

Holden Park Registration form

Holden Park Pre- school and Out of school clubs Prospectus for
Parents

Holden Hall

Rear of 61 Prospect Road

Tunbridge Wells, Kent

TN4 0EH

01892520626

Email Address: admin@holdenparkpre-school.org.uk

Web site: www.holdenparkpre-school.org.uk



Child's details

Child's first name(s)

Surname

Name known as

Child's full address

Gender

Date of birth

Birth certificate seen and copy made Yes No

Family details

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

Contact details 1 (including emergency information):

Parent/carers full name

Relationship to child

Daytime/work telephone

Mobile

NI Number

DOB

Home telephone

Email

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

Relationship to child

Daytime/work telephone

Mobile

NI Number

DOB

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



About your child (To be filled with room leader/key worker)

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.*

Two months old 5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). Yes No Date:

Pneumococcal (PCV) vaccine. Yes No Date:

Rotavirus vaccine. Yes No 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 No Date:

Meningitis C vaccine. Yes No Date:

Rotavirus, second dose. Yes No 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 No Date:

Pneumococcal (PCV) vaccine, second dose. Yes No Date:

Between 12 and 13 months old Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose. Yes No Date:

MMR vaccine – mumps, measles and rubella. Yes No 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

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 both a meat and vegetarian option. 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:

Are any of the following in place for the child?

SEN action plan				
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Education, Health and Care Plan				
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What special support will he/she require in [our/my] 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
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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?

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?	
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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	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child need a bilingual support plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, discuss and agree with the key person how [we/I] can work together to support your child when settling-in:				
<i>General information</i>				
What is your child's usual sleep pattern?				
Does your child have a feeding routine (for children under 2 years)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have any food preferences?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have a pacifier i.e. dummy or thumb?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have a special toy or object they might bring with them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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.*

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)/name of childminder] 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

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			

Paracetamol based medicine (e.g. Calpol or Sudafed)

I give permission for [staff/name of childminder] to administer paracetamol based products (e.g. Calpol) to

(name of child) in the case of a raised temperature and on the

understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the setting's procedures on the administration of medicines.

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 setting as part of the daily activities. The venues used are detailed here:

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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 _____

Photographs

As part of the on-going recording of our curriculum and for children’s individual development records, [staff/I] 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. [We/I] are happy to provide duplicate photos of your child to you 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 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, or to be

videoed, as per the above conditions.

Signed		Date	
Printed name			

We 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:

Signed		Date	
Printed name			

Key persons - Information for parents

Each child joining the setting will have a key person appointed to them. It will be the key person's 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 your first point of contact for anything you wish to discuss about your child.

Your child's key person will be

To be completed by the [key person/manager]:

Date starting at Holden Park Pre- school

Days and times of attendance

Are any fees payable? If so, note here

Has the settling-in process been agreed? Yes No

If so, please specify:

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 | <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.



Parental Responsibility

Holden Park Pre-School need to know who has 'Parental Responsibility' (PR) for each child in our care. This is to ensure that proper authority is given when the setting needs parental permission. It will also make sure that anyone with parental responsibility regardless of whether they live with their child, can be provided with any reports and given an opportunity to be involved in the child's care and education. Persons who have parental responsibility automatically are:

- Mothers always have parental responsibility;
- Fathers also have parental responsibility for a child if the father is married to the mother at the time of the child's birth. This continues after any divorce/separation/remarriage even if the child lives apart from them;
- For children born after 1st December 2003, unmarried fathers have parental responsibility where the mother and father register the birth of the child together i.e. if the name of the father is on the birth certificate.

There may be situations when other people also have Parental Responsibility for your child. For example, where the court orders that the child shall reside with a named person, that person gains parental responsibility. This could apply to grandparents or aunts and uncles. Adoptive parents of an adopted child also have parental responsibility for them. In these circumstances there will be an order from the court specifying who has Parental Responsibility.

If your child is in the care of the Local Authority under an order from the court, then the Local Authority will also have PR for them. Because of this, we will need to know the name of your child's social worker.

Holden Park Pre-School is required to keep on the admission register details for each child of every parent, or person with parental responsibility, details of the person(s) with whom the child lives, and at least one telephone number where one of those persons can be contacted in the case of an emergency.

Parents do not lose their Parent Responsibility nor can it be "handed over" to a new partner. The only circumstances when a parent no longer has PR is when an Adoption Order is made by the court. We have a legal responsibility to involve anyone who has PR in your child's care and education, regardless of whether this is your wish. The only circumstance when this responsibility varies is if a court order is in place specifying that no information on your child should be given to that person. There may also be exceptional circumstances when the police or Children's Social Services tell us that a particular individual poses a risk, therefore should not have access to information.

In order for Holden Park Pre-School to know who has PR for your child, we will need to see a copy of his/her birth certificate. In the event that any other person has PR for your child, we will also need to see a copy of the court order specifying this.

Court Orders

Holden Park Pre-School also need to be aware of any legal orders relating to your child. For example, there may be a 'Residence Order' in place which states that your child must live with you, or there may be a 'Contact Order' in place which specifies when your child's other parent sees them. If your child is the subject of any of these orders, we will need to see the original order to make sure we have all relevant information.

As already stated, there may be occasions when a court order is made preventing a person from having access to any information on your child, or contact with them. If this is the case, we must see a copy of the order and a solicitor's letter will not be sufficient.