responsible for any decisions on medical treatment when parents/guardians are not available.

**In the event of sudden illness or accident affecting my child, if recommended by a doctor, I agree to emergency treatment, including any operative treatment and/or administration of general anaesthetic to my child.**

Signature	Date

**Emergency contact details**

Name of doctor	
Practice address	Postcode
Telephone no:	
NHS number	

**Alternative contacts in case of emergency or illness at Little Fingers Pre-school, if you cannot be contacted. (Please complete all three and supply GDPR Privacy Notice to each individual)**

Name	Relationship to child	Telephone number	I have received, read, understood and agree to the Emergency Contacts Privacy Notice
		Tel: Mob:	
		Tel: Mob:	
		Tel: Mob:	

**About your child**

The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.

**Does your child have previous experience of attending a childcare setting? If so, please specify:**

**Health and development**

Has your child received the following immunisations? Please confirm and provide date of immunisations given.

Age	Immunisation	Yes	No	Date given
Two months old	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).  Pneumococcal (PCV) vaccine.  Rotavirus vaccine.			
Three months old	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).  Meningitis C vaccine.  Rotavirus, second dose.			

Age	Immunisation	Yes	No	Date given
Four months old	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).  Pneumococcal (PCV) vaccine, second dose.			
Between 12 and 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.  MMR vaccine – mumps, measles and rubella.  Pneumococcal (PCV) vaccine, third dose.			
Two to three years	Flu vaccine			
Three years and four months	MMR vaccine, second dose – mumps, measles and rubella.  4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.			

**Does your child have any on-going medical conditions? If so, please specify:**

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**If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:**

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**Does your child require a health plan?**

Yes	No
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**Is your child known to have any allergies or food intolerances? If so, please specify:** *A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.*

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**What are your child's dietary requirements? Please specify:**

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**If your child is aged 3 years or over, does he or she have difficulty with any of the following:**

Area	Yes	No
Speaking and communicating		
Listening and attending		
Understanding simple instructions		
Eating and drinking		
Sitting and sharing a book		
Walking and climbing		
Rolling a ball		
Holding a crayon		
Socialising with adults and other children		
Using the toilet		
Putting on their shoes and socks		

**Any other concerns**

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**Does your child have any special needs or disabilities? If so, please specify:**

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**Are any of the following in place for your child?**

SEN action plan	Yes	No
Education, Health and Care Plan	Yes	No

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

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**Two year old progress check - children aged 24-36 months**

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	

As per the requirements of the Early Years Foundation Stage, we will 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 will discuss it with you.

**Cultural background:**

**How would you describe your child's ethnicity or cultural background?**

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**What is the main religion in your family?**

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**Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like acknowledged and celebrated while he / she is in our setting?**

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**What language(s) is/are spoken at home?**

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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
Does your child need bilingual support?	Yes	No

**If so, please discuss and agree with your child's key carer how we can work together to support your child when settling-in?**

**General information:**

Does your child have any food preferences	Yes	No
Does your child have a pacifier i.e. dummy	Yes	No
Does your child have a special toy/objects they might bring with them?	Yes	No

**What sort of things does your child enjoy doing at home i.e. drawing or cooking?**

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**What other information is important for us to know about your child? For example, what they like, or what fears they may have, or any special words they use?**

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**Details of professionals involved with your child**

**GP**

Name:	
Address:	
Telephone:	

**Health visitor (if applicable)**

Name:	
Address:	
Telephone:	

**Social care worker (if applicable)**

Name:	
Address:	
Telephone:	



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. We will ensure these details are obtained from the social care worker named above and keep this securely in your child's file.

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**Any other professional who has regular contact with your child?**

Name:	
Agency:	
Role:	
Address:	
Telephone:	

**Parental permissions and consents**

**Outings:** Occasionally we may take your child out of our setting as part of the daily activities, for a short walk around the village, to the woods, to the village primary school, to the Village Hall, to the Bury Dean or to the post box. These short outings are often spontaneous. 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 planned outings I understand that I will be informed and my specific consent obtained.

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 planned outings I understand that I will be informed and my specific consent obtained. I give my permission for my child to take part in these activities:
Signed
Date

**Photographs:** 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. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your Childs records within the setting. We are happy to provide duplicate photos of your child as requested, although this might incur a small charge to cover our costs. We may also record events and activities on video. Photos/videos are stored on the settings computer only; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your original consent for each image we intend to use.

I give permission for my child to have his or her photo taken, or to be videoed as per the above conditions:
Signed
Date

**Animals:** We may occasionally have supervised visits of animals to our setting. We will ensure that our pets are healthy and fully inoculated, as appropriate, and that if an animal is showing any signs of disease, they are treated. I understand that a risk assessment will be carried out for visiting animals, and are available for me to see as required.

Please state below any known allergies or aversion your child has to animals.

Signed
Date

**Nappy cream:**

I give permission for nappy cream (supplied by me) to be administered to my child, when required, in accordance with the manufacturer's instructions
Signed
Date

**Paracetamol based medicine (Calpol or Sudafed):**

It is our policy <u>not</u> to administer paracetamol based products (e.g. Calpol). Please note that children should not come to pre-school if they have been given a paracetamol based product (e.g. Calpol) before their session.
Signed
Date

**Suncream**

I give permission for staff to administer hypoallergenic suncream (supplied by me) to my child when necessary and to record its use.
Signed
Date

**Key carers – information for parents**

Each child joining Little Fingers Pre-school will have a key carer appointed to them. It will be the key carer's responsibility to ensure that your child receives the best possible attention whilst in our care and ensure that their records are kept up to date. Your child's key carer is the first point of contact for anything you wish to discuss about your child.

### Terms and conditions

I agree to and have signed the terms and conditions and understand that a copy of these terms is available on the website which is updated regularly.	Signed
	Date

### Additional information

Will/does your child attend another pre-school?	Yes	No
If yes, which pre-school?		
How many sessions?		

### Registration fee

A non-refundable registration fee of £50 is charged for all children who wish to attend Little Fingers Pre-school. Upon accepting a place, your child will be issued with a Little Fingers T-shirt and bag on their first day. This registration fee does not guarantee you a place, and should we have insufficient availability, the fee shall be fully refunded. If you choose to defer your child's placement, or withdraw your application, this fee remains non-refundable. Cheques should be made payable to **Little Fingers Pre-school**.

### Drop-off and pick-up times

Drop-off times	9:00am	9:30am	10:00am	12:00pm	12:30pm	1:00pm
Pick-up times	12:00pm	12:30pm	1:00pm	2:30pm	3:00pm	3:30pm

### Please state which times you would like to drop-off/pick-up your child

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off					
Pick-up					
Start date					

All three and four year olds are currently entitled to 15 hours Free Entitlement funding per week, for 38 weeks per year. The nationally prescribed dates for determining eligibility are as given below:

- If your child's third birthday falls between 1<sup>st</sup> January and 31<sup>st</sup> March, funding will start in the Summer term (Apr)
- If your child's third birthday falls between 1<sup>st</sup> April and 31<sup>st</sup> August, funding will start in the Autumn term (Sept)
- If your child's third birthday falls between 1<sup>st</sup> September and 31<sup>st</sup> December, funding will start in the Spring term (Jan)

### Fees

Fees are payable termly. Our hourly rate is £6.00. No reductions are made for absence through sickness or holidays. Fees are notified by an invoice from the Treasurer and should be paid within 30 days. We also accept childcare vouchers. Please contact the Administrator: [adminoffice.lfpreschool@btinternet.com](mailto:adminoffice.lfpreschool@btinternet.com) for more details. We also charge the funded places, *consumables* at a rate of £1.00 per session (max. £2.00 per day). This will be invoiced at the beginning of each term. The non-funded places are charged 50p per snack (max. £1.00 per day). This will be invoiced at the beginning of each term.

### Preparing to use, up to 30 hours free childcare entitlement

The Government has increased the free childcare offer for three and four year olds from 15 to 30 hours a week, subject to eligibility.	√
Thinking about now and in the future, how many hours per week (up to the maximum 30 hours) do you think your child will use whilst at Little Fingers Pre-school? (This information will help us with planning.)	
15 hours or under	
16 - 20 hours	
21 - 25 hours	
26 - 30 hours	
Not eligible *	

*\*The Government has increased the free childcare offer for three and four year olds from 15 to 30 hours a week. To qualify for the full 30 hours of free childcare, each parent (or the sole parent in a single parent family) will need to earn, on average, the equivalent of 16 hours on the national minimum wage per week, (currently £142.56 per week for those aged 23 or over), and no more than £100,000 per year. A couple both working with an annual household income of £199,998 would be eligible if each, i.e. both parent earns just under £100,000. (In a couple, if one parent earns over this threshold they are not eligible. In a couple if one parent earns less than the minimum equivalent of 16 hours on national minimum/living wage they are not eligible). Self-employed parents and those on zero-hours contracts will be eligible if they meet the average earnings threshold as defined by Her Majesty's Revenue and Customs (HMRC).*

**We also offer WRAPAROUND CHILDCARE sessions in the morning from 8:30am - 9:00am and in the afternoon from 3:30pm - 4:00pm. Please indicate your preferences. These sessions are non-funded and cost £3:00 each.**

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	8:30am - 9:00am	8:30am - 9:00am	8:30am - 9:00am	8:30am - 9:00am	8:30am - 9:00am
PM	3:30pm - 4:00pm	3:30pm - 4:00pm	3:30pm - 4:00pm	3:30pm - 4:00pm	3:30pm - 4:00pm

**Thank you for telling us about your child. We look forward to your child joining us and enjoying their time at Little Fingers Pre-school.**

***I understand that the pre-school will use the information on this form on a regular basis, and the importance of letting the pre-school know of any changes in circumstance that would make any of the information on this form invalid.***

Signed	Date

Any information given to the pre-school as part of this application/registration form will be treated with the strictest of confidence. Any data collected will be, fairly and lawfully processed, for limited purposes, adequate, relevant and not excessive, accurate, not kept longer than is necessary, processed in accordance with the data's subjects rights, held securely and not transferred to other organisations unless required to do so by Ofsted, health and safety legislation or other legal obligations.

## PRIVACY NOTICE

I have read, understood and agree to the attached *GDPR Privacy Notice*.

I have provided the emergency contacts on this form with a copy of the *Emergency Contacts Privacy Notice*

Signed	
Print name	
Date	

I have enclosed the non-refundable registration fee of £50	Signed	Date
I have paid by BACS: Account number: 87481603 Sort code: 09-01-52	Signed	Date

### For office use only (March 2021)

	Signed (Pre-school Manager)	Date
Proof of date of birth	Birth certificate / Passport	
Registration fee received		
Start date		

This policy was adopted by

Little Fingers Pre-school

On

Date to be reviewed

March 2022

Signed on behalf of the provider

Name of signatory

Carolyn Coleman

Role of signatory (e.g. chair, director or owner)

Chair