

**REGISTRATION FORM**



**SECTION 1 - GENERAL INFORMATION**

Child's Full Name	Preferred Name
Date Of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

**PLEASE PROVIDE PROOF OF CHILD'S ID UPON REGISTRATION**  
*(BIRTH CERTIFICATE / PASSPORT)*

Full Postal Address where child lives:

Name of Parent(s)/Guardian(s) with parental responsibility at above address:

Home Tel No: \_\_\_\_\_ Parent(s) Contact Tel No(s): \_\_\_\_\_  
Email Address: \_\_\_\_\_

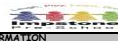
Name & Address of Parent(s) with whom the child DOES NOT live:

Home Tel No: \_\_\_\_\_ Other Contact Tel No(s): \_\_\_\_\_

Does this parent have legal parental responsibility?  YES  NO  
Does this parent have legal access to the child?  YES  NO

Adults Approved for Collection of the child or to be listed as an Emergency Contact

Adult Name	Contact Number(s)	Security Word	Relationship to Child (if any)



**SECTION 2 - MEDICAL INFORMATION**

Name of Child's G.P: \_\_\_\_\_ Surgery Name & Address: \_\_\_\_\_  
Surgery Contact Number: \_\_\_\_\_

DOES YOUR CHILD HAVE CONSEQUENT HEALTH ISSUES THAT THE SETTING NEED TO BE AWARE OF?  YES  NO  
DOES YOUR CHILD HAVE ANY ALLERGIES?  YES  NO

*E.g. requires regular medicines, medical intervention or specific health procedures/procedures to be in place. Please make a note above, but do not give details. The setting will require a completed medical form giving full instructions to be implemented in your child's personal file.*

IMMUNISATION DETAILS

Immunisation	Age	YES	NO
Dip/Tetanus/Whooping cough/Polio/Hib	2 months	<input type="checkbox"/>	<input type="checkbox"/>
Dip/Tetanus/Whooping cough/Polio/Hib	3 months	<input type="checkbox"/>	<input type="checkbox"/>
Dip/Tetanus/Whooping cough/Polio/Hib	4 months	<input type="checkbox"/>	<input type="checkbox"/>
Meadles/Mumps/Rubella (MMR)	12 - 18 months	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE PROVIDE YOUR CHILD'S RED BOOK UPON REGISTRATION**

**SECTION 3 - CONSENTS**

*I give permission for the setting to:*

Appoint a key person to make, record & discuss general observations on my child in an online learning journal, along with other team members	YES / NO
I consent to observations collected by CHIEF name &/or being being included in other children's learning journals & to keep only for personal use - not to be added to other social media or shared with others without the consent of the parents concerned	YES / NO
Take photographs/digital images of my child for use within the setting	YES / NO
Take photographs/digital images of my child that may be used by Hampshire County Council in specific Early Education & Childcare projects	YES / NO
Administer a plaster / anti-bacterial cream / sun cream (either provided by parents or setting) / face paint to my child	YES / NO
Change my child's name or alter their gender	YES / NO
Seek any necessary emergency medical advice or treatment that my child may require	YES / NO
Send a member of staff to travel to hospital with my child in an ambulance in the event of an emergency	YES / NO
Share confidential information about my child, without consent, only when it is a matter of safeguarding my child (this is in line with the Hampshire Information Sharing Policy & HMRD Data Sharing Self-assessment requirements)	YES / NO



**SECTION 4 - BACKGROUND INFORMATION**

Child's Cultural Background/Ethnicity? \_\_\_\_\_ Main Religion in your Family? \_\_\_\_\_

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in & that you would like to see acknowledged & celebrated while he/she is in our setting?  YES  NO

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 have any special needs or disabilities? \_\_\_\_\_ What special support will he/she require in our setting? \_\_\_\_\_

Are any of the following in place for your child?

Early Help/ACT	YES / NO
Early Years Pupil Profile	YES / NO
Statement of Special Educational Needs	YES / NO

What other information is it important for us to know about your child? (e.g. what they like/love/special words they use/key interests)

Do you have a Health Visitor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a Social Care Worker? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____	Name: _____
Band No: _____	Band No: _____
Contact Number: _____	Contact Number: _____

What is the reason for the involvement of the Social Care Department? *N.B. If the child has a Child Protection Plan, please state here, but do not give details. The setting will obtain a copy of the CP; show the social care worker named above & keep it securely in the child's personal file.*

Are there any other professionals involved with your child/family?

NAME	AGENCY	ROLE	CONTACT NO / EMAIL



**SECTION 5 - STARTING DATES & KEY PERSON INFORMATION**

Agreed Starting Date: \_\_\_\_\_

Agreed dates for Accompanied Visits & Settling-in process period:

1 <sup>st</sup> Visit Date	
2 <sup>nd</sup> Visit Date	
3 <sup>rd</sup> Visit Date	
Additional Dates (if required)	

DECLARATION  
I confirm that the information declared on this application is true to the best of my knowledge.  
Should any information change during the course of my child's time at Impton Pre-School, I shall notify them as soon as possible.

Child's Key Person: \_\_\_\_\_  
Parent(s) Signature(s): \_\_\_\_\_

Key Person's Signature: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RED BOOK SEEN BY:	DATE SEEN:
TYPE OF ID PROVIDED:	SEEN BY:
ID NUMBER:	