



Child's Registration Form

Tots and Scholars Nursery and Preschool
Address: The high street, Elstree, WD6 3EY

Contact: Mobile phone number: 07501 218 646
Mobile phone number: 07572 648 247

Email address: info@totsandscholars.co.uk

Company Registration Number: 9878892

Child's details

Child's first name(s) _____ Surname _____
Name known as _____
Child's full address _____

Gender _____ Date of birth _____ Birth certificate seen Yes No

Proof of address Yes No

Family & home details

Name of persons with whom the child lives and their relationship to the child: _____

Names of people who have legal responsibility of the child: _____

Names of people who have legal contact of the child: _____

Contact details 1 (including _____ Email _____



emergency information):

Home address

Work address

Does this parent have parental responsibility for the child? Yes No

Contact details 2 (including emergency information):

Parent/carer full name

Profession/Occupation

Daytime/work telephone

Mobile

Home telephone

Email

Home address

Work address

Does this parent have parental responsibility for the child? Yes No

Contact details 3 (including emergency information):

Parent/carer full name

Relationship to child

Daytime/work telephone

Mobile

Home telephone

Email

Home address

Work address

Does this parent have parental responsibility for the child? Yes No

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

Name

Address

Contact telephone numbers

Relationship to child

What are the contact arrangements that [we/I] need to be aware of?



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

Contact 1 - Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____

Contact 2 - Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____

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/I] will check before releasing the child.*

Person 1 - Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____

Person 2 - Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____

Person 3 - Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____



Home telephone _____

Mobile _____

Password for the collection of child by authorised persons: _____

Tenure booked

Detail agreed settling-in process:	
Starting date required:	Ending date (if known):
Full time: Yes <input type="checkbox"/> No <input type="checkbox"/>	Part time: Yes <input type="checkbox"/> No <input type="checkbox"/>
Monday Yes <input type="checkbox"/> No <input type="checkbox"/>	Tuesday Yes <input type="checkbox"/> No <input type="checkbox"/> Wednesday Yes <input type="checkbox"/> No <input type="checkbox"/>
Thursday Yes <input type="checkbox"/> No <input type="checkbox"/>	Friday Yes <input type="checkbox"/> No <input type="checkbox"/>

Admission fee enclosed	<input type="checkbox"/> £ _____
Deposit	<input type="checkbox"/> £ _____

About your child

The following information will tell [us/me] a little more about your child. As your child settles with [us/me], [we/I] 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

Birth History (under 2y)

Full term	
If premature how early?	



Normal delivery	
If C- section reason for it	
Delivery complication if any	

Illnesses and Immunisations:

Has your child had Chicken Pox Yes <input type="checkbox"/> No <input type="checkbox"/> or the Vaccine Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child had Influenza <input type="checkbox"/> No <input type="checkbox"/> or the Vaccine Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child had Hepatitis Yes <input type="checkbox"/> No <input type="checkbox"/> or the Vaccine Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child had Prevnar (Pneumococcal) Yes <input type="checkbox"/> No <input type="checkbox"/> or the Vaccine Yes <input type="checkbox"/> No <input type="checkbox"/>

Has your child had any recent travel to any foreign continent, if so where?	
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Has your child received the following immunisations? Please confirm and provide date of immunisations given.

Two months old	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:
Three months old	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:
Four months old	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:
Between 12 and 13 months old	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 No Date:

Two to three years Flu vaccine Yes No Date:

Three years and four months or soon after MMR vaccine, second dose – mumps, measles and rubella. Yes No Date:

4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio. Yes No Date:

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

Exposures

Has your child been exposed to someone with know tuberculosis? Yes No

Is your child in any other daycare or group care with other children? Yes No

Has your child consumed untreated or unpasteurised milk? Yes No

Has your child ever eaten wild game? Yes No

Do you have pets or any animals at home? Yes No

Do you live near a farm or any livestock or other farm animals? Yes No

Has your child had any exposure to rodents or squirrels? Yes No

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.

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

It is [our/my] usual practice to provide only vegetarian meals. If this is not in-keeping with your child's dietary requirements, please discuss this with [our setting manager/me] to ensure that we are working in partnership to meet your child's needs. Please refer to our Food and Drink Policy.

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:



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Are any of the following in place for the child?

Early Years Action	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Early Years Action Plus	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 require in [our/my] 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 completed	

As per the requirements of the Early Years Foundation Stage [we/I] will complete a progress check on your child between the ages of 24-36 months. [We/I] 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 (if applicable)?

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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 to see acknowledged and celebrated while he/she is in [our/my] 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/I] can work together to support your child when settling-in:

General information

What is your child's usual sleep pattern?

Does your child have a feeding routine (for children under 2 years)?

Yes

No

Does your child have any food preferences?

Yes

No

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/me] 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/I] will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.*

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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. I confirm that I have disclosed all first aid medication (eg. Calpol, Savlon, Arnica) which my child should not be administered.

I also confirmed that I have disclosed any history of seizures, convulsions and/or any incidents my child has experienced which had required urgent first aid.

Signed _____ Date _____
Printed name _____

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

[For group provision:]

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).

Signed _____ Date _____
Printed name _____



Teething gel (babies)

I give permission for teething gel (supplied by me) to be administered to _____
(*name of child*) when necessary - in accordance with manufacturer's instructions - and for staff to record its use.

Signed _____ Date _____

Printed name _____

Nappy cream

I give permission for nappy cream (supplied by me) to be administered to _____
(*name of child*) when required, in accordance with manufacturer's instructions.

Signed _____ Date _____

Printed name _____

Suncream

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

Signed _____ Date _____

Printed name _____

Short trip - general outings

Your child will be taken out of [our/my] setting as part of the daily activities. The venues used are detailed here:

- 1.
- 2.
- 3.

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 major outings, I understand I will be informed and my specific consent obtained.

Signed _____ Date _____

Printed name _____



Photographs

As part of the on-going recording of our curriculum and for children's individual development records, [staff/I] regularly take photographs, videos, tape recordings and written observations of the children during their play. Only digital equipment (e.g.cameras) supplied by the setting are used exclusively for this purpose. [We/I] are happy to provide duplicates to you, providing other parents also agreed to any group images, if requested, [although this might incur a small charge to cover our costs]. [We/I] may also record events and activities on video. Photos/videos are stored on the setting's computer only; we may use these pictures for advertising on our website, flyer, banner, etc from time to time.

I give permission for _____ (name of child) to have her/his photo taken, or to be videoed, as per the above conditions.

Signed _____ Date _____

Printed name _____

Animals

[We/I] may occasionally have supervised visits of animals to [our/my] setting and [we/I] have the following pets on site (please list all):

- _____
- _____
- _____

[We/I] will ensure that our pets are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals, and parents informed.

Please state below any known allergies or aversion _____ (name of child) has to animals:

Sign _____ Date _____

Print name _____

I agree that staff may carry photo ID of my child to assist in his/her identification in the event of an emergency.

Sign _____ Date _____ Print name _____

I agree that Tots and Scholars Nursery School may release information about my child to the following third parties including but not limited to external agencies, authorities, organisations, other providers and/ or schools, where required and/or necessary in the best interest of the child.



Sign _____ Date: _____ Print Name _____

Key persons - Information for parents

[Each child joining the setting will have a key person appointed to them/I am your child's key person.] It will be [the key person's/my] responsibility to ensure that your child receives the best possible attention whilst in [our/my] 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. You will be notified of these changes.] [Your child's key person is/I am] your first point of contact for anything you wish to discuss about your child.

Your child's key person will be _____

[Your child's 'back up' person will be] _____

Policies and procedures

I have been provided with details of Tots and Scholars Nursery Pre-School early years prospectus for parents, and its policies and procedures and terms and conditions. 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 _____

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 _____

Tots and Scholars Nursery Pre- School

Name of key person _____

Signed _____ Date _____

Name of manager _____

Signed _____ Date _____

Date of first review _____

Equalities monitoring form

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

White British

Pakistani



- | | | | |
|-----------------|--------------------------|---------------------------|--------------------------|
| 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"/> |
| Early Years Action | <input type="checkbox"/> |
| Early Years Action Plus | <input type="checkbox"/> |
| Statement | <input type="checkbox"/> |

Providers should refer to the SEN Code of Practice for an explanation of the terms above.

Your child cannot start at the setting until we have received this signed admissions form, registration fee, the applicable deposit and the following documents:

- Child's Red Book
- Child's Birth Certificate
- Child's/Parent or Guardians proof of address/utility bill

It is the Setting's policy to liaise, wherever possible, with the future Schools of our children to help enable continuity of curriculum, prior to the child leaving us to enter Junior School. Therefore, we require, if possible, the name and address of the proposed School your child may go to after leaving Tots and Scholars and what age your child will be when this transition will occur:

Please print the full name here: