

Registration form for Felixstowe Nursery School

St.Johns Ambulance Hall,Ataka Road, Felixstowe, IP11 9DH Telephone:- 07905504005
Charity number - 274663 Company registration number - 1330371

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 (delete)

Family details

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

.....

Contact details 1 (including emergency information)

Parent - full name.....

Relationship to child.....

Daytime/work telephone..... Mobile.....

Home telephone.....

Home address.....

Does this parent have parental responsibility for the child? Yes/No (delete)

Contact details 2 (including emergency information)

Parent - full name.....

Relationship to child.....

Daytime/work telephone..... Mobile.....

Home telephone.....

Home address.....

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

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 the setting needs to know about?

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.....

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

Contact 1 – Name.....

Daytime / work telephone.....

Home telephone..... Mobile

Address.....

Relationship to child.....

Contact 2 - Name.....

Daytime / work telephone.....

Home telephone..... Mobile

Address.....

Relationship to child.....

Persons other than parent(s) authorised to collect 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.

1.Name.....Relationship to child.....

Address..... Telephone/mobile.....

2.Name.....Relationship to child.....

Address.....Telephone/mobile.....

3.Name.....Relationship to child.....

Address..... Telephone/mobile.....

Password for the collection of child by authorised persons.....

About your child

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:
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 <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 &

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.

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 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 will discuss it with you

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

.....
..
What is the main religion in your family? (if applicable).....

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 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:

.....
Any other information we need to know about your child?.....
.....

Details of professionals involved with your child

Doctor (G.P)

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 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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Other professionals who have regular contact with the child

Name..... Telephone.....

Address.....

Name..... Telephone.....

Address.....

Parental Permission

Please can you sign to give your permission to the following statements, sign and date each one to give staff permission to enable them to put them into practice.

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 setting manager (or authorised deputy) for emergency treatment and the health professionals are responsible for any decisions on medical treatment in my absence

Signed..... Date.....

Medication

I give staff permission to only administer medication that they have been given written consent to do so. I understand that this complies with the settings policy on administering medicines.

Signed..... Date.....

Sun cream/lotion

I give permission for staff to administer hypo-allergenic sun cream (supplied by me the parent) to (Name of child) when necessary and to record its use.

Signed..... Date.....

Nappy cream

I give permission for staff to administer nappy cream (supplied by me the parent) when necessary and staff to record its use.

Signed..... Date.....

Plasters

I give permission for staff to put a sticking plaster on my child if they require one for a cut or graze. I will inform staff if my child is allergic or has a sensitivity to them.

Signed..... Date

Short trips/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/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.....

External professional advice

I give permission for staff to access/receive outside advice/support on my child's development if required and for staff to perform written observations on them.

Signed..... Date

Learning Journeys

I give staff permission to share Learning Journeys with other settings, schools & other professionals involved with your child and /or setting

Signed..... Date

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. These photographs are used for display and for your child's records within the setting. We are happy to duplicate photos of your child to you if requested. We do take photographs that may include a group of children playing together or other children are visible in the background. Photo's are stored securely within the setting. 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 their photo taken as per these conditions and agree that pictures of my child maybe included in other children's learning journeys. I will not post photographs taken in setting that contain other children on social networking sites ensuring that every child is safeguarded and protected.

Signed..... Date.....

Videos

Parents often ask to video the children at events such as the Christmas concert. We inform parents that all the parents have to be in agreement prior to the concert for them to be able to continue with this and we inform them that no videos are to posted on social networking sites ensuring that every child is safeguarded and protected.

I give permission for the use of videos to be recorded and I agree that they not displayed in public view such as social networking sites

Signed..... Date.....

Antibacterial Gel

I give staff permission to use antibacterial gel on their hands and use baby wipes as part of hygiene routines.....

Policies and Procedures

Please sign below to confirm that you have been provided with details of the settings policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent

Signed..... Date.....

Future school and term of entry.....

Signed and date.....

Please sign below to indicate that the information given on this form is accurate and correct, and that we will notify you of any changes as they arise

Signed..... Date.....