The Hendred's Preschool - Registration Form

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Ofsted registration: EY493645 Charity registration number: 1159739

To apply for a place at Hendreds Preschool, please complete and return this form. We will contact you in the term before you would like your child to start to confirm availability. If there is not a suitable place available at the requested start date, we will advise you how long you may have to wait, or you can withdraw the application at that point.

Child's full name: …… Gender: ……

Name known by, if different from above: …… Date of birth: ……/……/……..

Child's full address:

…… Post Code: ……

PARENT/CARER DETAILS

Parent/Carer 1 (at the child's home address) Full Name:	**Parent Carer 2** Full Name:
Address:	Address
Home telephone:	Home telephone:
Mobile number:	Mobile number:
Work number:	Work number:
Email:	Email :
*Do you have parental responsibility for this child? (Please delete as appropriate). Yes / No	*Do you have parental responsibility for this child? (Please delete as appropriate). Yes / No
If No, do you have legal contact/access? Yes / No	If No, do you have legal contact/access? Yes / No
Relationship to Child:	**Relationship to Child:**

* **OTHER PERSON WITH LEGAL CONTACT** (if different from above):

Name:……

Relationship to child: ……. Contact number: ……

What are the contact arrangements we need to be aware of?

*It is a legal requirement that we have these details for Early Years Foundation Stage (EYFS) age children. Information on parental responsibility is available at www.direct.gov.uk

EMERGENCY CONTACT DETAILS - if parents are not available (must be local):

Emergency Contact 1 Name:	**Emergency Contact 2** Name:
Address:	Address:
Home telephone:	Home telephone:
Mobile number:	Mobile number:
Relationship to Child:	Relationship to Child:
I have authorisation to share this person's details: (parent to sign): ……	I have authorisation to share this person's details: (parent to sign): ……

PERSONS AUTHORISED TO COLLECT MY CHILD (Must be over 16):

Authorised Person 1 Name:	**Authorised person 2** Name:
Address:	Address
Home telephone:	Home telephone:
Mobile number:	Mobile number:
Relationship to Child:	Relationship to Child:
I have authorisation to share this person's details: (parent to sign): ……	I have authorisation to share this person's details: (parent to sign): ……

PASSWORD to be used by any contact or person authorised to collect your child.	……

YOUR CHILD'S ETHNICITY AND CULTURAL BACKGROUND

We have a legitimate interest in requesting this sensitive personal data to allow us to plan and meet your child's needs. By signing the Terms and Conditions at the end of the form, you are giving us your consent to collect this.

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

What is/are the main language(s) spoken at home? ……..

What is the main religion in your family? ……

Are there any festivals or special occasions in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while your child is in our setting:

YOUR CHILD'S HEALTH INFORMATION

Has your child had the following immunisations: (Please tick those which apply)

Diphtheria		Whooping Cough		MMR	
Tetanus		HIB		Meningitis C	
Polio		Rotavirus		Pneumococcal (PCV)	
Flu		Pre-school booster			

Does your child suffer from any of the following? (Please tick those which apply)

Asthma		Epilepsy		Diabetes	
Heart condition		Kidney/Bladder problems		Anaphylaxis	
Hearing Impairment		Sight Impairment		Other	

If you have ticked any of the boxes above, please give details:

Medication and Medical Conditions

Does your child require **medication,** either long-term for existing conditions or lifesaving drugs such as Ventolin? Please give details of the medication.
(You will be required to complete further documentation if any medication is administered at pre-school).

Please give details of any recent hospital stays or **on-going medical conditions**?.

Are any **external agencies** involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

Does your child require a **health care plan**? Yes / No

Allergies and Food Intolerances

Is your child known to have any **allergies or food intolerances**? If so, please specify.
(It is your responsibility to review this and update staff when your child starts and if there are any changes whilst they attend Hendreds Preschool. Allergies and food intolerances will be collated on the relevant list in the kitchen for staff.)

Does your child have any special **dietary requirements**? Please specify:

Special Needs or Disabilities

Does your child have any **Special Educational Needs or Disabilities**? If so, please specify**:**

Are any of the following in place?
SEN Action Plan : Yes / No Education, Health and Care Plan: Yes / No

What special support will he/she require at Hendreds Preschool?

Two Year Old Progress Check

Has your child had their **Two Year Old Progress Check**? Yes / No

If so, on what date was it completed? ……

Are you able to share this information with the setting? Yes / No

DETAILS OF PROFESSIONALS INVOLVED WITH YOUR CHILD

GP

Name:	
Surgery:	
Address:	
Telephone number:	

Health Visitor

Name:	
Address based at:	
Telephone number:	

Dentist

Name:	
Surgery:	
Address:	
Telephone number:	

Social Care Worker

Name:	
Address based at:	
Telephone number:	

What is the reason for involvement of the social care department? NB If the child has a child protection plan, make a note here but don't include details.(We will obtain the details from the Social Care Worker and keep these securely on the child's named child protection file.)

Please give details of any other professionals who have regular contact with your child

Name:	
Role:	
Address:	
Telephone number:	

Name:	
Role:	
Address:	
Telephone number:	

PARENTAL PERMISSIONS

Emergency treatment declaration

In the event of an accident or emergency involving my child whilst on the premises or on an outing, 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/authorized deputy or their keyperson for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Parent/Carer 1	Parent/Carer 2
Signed:	Signed:
Print name:	Print name:
Date:	Date:

Paracetamol based medicine (eg Calpol)

I give permission for my child's keyperson or authorised person to administer paracetamol based products to my child in the case of a raised temperature (above 38 degrees C) on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with our procedures on the administration of medication.

Parent/Carer 1	Parent/Carer 2
Signed:	Signed:
Print name:	Print name:
Date:	Date:

General Permissions

Please tick the statements below if you consent to the following, otherwise please mark with an 'X'

	My child may participate in **short trips or outings** as part of daily practice eg. Trips to park, shop, school, church, farm, village hall, general walks around the village etc
	Staff may take **photographs or videos** of my child for use in setting displays, observational evidence for their Learning Journey, or for assessment of an activity. (Only devices supplied by Hendreds Preschool are used to take pictures or record videos and images are only stored during the period your child is with us. If we would like to use any image of your child for publicity or marketing purposes, we will always seek your written consent.)
	Observations of my child may be made and recorded to monitor their progress and to aid planning. This can be documented in writing and via the online learning journey.
	My child may appear in photographs or videos being used in learning journeys of other children in the setting.
	My child's **artwork** (with their first name only) may be displayed in the setting.
	As mentioned above, to be shared, if necessary, with other professionals visiting the group such as Early Years Advisors, SENCO, Health Visitors etc, to aid and support my child's learning and development
	My child's **online learning journey** and written assessments may be shared with Ofsted Inspectors and/or as part of audits by the local authority.
	My child may have his/her work displayed, using first name only, at events we support in the **community.** Parents will be notified what these events are in advance.
	My child may be observed by Ofsted, or an Oxfordshire Country Council Early Years Advisory Teacher or Special Educational Needs Inclusion Teacher during inspections of the setting.
	My child may have sun **cream** applied by staff. This may be supplied by the pre-school or by me. I will apply appropriate sun cream to my child before they arrive at Pre-school
	Nappy cream, supplied by me, may be administered when required in accordance with the manufacturer's instructions.
	My child's may be used on Hendred's Preschool **social media** pages such as **Facebook/Instagram** and can be used on the **Hendred's Preschool website.**

I consent to the above statements as indicated.

Parent/Carer 1	Parent/Carer 2
Signed:	Signed:

Print name:	Print name:
Date:	Date:

OTHER SETTINGS and INFORMATION SHARING

Does your child have previous experience of attending a childcare setting? Yes / No

Name of Setting:	
Name of Keyperson:	
Address:	
Dates attended:	
Email:	
Phone number:	

Will your child be attending another setting or childminder whilst attending Hendred's Preschool? Yes/No

Name of Setting:	
Name of Keyperson:	
Address:	
Days attending:	
Email:	
Phone number:	

Preferred Primary School:

……..

It is our policy that we contact any previous childcare provider for an assessment of where they felt your child was with their learning and development and so we can continue to support them in their next steps.

We also contact any other childcare provider your child will also be attending under the EYFS framework, and your child's primary school during the school transition period, so we can work in partnership to support your child's learning and development. In order to make this contact and share information, we need permission from you.

Information Sharing Consent

I give permission for Hendreds Preschool to contact the above settings in order that information can be shared to support the continual development and learning plan for my child.

Parent/Carer 1	Parent/Carer 2
Signed:	Signed:
Print name:	Print name:
Date:	Date:

I give consent for **information to be shared** with external agencies regarding any special needs my child may have, with other settings my child attends and with primary school or during the transition process. I understand the circumstances in which information may be shared without my consent. This will only be when it is a matter of safeguarding a child or vulnerable adult.

Parent/Carer 1	Parent/Carer 2

Signed:	Signed:
Print name:	Print name:
Date:	Date:

OTHER ADMISSIONS INFORMATION

Do any siblings of your child attend Hendreds Preschool or Hendreds CofE Primary School or St Amand's Catholic Primary School? Yes/No

Is your child eligible for free early education for 2 year olds? Yes / No.
https://www.oxfordshire.gov.uk/cms/content/free-early-education-2-year-olds-0

If Yes, please provide the green postcard or your 'TYF' reference:

Please provide any other information that may support your child's priority for admission.

……

PREFERRED SESSION REQUEST

Our main intake each year is in September although some places may become available during the academic year. We will contact you during the term before your preferred start date to discuss availability and start date.

We will endeavour to offer you the sessions and start date as you have requested below but this will depend on priorities in accordance with our admissions policy and availability of suitable sessions. We cannot hold places open for future terms if there are children eligible and able to start sooner.

Once a place has been offered, we will do our best to increase or change your child's sessions as you request but this will depend on availability at that time.

A child must attend for a minimum of 2 sessions per week – 12 hours.

Preferred start date or term: …….

Please indicate below the sessions you would like your child to attend when they first start. Please note we only offer AM sessions only or full day.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session: 9:00am-12:00pm					
Afternoon Session: 12:00-3:00pm					

Other preferences / comments: ……

Child's full name: …….

TERMS & CONDITIONS

Completion of this form places your child on our registration applications list; it does not guarantee a place for your child. The information you have provided will be kept in paper form and used for the purposes of maintaining appropriate contact details, administering the admissions process and for the safety and wellbeing of your child. We will contact you by email as soon as a suitable place becomes available. If you find that you no longer need a place, please let us know as soon as possible.

It is your responsibility to inform Hendred's Preschool of any changes to the contact details and health information provided on this form. If you do not need or accept a place, we will not retain the information on this form.

Once your child has been offered a place, and you have accepted it, your child will be on the register and we expect them to attend on the day(s) allocated to them.

This registration form is a contract and you are liable to pay all the fees up to and including one month's **notice of leaving**. Invoices will be issued for unfunded pre-school sessions termly. Fees cannot be waived or returned for sessions not attended.

If pre-school fees remain outstanding for 7 days after issue of a written reminder letter, The Hendreds preschool will only be able to provide sessions funded by the Early Education funding scheme for 2,3 and 4year olds. Any other sessions will be withdrawn until the outstanding debt is cleared. Once payment is received, additional sessions may be requested following negotiation with the Manager and Management Committee.

Hendred's Pre-school is a charity and is managed by a committee of volunteers. Parents are encouraged to become a member of Hendred's Preschool when their child starts attending. Each member family (parent, grandparent or carer) is encouraged to support the committee in some way- fundraising, maintenance or gardening, becoming a committee member, providing professional advice or support, or help in at least one pre-school session per term. If you are unable to do this, we would suggest making a donation each term although this is not necessary.

- I wish to register my child at Hendred's Preschool and agree to abide by these Terms and Conditions.
- I have seen the Ofsted Registration Certificate of HENDREDS PRESCHOOL on the noticeboard.
- I have been given a copy of the setting's complaints procedure (also available on our website) which includes an address and telephone number for Ofsted.
- I have been given a copy of the setting's Privacy Notice.
- I am happy to be contacted by email with information regarding admission, my child's learning and development, newsletters, invoices, pre-school fundraising events, committee matters, outings and learning opportunities.

Parent/Carer 1	Parent/Carer 2
Signed:	Signed:
Print name:	Print name:
Date:	Date:

Name of person who completed this form: ……

Relationship to child named above: ……

Signature: …… Date: ……

Child's full name: ……

EQUALITIES MONITORING FORM

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

White British	☐	Pakistani	☐
White Irish	☐	Indian	☐
White other	☐	Asian other	☐
Black British	☐	Chinese	☐
Black African	☐	Chinese other	☐
Black Caribbean	☐	White and Black Caribbean	☐
Black Other	☐	White and Black African	☐
Bangladeshi	☐	White and Black Asian	☐
Other please state			

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

No special educational need	☐
SEN action plan	☐
Education, Health and Care Plan	☐

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