

# Swanwick Pre School Registration form

Swanwick Pre School

Pentrich Road, Swanwick, Alferton, Derbyshire, DE55 1BN

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Charity Number 1098128 and Company Registration Number 4646503

Child's details			
First Name(s)		Surname	
Name known as		Gender	
Child's Full Address			
Date of birth		Birth certificate	Seen Yes <input type="checkbox"/> No <input type="checkbox"/>

**Family Details:** Name of parent(s)/carer(s) with whom the child lives

Contact Details Parent/Carer One (including emergency information)	
Parent/carer full name	
Relationship to Child	
Daytime/work telephone number	
Mobile phone number	
Home telephone	
Email address	
Home Address	
Work Address	
Does this parent have parental responsibility for the child?	

Contact Details Parent/Carer Two (including emergency information)	
Parent/carer full name	
Relationship to Child	
Daytime/work telephone number	
Mobile phone number	
Home telephone	
Email address	
Home Address	
Work Address	
Does this parent have parental responsibility for the child?	

<b>Other person(s) with legal contact</b> <i>to be completed where those persons with parental responsibility are separated and an S8 Order is in place.</i>	
Full Name	
Address	
Contact telephone number home	
Contact telephone number mobile	
Email	
Relationship to child	
What are the contact arrangements that we need to be aware of	

**Emergency contact details if parents are not available** *Emergency contacts must be local.*

Contact One Name	
Relationship to Child	
Address	
Daytime/work phone number	
Mobile Number	
Home phone number	

Contact Two Name	
Relationship to Child	
Address	
Daytime/work phone number	
Mobile Number	
Home phone number	

**Persons other than parent(s) authorised to collect the child** *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.*

Person One Name	
Relationship to Child	
Daytime/work phone number	
Mobile Number	
Home phone number	

Person Two Name	
Relationship to Child	
Daytime/work phone number	
Mobile Number	
Home phone number	

Person Three Name	
Relationship to Child	
Daytime/work phone number	
Mobile Number	
Home phone number	

Password for the collection of child by authorised persons	
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## 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.*

<b>Two months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Three months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis C vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Four months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Between 12 and 13 months old</b>	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	MMR vaccine – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Two to three years</b>	Flu vaccine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Three years and four months or soon after</b>	MMR vaccine, second dose – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

*For internal use:* Has the child's health record book been seen to confirm immunisation dates? Yes   
No

Has your child had any major illness/ operation?

Does your child have any on-going medical conditions? 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 require a health care plan? Yes  No

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. Please refer to our food and drink policy.*

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

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

Speaking and communicating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Listening and attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Understanding simple instructions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eating and drinking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sitting and sharing a book	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walking and climbing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rolling a ball	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Holding a crayon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Socialising with adults and other children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Putting on their shoes and socks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any other concerns:

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

Are any of the following in place for the child?

SEN Action Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Education, Health and Care Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Statement of special educational need	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

*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  
completed

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 30-36 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?

What is the main religion in your family (if applicable)?

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?      Yes            No     

Does your child need a bilingual support plan?      Yes            No     

If so, discuss and agree with the key person how we can work together to support your child when settling-in:

*General information*

Does your child have a pacifier i.e. dummy or thumb?      Yes            No     

Does your child have a special toy or object they might bring with them?      Yes            No     

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

What other information is it 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.

**Details of professionals involved with your child**

*GP*

Name

Telephone

Address



*Health Visitor (if applicable)*

Name Telephone  
Address

*Social Care Worker (if applicable)*

Name Telephone  
Address

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 these securely in the child's file.*

*Dentist (if applicable)*

Name Telephone  
Address

*Any other professional who has regular contact with the child*

Name 1 Role  
Agency Telephone  
Address

Name 2 Role  
Agency Telephone  
Address

Name 3 Role  
Agency Telephone  
Address

**General parental permissions**

*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 immediately. Emergency services will be called as necessary and I understand my child may be

taken to hospital accompanied by the manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed

Date

Printed  
name

*For inhalers/auto-injectors (e.g. Epipens) only*

I give permission for a named member of staff who has been appropriately trained to administer the inhaler/

Epipen or Anapen  
(supplied by me) to

(*name of child*).

The named staff are:

- 
- 
- 

Signed

Date

Printed  
name

*Short trip - general outings*

Your child may be taken out of our setting as part of the daily activities. The venues used are detailed here:

*Walk to the shops, Swanwick Primary School or the park.*

I give permission for (name of child) to take part in short trips or general outings. 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 I will be informed and my specific consent obtained.

Signed

Date

Printed  
name

*Suncream*

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

Signed

Date

### *Photographs*

As part of the on-going 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 child's records within the setting. Photos are stored on the setting's 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 written consent for each image we intend to use.

I give permission  
for

(name of child) to have her/his photo taken as per  
the above conditions

Signed

Date

Printed  
name

### *Animals*

We may occasionally have supervised visits of animals to our setting.

Signed

Date

### **Key persons - Information for parents**

Each child joining the setting will have a key person appointed to her/him. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's key person may change as your child progresses through the setting. Your child's key person is your first point of contact for anything you wish to discuss about your child.

### **Policies and procedures**

I have been provided with details of Swanwick Pre School early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

Signed

Date

Printed name

**We give permission for Swanwick Pre-School to keep this information for the legally required time (as per GDPR) for the safety of your child and in order for us to contact you.**

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

Parent name

Signed

Date

Name of key person

Signed

Date

Name of manager

Signed

Date

## Equalities monitoring form

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

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>
Other please state			

A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need	<input type="checkbox"/>
SEN action plan	<input type="checkbox"/>
Education, Health and Care Plan	<input type="checkbox"/>

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.