



**Registration Form Wesley Pre-school, Benfleet**

<b>Name of child:</b>	<b>Name known as:</b>	<b>Date of Birth:</b>
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**Parent/Carer(s) with whom the child lives (with Parental responsibility):**

<b>Name</b>	<b>Name</b>
<b>Tel.No:</b>	<b>Tel.No:</b>
<b>Address</b>	
<b>e-mail</b>	<b>email</b>

**Details of Parent with whom the child does not live:**

<b>Name</b>	
<b>Tel.No:</b>	<b>Does this Parent have parental responsibility? Yes/No</b>
<b>Does this Parent have legal access to the child? Yes / No</b>	
<b>Address</b>	
<b>e-mail:</b>	
<b>Does this Parent wish to be informed about the child's development? Yes / No (del)</b>	

**Other emergency contact numbers / Adults authorised to collect the child: (must be over 16 yrs of age)**

<b>Name:</b>	<b>Name:</b>
<b>Telephone:</b>	<b>Telephone:</b>
<b>Mobile:</b>	<b>Mobile:</b>
<b>Relationship to child:</b>	<b>Relationship to child:</b>

Fees are payable half-termly in advance. Fees must still be paid if children are absent for a short period of time (including holidays). For your child to keep his/her place at Wesley you must pay the fees. We are in receipt of early-education funding for two, three and four year olds: where funding is not received, then fees apply. For change of hours, please see T & C 2.8.  
If your child has to be absent over a long period of time, please talk to the manager.

<b>Refundable registration fee payable.</b> We ask that a deposit is paid as a registration fee, this will be deducted from your fees or refunded within the first term if no fees are payable.	<b>Registration Fee received</b> £..... date _____ Staff signature: _____
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<b>Taster day</b> (settling session) _____	<b>First day</b> _____
Sessions booked – Mon am / Tues am / Wed am / Wed pm / Thurs am / Thurs pm / Fri am / Fri pm	
<b>Mornings 9.00am – 12.00pm Afternoons 12.00pm – 15.00pm Lunch club 12.00pm – 13.00pm</b>	

**Policies and procedures / General Data Protection Regulations (GDPR)**

You will have been given a copy of our Privacy Notice; our policies and procedures are available for you to view, including the Information Sharing procedures; please understand that there may be circumstances where information is shared with other professionals or agencies without your consent. This is very rare and we will usually seek your consent before sharing information.

**I understand the above Sign:\_\_\_\_\_**

**Personal details of child:-**

**Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No**

If so, please provide details:

Has a health care plan and agreement to administer medicine, if required, been completed? **Yes/No**

(Copy of the care plan to be kept with this form.)

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

**What is the main religion in your family?**

**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**

If so, discuss and agree with the key person how you will support your child when settling-in:

What other information is important for us to know about your child? For example, what do they like, or what fears they may have, any special words they use, or what comforter they may need and when.

**Does your child have any special needs or disabilities? Yes/No (del)**

Details please: (use a separate page if necessary)

**What special support will he/she require in our setting?**

Details please: (use a separate page if necessary)

*We may like to share information about your child's progress and development, with the Area SENCO (Special Educational Needs Co-ordinator) and other relevant professionals involved, (to enable us to give your child the best possible care and education) please sign below to give your permission.*

**I give permission for information to be shared with the Area SENCO and other relevant professionals involved with my child**

**Sign:** \_\_\_\_\_

**Details of professionals involved with your child:**

**G.P. Name:**

**Based at:**

**Telephone number:**

**Health visitor (if applicable) Name:**

**Based at:**

**Telephone number:**

**Details of any other professionals involved with your child**

**Name 1:**

**Name 2:**

**Agency:**

**Agency:**

**Role:**

**Role:**

**Telephone:**

**Telephone:**

**Does your family have a social care worker for any reason? Yes/No**

<b>Name:</b>	<b>Based at:</b>
<b>Telephone number:</b>	

**What is the reason for the involvement of the social care department with your family?**

Details please: (use a separate page if necessary)

***NB: If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file)***

**Key persons - Information for Parents/Carers**

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, although we try to avoid this as much as possible. 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 informed who is your child's key person at the start of your time at our setting.

**Details of any other Pre-school or Nursery attended by your child**

<b>Setting 1:</b>	<b>Setting 2:</b>
<b>Key Worker:</b>	<b>Key Worker:</b>
<i>We would like to share information about your child's progress and development, with the other setting/s; please sign below to give your permission</i>	
<b>I give permission for information to be shared with the above setting/s</b>	<b>Sign:</b>

**Permission required for the following (please delete as necessary and sign)**

**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 Learning Journey. We 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/video of your child for training, publicity or marketing purposes such as our website, we will always seek your written consent for each item we intend to use.

<b>Photographs (taken during play) Yes / No</b>	<b>Sign:</b>
<b>Observations (taken in the setting) Yes / No</b> To record your child's progress and plan for their next steps for development	<b>Sign:</b>

**First Aid / Emergency treatment** In the event of an accident or emergency involving your child, every effort will be made to contact you immediately. Emergency services will be called as necessary and your child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment. Health professionals will be responsible for any decisions on medical treatment in your absence.

<b>First Aid</b> (and any emergency medical aid given or sought)	<b>Yes / No</b>	<b>Sign:</b>
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<b>Use of children's plasters</b>	<b>Yes / No</b>	<b>Sign:</b>
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<b>Assistance in the toilet</b> (according to the child's needs)	<b>Yes / No</b>	<b>Sign:</b>
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<b>Sun cream</b>  I give permission for staff to apply hypoallergenic sun cream (supplied by me) <b>Yes / No</b>	<b>Sign:</b>
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<b>Using Computer / supervised access to Internet</b> for educational purposes <b>Yes/No</b>	<b>Sign:</b>
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**Animals**

We may occasionally have supervised visits of animals to our pre-school. A risk assessment will be carried out for visiting animals, and parents informed. Please state below any known allergies or aversion your child has to animals:

<b>Animals (child take part in visits)</b>	<b>Yes / No</b>	<b>Sign:</b>
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**Outings**

We sometimes take the children on supervised walks or outings.  
The ratio of Adult to child is always 1:2  
You will be informed on the day and will be asked to sign the 'Outings' Book, but we would also appreciate your permission on this form. (There may be a possibility that your child is dropped off by another person on the day.)

Parents/Carers are always welcome to join us for these occasions and we are very grateful for your help.

<b>Outings (child take part)</b>	<b>Yes / No</b>	<b>Sign:</b>
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Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise. Many thanks.

<b>Please print name:</b> _____	<b>Date:</b> _____
<b>Sign:</b> _____	

**To be completed by the Manager / key person (For office use:)**

Prospectus given / e-mailed - date:	General info leaflet given - date:
T & C signed _____	Privacy notice given _____
Date of registration: _____	Birth certificate seen: _____
Has settling in process been agreed?	Details:
Key person _____	Back-up key person _____
All about me completed _____	Initial C profile completed _____
Two yr check completed – date:	Two yr check returned – date: