

Hackenthorpe Hall Nursery

Registration form

Hackenthorpe Hall Nursery's Registration Form

Main Street, Hackenthorpe, Sheffield. S12 4LB

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Ofsted Registration Number 300887

Child's details

FIRST NAME (S)	
SURNAME	
KNOWN AS	
REGISTERED FULL POSTAL ADDRESS	
POST CODE	
GENDER	
DATE OF BIRTH	
IDENTIFICATION PROVIDED e.g. Birth Cert/Passport	

PARENT/CARER 1 & 2 Contact details

Parent/carer full name _____

Relationship to child _____

National Insurance No. _____

Date of Birth: _____

Daytime/work telephone _____

Mobile _____

Home telephone _____

Email _____

Home address _____

Work address _____

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

Parent/carer full name _____

Relationship to child _____

National Insurance No. _____

Date of Birth: _____

Daytime/work telephone _____

Mobile _____

Home telephone _____

Email _____

Home address _____

Work address _____

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

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.

Emergency Contact 1 information:

Full name _____
Relationship to child _____
Daytime/work telephone _____ Mobile _____
Home telephone _____ Email _____
Home address _____
Work address _____

Emergency Contact 2 information:

Full name _____
Relationship to child _____
Daytime/work telephone _____ Mobile _____
Home telephone _____ Email _____
Home address _____
Work address _____

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 need to be aware of?

Password

This may be used to authorise the collection of a child

Use for Parents/Carers and Emergency Contacts

(Remember to let them know what it is)

About your child

As your child settles in with us, we will establish their starting points through observation and further conversations with you.

Does your child have previous experience of attending a childcare setting? Will they be attending another setting alongside this one? 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:

Meningitis B Vaccine. 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), forth dose and meningitis C, second dose	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis B Vaccine.	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:
Two to three years	Flu vaccine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Three years and four months or soon after	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

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:

Is your child known to have any allergies or food intolerances? Please specify:

A risk assessment will be completed and kept on the child's file for any known allergies or severe intolerances

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 our setting manager to ensure that we are working in partnership to meet your child's needs.

Development:

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?

1. SEN action plan
2. Education, Health and Care Plan (EHCP)

What special support will he/she require 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 (Please give details below:)

Setting or Health Visitor _____ Date completed _____

As per the requirements of the Early Years Foundation Stage we will complete a progress check for your child between the ages of 24-36 months. We will ask you to be involved in completing the check.

Cultural background Equalities monitoring form

Ethnicity - Gathered for monitoring purposes only

(please circle which is applicable for your child)

White British	WBRI	Any other mixed background	MOTH
White Irish	WIRI	Black Caribbean	BCRB
Traveller of Irish Heritage	WIRT	Black African	BAFR
Gypsy/Roma	WROM	Any other Black Background	BOTH
Any other white background	WOTH	Indian	AIND
Refuse to provide	REFU	Pakistani	APKN
Info. Not obtained	NOBT	Bangladeshi	ABAN
White/Black Caribbean	MWBC	Any other Asian background	AOTH
White/Black African	MWBA	Chinese	CHNE
White and Asian	MWAS	Any other background	OOTH

Do you Practice a Religion? if so please state _____

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 in our setting?

Main Language(s) 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

How we 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 and what are their interests?

Details of professionals involved with your child

GP (Doctor)

Name _____ Telephone _____

Address _____

Dentist

Name _____ Telephone _____

Address _____

Health Visitor

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? - *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.*

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 the treatment that is supplied by me to be administered to _____
by staff who have been appropriately trained to administer the

Inhaler Epipen Anapen (circle which is applicable)

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)

I give permission for senior staff to administer paracetamol based products (e.g. Calpol) to

_____ (*name of child*) in the case of a febrile convulsion 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 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

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 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. The use of digital/video images plays an important part in learning activities. Children and members of staff may use digital cameras to record evidence of activities in our setting or during trips out into the community. These images may then be used during discussions with the children at group time. We will automatically take Individual Photographs of your child (printed and digital) and/or video recordings during nursery activities. These images are used for internal records of achievement, used as evidence of learning opportunities and assessment, which are all part of the nursery's purpose. However, your permission is required for the nursery to use photographs and/or videos of your child when taking part in group activities. Your permission will enable us to share images of your child playing with other children by posting the group image to other parents/carers via the nursery application and software. We will ensure that when images are posted that the children cannot be identified by the use of their names. Parents/carers are requested to sign the permission form below to allow the nursery to take and use images of their children to share on the following platforms:

Hackenthorpe Hall Nursery 'FAMILY' Application	Yes / No
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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 filmed, as per the above conditions.

Signed _____ Date _____

Printed name _____

Animals We may have a risk assessed visits from animals to our setting. E.g. Reindeers at Christmas

State any known allergies or aversion 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 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. You will be introduced to your child's key person during your settling in sessions.

Policies and procedures, including the Safeguarding and sharing of information

I understand that there may be circumstances where information is shared with other professionals or agencies without my consent. A copy of our Policies and Procedures are located in our Reception and I understand that I can request a copy of any Policy if required.

Signed _____ Date _____

Printed name _____

Declaration

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

This form must be signed by a person with Parental Responsibility for the child

Full Name _____

Signed _____ Date _____