



STANWIX COMMUNITY PRE-SCHOOL REGISTRATION FORM

Basic details			
Child's First Name (s)		Surname	
Name known by		Date of Birth	Male/Female
Name of parent(s)/main carers with whom their child lives with. <i>(If a parent is living at a different address than their child, please complete the Adult 2 Section)</i>			
	Adult 1	Adult 2	
Name of parent(s) /Carer			
Relationship to child			
Does this parent have parental responsibility?	Yes/No	Yes/No	
Home Address			
Post code			
Home contact no.			
Mobile contact no.			
Personal Email Address			
Place of Work			
Work Address			
Work/Daytime Contact Number			
Does this parent have legal access to the child and is able to collect the child from the setting?			
	Yes/No	Yes/No	



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Other people who may collect your child/emergency contacts (*Persons authorised to collect your child, must be over 16 years of age*)

	Adult 3	Adult 4
Name		
Relationship to child		
Home contact no.		
Mobile contact no.		
Password for collecting child		

I confirm that I have received a copy of the Privacy notice and give my consent to the processing of special category data (*ethnic origin, religious beliefs, genetic and health data*)

Please ensure you have read the Privacy Policy on the back of this registration form BEFORE you sign.	Please ensure you have read the Privacy Policy on the back of this registration form BEFORE you sign.
Adult 1 Signature _____ Date _____	Adult 2 Signature _____ Date _____

Other Person(s) with legal consent. *To be completed where those persons with parental responsibility are separated and/or an S8 order is in place.*

Name	Relationship to child
Address	Contact Tel No

Please give details of the legal contact arrangements that we need to be aware of:

About your child

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

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.



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

What is the main religion in your family?

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 language(s) is/ 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? *(If so, discuss and agree with the key person how you will support your child when settling-in)*

Health & Development

Was your child born prematurely, if so, how many weeks early?

Does your child have any ongoing medical conditions or is currently under a consultant? *For example, Asthma or details of any current/ongoing prescribed medication.* If so, please specify:

If yes, please specify which external agencies are involved e.g., paediatrician, consultant, dietician, speech and language therapist, etc.:

Does Your child have a SEN Support plan? Yes No
If yes, please specify details on ongoing support below:

Does your child require a health care plan (EHCP)? Yes No
If yes, complete health care plan with parents.

Does your child have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance? Yes No

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



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Do you have any concerns about your child's learning and development?
 If yes, please specify below Yes No

Does your child have any special dietary needs? E.g., milk or wheat intolerance, allergies to food etc.

A risk assessment is completed and kept on the child's file for any known allergies or food intolerance as mentioned above

What are your child's dietary requirements? E.g., no refined sugar, vegetarian etc.,
 Please Specify:

Details of Professionals involved with your child

GP	Health Visitor <i>(If applicable)</i>
Name:	Name:
Address:	Address:
Telephone No:	Telephone No:

Dentist <i>(If applicable)</i>	Social Care Worker <i>(If applicable)</i>
Name:	Name:
Address:	Address:
Telephone No:	Telephone No:

Any other professional who has regular contact with your child

Name:	Agency:
Role:	Address:
Telephone No:	

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



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Please state the year you would like your child to start pre-school

September 20__

Please indicate with a ✓ the sessions you would like your child to attend. **Minimum requirements;** two sessions over two different days.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session 8.30am-11.30am					
Morning session with lunch 8.30am-12.30pm					
Morning Session 8.45am-11.30am					
Morning session with lunch 8.45am-12.30pm					
Morning Session 9.00am-11.30am					
Morning session with lunch 9.00am-12.30pm					
Afternoon session 12.30pm-3.00pm					
Afternoon session 12.30pm-3.30pm					
Full day session 8.30am-3.00pm					
Full day session 8.45am-3.00pm					
Full day session 9.00am-3.00pm					
Full day session 8.30am-3.30pm					
Full day session 8.45am-3.30pm					
Full day session 9.00am-3.30pm					
Comments					

Please note: Fees are payable monthly in advance and a terms notice must be given in writing to change or reduce sessions.

2 – 3 years old £6.50 per hour

3 – 4 years old £6.00 per hour

(Fees are reviewed annually and are subject to change)

Snack Charge 50p per session, charged termly. Please see payment of fees policy.



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Two-Year-old progress check/Integrated health check

As per the requirements of the Early Years Foundation Stage (EYFS) 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 to share it with your child's health visitor. 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 who completed the check _____ Date _____

Emergency Treatment Declaration

In the event of an accident or emergency involving my child, I understand that every effort will be made to contact me and the emergency services will be called as necessary. I understand that my child may be taken to hospital accompanied by the manager or the authorised deputy for emergency treatment. I understand that health professionals will be responsible for decisions about medical treatment in my absence.

Signed _____ Date _____

Print Name _____

For Inhalers/auto injectors (e.g., EpiPens) only

I give permission for a named member of staff who has been trained to administer the inhaler/EpiPen, Anapen or Jext (supplied by me). I understand a separate medical form and a Health care plan will be completed by me and the pre-school managers.

(Name of child) _____ Date _____

Print Name _____

Medical Details

Has your child received the following immunisations? This enables us to effectively manage any special education, health or medical needs of your child *(please confirm and date)*

5-in-1 (DTaP/IPV/Hib) vaccine, third dose; Pneumococcal (PCV) vaccine, second dose; Men B vaccine second dose	<p style="text-align: center;">Four Months</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____</p>
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Hib/Men C Booster – given as a single jab containing meningitis C (second dose) and Hib (fourth dose); Measles, mumps & Rubella (MMR) vaccine, given as a single jab; Pneumococcal (PCV) vaccine, third dose; Men B vaccine third dose	<p style="text-align: center;">Between 12 and 13 months</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____</p>
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Children's Flu Vaccine (annual)	Eligible paediatric age groups Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
Measles, mumps and rubella (MMR) vaccine, second dose; 4-in-1 (DTaP/IPV) pre-school booster – diphtheria, tetanus, whooping cough (pertussis) and polio.	Three years and four months to five years Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____

Parental Permissions

E: Safety (Staff and children)

There are procedures in place that govern the use of IT equipment on site. Where iPad's or similar are used by the staff to record children's learning and development or as a management tool, a risk assessment is completed and only equipment owned by pre-school is used. Visitors to the setting using IT equipment, such as Ofsted or Social Care, are advised of the procedure for its use and must seek prior permission from the settings managers.

In some instances, children will use ICT equipment (interactive table) to promote their learning and development under the supervision of staff. Children do not normally have access to the internet and never have unsupervised access to the internet. I understand games are suitable for the age range of the children in the room and that parental controls are in place.

I give permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures and a risk assessment in place to govern its use and that staff and visitors may also use ICT equipment to record and monitor children's learning and development.

Signed _____ **Date** _____

Nappy Cream

I give permission for non-medicated nappy cream (supplied by me) to be administered to my child when required in accordance with the manufacturer's instructions. If medicated nappy cream is required, I understand that this must have been prescribed by a doctor. I give my permission for it to be applied as above and to record its use and inform me of when it was administered.

Name of Child _____

Signed _____ Date _____



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Plasters

I give permission for staff to apply a plaster if required and to the best of my knowledge I am unaware of any allergic reaction.

Name of Child _____

Signed _____ Date _____

Medication

I give permission for staff to administer prescribed medication and understand I will be required to complete a separate medical form.

Name of Child _____

Signed _____ Date _____

Sun Cream

I give permission for staff to administer hypoallergenic sun cream (supplied by me) when necessary and understand that it is my responsibility to provide appropriate clothing during the summer months.

Name of Child _____

Signed _____ Date _____

Face Paints

I give permission for the staff to paint my child's face. To the best of my knowledge, I am unaware of any allergic reaction to face paints.

Name of Child _____

Signed _____ Date _____

Short Trip – General Outings

I give permission for my child to take part in short trips or general local outings, such as the church grounds, the Glebe, Sainsbury's or local businesses. I understand that individual risk assessments are carried out for each type of trip or outing and are available for me to see as required. For any planned outings, I understand I will be informed and my specific consent obtained.

Name of Child _____

Signed _____ Date _____



STANWIX COMMUNITY PRE-SCHOOL REGISTRATION FORM

Photographs and video

To record aspects of our curriculum and for children's individual development records, staff often take photographs and videos of children during their play. Only equipment supplied by us is used for this purpose and images taken are for display and for your child's learning records. Images are saved and stored on our equipment securely and only kept for the period your child is with us. If we wish to use any images of your child for publicity or marketing purposes, we will seek your written consent for each image we wish to use. I give permission for my child to be photographed/recorded as per the conditions above.

Name of Child _____

Signed _____ Date _____

Sharing Information

I give permission for pre-school to share information regarding my child's stage of development with their allocated primary school place prior to their start in September. This will enable the school to continue to effectively manage any special education, health or medical needs and to continue with their development. I agree for my child's records to be transferred to their receiving school.

Name of Child _____

Signed _____ Date _____

I give permission for pre-school to share information regarding my child's stage of development with any other settings they regularly attend.

Name of Child _____

Signed _____ Date _____

I understand the information sharing policy and I am aware that there may be circumstances where information is shared with other professionals or agencies without my consent.

Name of Child _____

Signed _____ Date _____



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Animals

We may occasionally have supervised visits of animals to our setting or have pets on site. We will ensure that our pets are healthy and are inoculated as appropriate and that animals are showing any signs of disease are treated. Risk assessments will be carried out for visiting animals and will be made available to parents on request. Please state here any known allergies or aversion your child has to animals.

Name of Child _____

Signed _____ Date _____

Further Information

I confirm that information about the setting's policies and procedures has been made available and explained to me. I understand that the **key policies** can be accessed by scanning the **QR code** or using the **link provided below**, and that the full policy file is available to view in the setting at any time. I also understand that further information about how my personal data is handled can be found in the **Privacy Policy**.

[Preschool Policies for Parents](#)



Name of Child _____

Signed _____ Date _____



STANWIX COMMUNITY PRE-SCHOOL REGISTRATION FORM

Early Years Pupil Premium Application Form

for 2, 3 and 4 year olds accessing free early education and 9 months plus from September 2024

Please complete in BLOCK CAPITALS

If you or your child meets any of the following criteria your childcare provider may be entitled to claim extra funding to support your child's learning and development. The information you provide will be handled confidentially and will only be used to check your eligibility.

Child and family eligibility criteria

Please tick if you meet any of the following criteria:

- the family gets one of the following:
- Income-based Jobseeker Allowance
 - Income-related Income support
 - Employment and Support Allowance
 - Support under part VI of the Immigration and Asylum Act 1999
 - The guaranteed element of State Pension Credit
 - Child Tax Credit (provided they're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
 - *Working Tax Credit run-on, which is paid for 4 weeks after they stop qualifying for Working Tax Credit
 - Universal Credit (where net income threshold is up to £7,400 per annum)

*If the family is in receipt of Working Tax Credit for more than the 4 weeks 'run-on', then the family do not meet the qualifying criteria

- Your child has been looked after by a local authority for one day or more
- Your child has been adopted from care
- Your child has left care under a special guardianship order or residence order

Child details

Name:	Date of Birth:
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Parent's details

Title:	Name:
Address:	
Postcode:	Parental Responsibility* YES/NO
Relationship to child:	Telephone number:
Email address:	



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If you are in receipt of any of the above benefits, please provide the following information:

National Insurance Number or National Asylum Support Service Number:

Parent Date of Birth:

Provider details

Provider Name:

Town:

Declaration

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process an application for Early Years Pupil Premium.

Signature of parent/guardian:

Date:

PLEASE RETURN THIS FORM TO YOUR EARLY YEARS PROVIDER



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Equalities Monitoring Form

Ethnicity – Gathered for monitoring purposes only. Parents are not obliged to complete this data.

White British	<input type="text"/>
White Irish	<input type="text"/>
White Other	<input type="text"/>

Black British	<input type="text"/>
Black African	<input type="text"/>
Black Caribbean	<input type="text"/>
Black Other	<input type="text"/>

Indian	<input type="text"/>
Pakistani	<input type="text"/>
Bangladeshi	<input type="text"/>
Asian Other	<input type="text"/>

White and Black Caribbean	<input type="text"/>
White and Black African	<input type="text"/>
White and Black Asian	<input type="text"/>

Chinese	<input type="text"/>
Chinese Other	<input type="text"/>

Other, please state _____	<input type="text"/>
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