



Date Received:	
Fee/Deposit Paid:	Y/N

MAYFIELD PRESCHOOL (Registered Charity 1044859)

CHILD REGISTRATION FORM

THIS IS A CONFIDENTIAL DOCUMENT

FULL Name of Child (inc. middle name):

Child known as.....Gender.....D.O.B.....

Child's Birth Certificate Number Seen on entry Y/N

Name of Parent(s) with whom the child lives

Parent 1 Name:

Does this parent have parental responsibility? Yes/No (delete)

Parent NI Number.....

Occupation.....

Parent 2 Name:

Does this parent have parental responsibility? Yes/No (delete)

Parent NI Number.....

Occupation.....

Home Address:

.....

.....**Postcode:**

Telephone Number:.....**Mobile Number:**.....

Email Address:.....

Religion/Culture/Relevant Information:.....

Name of Parent with whom the child does not live.....

Does this parent have parental responsibility? Yes/No (delete)

Home Address:

.....

.....**Postcode:**

Telephone Number:.....**Mobile Number:**.....

Email Address:.....

Religion/Culture/Relevant Information:.....

Does this parent have legal access to the child? Yes/No (delete)

Parental responsibility is defined by the Children Act 1989. People that have parental responsibility are; birth mothers (except where the child has been adopted), birth fathers if they were married to the mother at the time of the child's birth, and all birth fathers if they and the birth mother register the birth of their child together from 1st December 2003

Person authorised to collect the child must be over 16 years of age

Emergency Contact Numbers (Please give home, work and mobile numbers that can be used in an emergency):

1st contact name.....**Relation to child**..... (Please specify e.g. grandparent, family friend, and relative)

home.....Mobile.....Work.....

2nd contact name.....**Relation to child**.....

home.....Mobile.....Work.....

3rd contact name:.....**Relation to child**.....

home.....Mobile.....Work.....

Personal Details of Child

Doctor..... **Doctor Telephone Number**.....

Name of Health Visitor.....**Telephone Number**

Does your family have a social care worker for any reason? Yes/No (delete)

Name.....**Based at**.....**Telephone**.....

What 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.

Injections up to date: yes / no (delete)

Is your child registered at the Dentist ? Yes/ No

Does your child have any special dietary needs or preferences? Yes/ No (delete)

.....

Allergies / Health problems or additional information

.....

What language is 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? Yes/ No (delete) If so, we will discuss and agree how we will support your child when settling in.....

.....

Does your child have any special needs or disabilities? Yes/No (delete)

Details.....

.....

.....

Are any of the following in place for the child?

Early Years Action? Yes/ No (delete)

Early Years Action Plus? Yes/ No (delete)

Statement of Special Educational Need? Yes/No (delete)

What support will he/she require in our setting?.....

.....

.....

Name of Professionals involved with the Child:.....

Role.....**Telephone Number**.....

Should any matters of concern arise, I give permission for my child to be given first aid or emergency treatment as necessary and/or contact to be made with the appropriate medical/ health / social service authorities.

Signed by Parent 1.....**Dated**.....

Signed by Parent 2.....**Dated**.....

- **Please note: There is a £ £100.00 Registration fee / Deposit which secures your place; contributes towards administration time; covers 2 x 1 hour settling in sessions and the cost of a children's Puddle Suit. £50 of this fee will then be deducted from your first Preschool invoice. Failure to take up your child's reserved place will result in the fee being non-refundable.**

Please tick the sessions you would like your child to attend:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning session 8.45-11.30					
Morning plus Lunch club 8.45-12.30					
Afternoon 12.30-3					
Whole Day 8.45-3					

We admit children in date of birth order as soon as a place becomes available, and will contact you 2-4 weeks prior to starting to confirm details. Please indicate what age your child will be and approximate date when you wish them to start:..... 2½ yrs old / 3 yrs old? (delete)

Please bring **child's birth certificate or passport** on the start date to be copied for future grant information.

Collection of your Child by an Authorised Adult

If you authorise another adult to collect your child from Pre-school, please ask them to use the following password, and if possible, notify a member of staff who will be collecting your child if it is not the parents or the same person who drops them off. Passwords can be changed as required, if you notify the manager.

Name of Parent / Guardian with authorisation for changes.....

PASSWORD: (for collection purposes)

Information Sharing

We recognise that parents have a right to know that information they share will be regarded as confidential as well as be informed about the circumstances, and reasons, when we are obliged to share information. We are obliged to share confidential information without authorisation from the person who provides it or to whom it relates if it is in the public interest. That is when:

- It is to prevent a crime from being committed or intervene where one may have been or prevent harm to a child; or
- Not sharing it could be worse than the outcome of having shared it.

The decision should never be made as an individual, but with the back-up of management committee officers. The three critical criteria are;

- Where there is evidence that the child is suffering or at risk of suffering, significant harm.
- Where there is reasonable cause to believe that a child may be suffering or at risk of suffering significant harm.
- To prevent significant harm arising to children and young people or serious harm to adults, including the prevention, detection and prosecution of serious crime.

I have read the above and understand that there may be circumstances when information will be shared without my consent.

Signed by Parent 1.....**Date**.....

Signed by Parent 2.....**Date**.....

For Pre-school Use:

Received date.....

Acknowledgement date.....

Eligible for Grant Funding yes / no

Eligible for funding from.....

Registration Fee paid yes / no

Fees Policy:

Our fees policy is on our website, within the Parent tab - 'Fees and Funding Page'. Please read this carefully.

I have read the Mayfield preschool Fees Policy and agree to these terms:

Signed: **Date:**

Other Settings:

If your child attends another setting this will not affect what you do with us. However, it is good practice for settings to work alongside each other to support your child's early learning.

Does your child attend another setting? Yes/No (delete)

If so, which setting:

Address of Setting:

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

Contact Phone Number:

Key Person:

Days attending:

Do we have permission to contact the setting to share learning journey? Yes/No (delete)

Do we have permission to contact the setting to share other information (IPR:2 Year Review/ Summative assessments)? Yes/No (delete)

I give permission for the above information to be accessed and used:

Signed by Parent 1.....**Date**.....

Signed by Parent 2.....**Date**.....

Permissions: (Please complete to verify you have read, understood, and consented to the below)

Medical Attention (inc. need for antihistamine in event of an allergic reaction)	We give permission for emergency medical treatment to be given in the event that we cannot be contacted. We also give permission for my child/ren to be taken to the nearest hospital in the event of an accident. Signed.....Date...../...../..... Signed.....Date...../...../.....
Permission for Activities	I give permission for my child/ren to go on outings and participate in activities organised by Mayfield Preschool in the local area. Signed.....Date...../...../..... Signed.....Date...../...../.....
Photographs	Mayfield Preschool often take photographs of the children for visual reference for parents/carers. These photographs will be used for display purposes only within the childcare facility. They may also be used for publicity (our website) and event purposes. (tick relevant) <ul style="list-style-type: none"> <input type="radio"/> I do authorise photographs to be used for the above reasons. <input type="radio"/> I do not authorise photographs to be used for the above reasons.
Plasters	In the event of your child needing a plaster, it may need to be applied. (tick relevant) <ul style="list-style-type: none"> <input type="radio"/> I do give permission for a plaster to be applied. <input type="radio"/> I do not give permission for a plaster to be applied.
Sun Cream	In hot weather conditions children need sun protection. We ask that you please apply a good, once a day sun cream prior to the start of the preschool day. In the event where the child has no sun screen we can provide our nursery sun lotion. (tick relevant) <ul style="list-style-type: none"> <input type="radio"/> I give permission for you to apply sun lotion I have supplied. <input type="radio"/> I give permission for you to give my child/ren your sun lotion. <input type="radio"/> I do not give permission for you to give my child/ren your sun lotion.
Observations	Under the EYFS standards Mayfield Preschool are required to carry out regular observations on the children and record these in the children's individual learning Journey's. At Mayfield Preschool we use a safe, online, interactive learning journal which is password protected for each member of staff and for you. These records and

	<p>observations are kept in the strictest of confidence and can be seen by you at any time. (tick relevant)</p> <ul style="list-style-type: none"> ○ I give permission for you to carry out observations on my child.
Two Year Check	<p>In accordance with East Sussex guidelines, we work in line with your child's health visitor to carry out their 'Two Year' (IPR) Check. During this process we will need to see your child's Red Book (PCHR) in order to complete the EY Page. You will be party to conversation and meetings regarding this process.</p> <ul style="list-style-type: none"> ○ I give permission for you to have access to my child's red book during session times. <p>Signed.....Date...../...../.....</p> <p>Signed.....Date...../...../.....</p>