09.1c Childcare and early education registration form

It is helpful for the allocated key person or setting managers to complete this form with the parent(s)/carer(s) when the child starts at the setting.

[Name of provider]'s Childcare and early education registration form

Child's details

Child's first name(s) _____ Surname _____

Name known by _____

Child's full address _____

_____

Gender _____ Date of birth _____ Birth certificate seen and copy made Yes □ No □

Family details

Who does the child live with? _____

Contact details 1 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Email _____

Home address _____

Work address _____

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

Parent NI number _____ (for funding purposes only)

Contact details 2 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Email _____

Home address _____

Work address _____

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

Parent/carer NI number _____ (for funding purposes only)

Contact details 3 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Email _____

Home address _____

Work address _____

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

Parent/carer NI number _____ (for funding purposes only)

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

Name _____

Address _____

Contact telephone numbers _____

Relationship to child _____

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

Ethnicity data g*athered for monitoring purposes only. Parents are not obliged to give this information.*

Ethnic origin is classified as special category of data under data protection legislation, and we require your consent to process and store this information. The Privacy policy explains how the data provided in this form will be processed and explains your rights with respect to the information given.

Privacy Notice

I confirm that I have received a copy of the Privacy Notice and give my consent to the processing of special category data.

Signed _____ Date _____

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 _____

Collection permission authorisation (other than parents) *Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, we will check before releasing the child. Only those over the age of 16 years can be named as authorised persons.*

Authorised Person 1 (parent/carer) – Name _____

Relationship to child _____

Full address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Authorised person 2 (other family member) - Name _____

Relationship to child

Full address

Daytime/work telephone

Home telephone Mobile

Authorised person 3 (other family member)-
Name

Relationship to child

Full address

Daytime/work telephone

Home telephone Mobile

Password for the collection of children by authorised persons

No Access – Name

Full address

Relationship to the child

Reason: e.g. court order or other?

Evidence seen Yes □ No □ Copy provided Yes □ No □

Emergency contact details for two named contacts – if parents/carers are not available *Only those over the age of 16 years can be named as emergency contacts. Pleas ensure emergency contacts are local and their consent has been given.*

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 _____

Emergency treatment declaration

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

Signed _____ Date _____

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 or

Anapen (supplied by me) (*name of child*).
to

_____

Signed _____ Date _____

Printed 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);

8 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenza type b (Hib) and hepatitis B - DTaP/IPV/Hib/HepB	Yes □ No □ Date:
	Meningococcal group B (MenB) - Men B	
	Rotavirus gastroenteritis - Rotavirus	

12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B - DTaP/IPV/Hib/HepB Pneumococcal (13 serotypes) – PCV Rotavirus – Rotavirus	Yes □ No □ Date:
16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B - DTaP/IPV/Hib/HepB MenB - MenB	Yes □ No □ Date:
One year old (on or after child's first birthday)	Hib and Meningococcal group C – (MenC) Pneumococcal - PCV booster Measles, mumps, and rubella (German Measles) – MMR MenB – MenB booster	Yes □ No □ Date:
Eligible pediatric age groups	Influenza (each year from September) – LAIV	Yes □ No □ Date:
Three years and four months old (or soon after)	Diphtheria, tetanus, pertussis, and polio – dTaP/IPV Measles, mumps, and rubella – MMR (check first dose given)	Yes □ No □ Date:

For internal use: Check whether child has received additional childhood immunisations as per the selective childhood immunisation programme https://www.gov.uk/government/publications/routine-childhood-immunisation-schedule/routine-childhood-immunisations-from-february-2022-born-on-or-after-1-january-2020.

Has the child's health record book been seen to confirm immunisation dates? Yes □ No □

Health and development

Was your child born prematurely, if so, how many weeks early?	
Special notes:	
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 □	
Special notes	
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 □	
Special notes:	
Do you have any concerns about your child's learning and development? Yes □ No □	
If yes, special notes:	
Is your child known to have any allergies or food intolerances? If so, please specify:	
Special notes:	
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? Please specify:	
It is our usual practice to provide both a meat and vegetarian option. If this is not in keeping with your child's dietary requirements, please discuss this with the setting manager to ensure that we are working in partnership with you to meet your child's needs. Please refer to our nutrition procedures.	

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 _____

Special notes _____

Dentist (if applicable)

Name _____ Telephone _____

Address _____

Any other professional who has regular contact with the child

Name _____ Role _____

Agency _____ Telephone _____

Address _____

Two-year-old progress check/Integrated health check

As per the requirements of the Early Years Foundation Stage 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. Please note that where a local authority has arrangements in place we complete an integrated check with you and 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 completing check _____ Date completed _____

Parental/carer permissions

E-safety (staff and children)

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

In some instances, children will use ICT equipment 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 give permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures and 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 _____

Teething gel (babies)

I give permission for staff to administer teething gel (supplied by me) to my child when required in accordance with the manufacturer's instructions and to record and inform me of when it was administered. (*Mediation Administration Record)*

Name of child: _____

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 manufacturer's instructions. If medicated nappy cream is supplied by me, I give permission for it to be applied as above and to record its use and inform me of when it was administered. *(Medication Administration Record)*

Name of child: _____

Signed _____ Date _____

Paracetamol or Ibuprofen based medicine (e.g., Calpol or Nurofen for babies under two years old only)

I give permission for staff to administer paracetamol or ibuprofen-based products to my child in the case of a raised temperature and on the understanding that I will be planning for my child to be collected as soon as possible in accordance with the setting's policies and procedures. /

Name of child:

Signed		Date	

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 _____

Short trip - general outings

I give permission for my 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 and are available for me to see as required.

Name of child: _____

Signed _____ Date _____

Photographs and videos

To record aspects of our curriculum and for children's individual development records, staff often take photographs or 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. We may be able to supply duplicates if requested although this might incur a small charge to cover our costs. 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 _____

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 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 _____

Key persons

Your child will have a key person assigned to them. It is the key person's responsibility to ensure your child receives the best possible care and attention and to ensure that their records are kept up to date whilst they are with us. Your child's key person may change as they progress through the setting, but you will be notified of these changes in advance. The key person should be the first point of contact for anything you wish to discuss about your child.

Your child's key person is: _____

Your child's back up key person is: _____

About your child

The following information will tell us a little more about your child.

Does your child have previous experience of attending an early years setting? If so, please give details:

Does your child have difficulty with walking, talking, or socialising? If so, please give details:

Is your child disabled? Yes □ No □

Does your child require a care plan? Yes □ No □

What languages does your child speak at home?

What religion does your family follow (if applicable)? _____

How would you describe your family's cultural background?

Are there any religious or cultural festivals that your child takes part in?

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?

Is there any other background information about your child that may be useful for us to know? For example, how do they prefer to be comforted when they are upset?

Transfer of records

With your consent we will transfer your child's records to the receiving school when they leave our setting. 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 _____

Further information

I confirm that information about the setting's policies and procedures has been made available and explained to me, and I understand I can find more information as to how my personal data is handled through the Privacy policy.

For parent(s)/carer(s)guardian(s) under the age of 18, a guarantor aged over 18, must also sign this form on your behalf. The agreement would therefore be between the setting, you, and the guarantor.

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

Parent/carers name: _____

Signed _____ Date _____

Guarantor's name (if app) _____

Signed _____ Date

Relationship to the child

Daytime/work telephone Mobile

Email

Home address

Key person's name: _____

Signed _____ Date _____

Setting manager's name: _____

Signed _____ Date _____

Please note that the information on this form is always stored and maintained confidentially.