

# Hanborough Pre-School Registration Forms

## Child's Details

Child's first name(s)	
Surname	
Name known as	
Gender	
Date of Birth	
Child's full address	

For Office use: Birth certificate seen and copy made? Y / N

## Family Details

Name of parent(s)/carer(s) with whom the child lives with	
Contact details 1 (including emergency information)	
Parent/carers full name	
Relationship to child	
Contact numbers	
Home address	
Email	
Work Address	
Work Contact Number	
Does this parent have parental responsibility for the child? Yes ___ No ___ - Please tick one	
Birth certificate seen ? Yes ___ No ___	
Contact details 2 (including emergency information)	
Parent/carers full name	
Relationship to child	

Contact numbers	
Home address	
Email	
Work Address	
Work Contact Number	
Does this parent have parental responsibility for the child? Yes ___ No ___ - Please tick one	
Contact details 3 (including emergency information)	
Parent/carer full name	
Relationship to child	
Contact numbers	
Home address	
Email	
Work Address	
Work Contact Number	
Does this parent have parental responsibility for the child? Yes ___ No ___ - Please tick one	

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 Numbers	

Relationship to child	
What are the contact arrangements that we need to be aware of ?	

### Emergency Contact Details

- If Parents are not available to get hold of during pre school hours. Emergency contacts must be local

#### Contact 1

Name	
Relationship to child	
Address	
Contact Numbers	

#### Contact 2

Name	
Relationship to child	
Address	
Contact Numbers	

### 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.

#### Person 1

Name	
Relationship to child	
Address	

Contact Numbers	

Person 2

Name	
Relationship to child	
Address	
Contact Numbers	

Person 3

Name	
Relationship to child	
Address	
Contact Numbers	

Password for authorised collection of child : \_\_\_\_\_

## About your child

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, their all about me form and further conversation between parent and key worker.

Does your child have previous experience of attending a childcare setting ? Y / N

If so, please specify

Name of provider	Dates attended
If yes, have we received a learning journal from the other setting ?	
Has your child had a 2 year check at this setting ? (This is different from the health visitors checks)	
Do you give permission for us to share information with your child's other setting ?	Yes____ No____

## Health and development

### Oral Health

Has your child visited the dentist? Y/N

Name of dental practice they are registered at:

\_\_\_\_\_

Date of last dental check: \_\_\_\_\_

### Immunisations

Has your child had the following immunisations? Please tick and fill in the date

<b>Two months old</b>	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, 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:
	Rotavirus vaccine.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
<b>Three months old</b>	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, 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:
<b>Four months old</b>	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, 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:
<b>Between 12 and 13 months old</b>	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:
	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:
<b>Two to three years</b>	Flu vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
<b>Three years and four months or soon after</b>	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 office use: Has the Red Healthcare book been checked? Y/N

**GP**

Practice child is registered at \_\_\_\_\_

Name of Doctor \_\_\_\_\_

Does your child have any ongoing medical conditions??	Y / N
If yes, please specify which external agencies are involved. E.g. Paediatrician, Speech and Language specialists, consultant, dietician	
Does your child have any Special Educational Needs and or Disabilities?	Y/ N  If yes our SENCO will be in contact to discuss further and create relevant plan and risk assessments if necessary.
Does your child have any known allergies or food intolerances?	Y/N  If Yes, please specify

**Health Visitor**

Name of Health Visitor \_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_

Has your child had their 2 year check with the Health visitor? Y/N

**Social Care (if applicable)**

Name	
Contact details	
What is the reason for social care involvement?	

Please provide brief details  If on a Child Protection plan please do not provide the details and put CP	Our Designated Safeguarding Leads will be in contact to discuss further. All information shared is secured
--	--

Are there any other professionals or agencies involved with your child? Y/ N

If yes, please specify

Name \_\_\_\_\_

Role \_\_\_\_\_

Agency \_\_\_\_\_

Contact number and e-mail \_\_\_\_\_

### Cultural Background

How would you best describe your family's Ethnicity  *Parents are not obliged to fill this in	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">White British</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 40%;">Pakistani</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>White Irish</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indian</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>White other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Asian other</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Black British</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Chinese</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Black African</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Chinese other</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Black Caribbean</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>White and Black Caribbean</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Black Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>White and Black African</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Bangladeshi</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>White and Black Asian</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other please state _____</td> <td></td> <td></td> <td></td> </tr> </table>	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 _____			
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 _____																																					
What is the main religion in your family? (If applicable)																																					
Are there any special events/																																					

festivals that your child will be taking part in and that you would like the setting to acknowledge?	
What language is spoken at home?	
If not English is not spoken at home, will this be the first setting where English is used with your child?	

\*Please note additional support is available



## Sessions

My preferred start date for my child

is: \_\_\_\_\_

I would like my child to attend the following pre-school sessions. I understand that I will either claim for funding for my child's place and/or will receive an invoice requesting payment for the sessions I state here. I understand that I will have the opportunity to increase or decrease their sessions subject to availability. I understand that my child's sessions are term time only

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning session 8:45- 11:45am					
Lunch Club 11:45- 12:15pm					
Afternoon session 12:15- 3:15pm					

Signed	
Printed name	
Date	

I understand that the pre-school requires a £50 non-refundable holding fee to secure a place for my child

Signed	
Printed name	
Date	

## General Parental Permission

### 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 deputy for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence. Staff will stay with my child until I arrive.

Signed	
Printed name	
Date	

### For inhalers/auto-injectors (e.g. EpiPens) only

I give permission for a member of staff who has been appropriately trained to administer the injector supplied by me for \_\_\_\_\_ (name of child)

Signed	
Printed name	
Date	

### Changing

I give consent for my child \_\_\_\_\_ to be changed by Hanborough Pre School staff. This includes nappy changing, changing children who have had accidents or become wet/messy during an activity

Signed	
Printed name	
Date	

### Nappy cream

I give permission for nappy cream (supplied by me) to be administered to \_\_\_\_\_ (name of child) when required in accordance with manufacturers instructions

Signed	
Printed name	
Date	

**Sun cream**

I give permission for staff to administer hypoallergenic sun cream (supplied by me) to

\_\_\_\_\_

\_\_\_\_\_ (name of child) when necessary and to record its use

Signed	
Printed name	
Date	

**Short trips/ general outings**

You child will be taken out of our setting as part of the daily activities. Some of the venues used are the playfield, tennis courts, playground, allotment, Hanborough Manor school, local churches and our forest school site in Pinsley Woods.

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 that I will be informed and my specific consent obtained

Signed	
Printed name	
Date	

## Terms and Conditions

### Hours

Hanborough Pre School is open Monday - Friday 8:45-3:15pm during term time. The morning sessions is 8:45-11:45am. Lunch club is 11:45-12:15pm and afternoon session is 12:15-3:15pm. Term dates for each year are handed out to parents at the start of each academic year and also available on the website. If a child is not collected on time, staff are required to follow the uncollected child policy (see website) and follow the uncollected child policy. Consistent late arrival/pick up will be monitored and addressed by management.

### Fees

All fees owed to Hanborough Pre School are due within 7 days of a written request for payment. Parents/carers wishing to negotiate this or any other alteration to the standard fees policy should arrange a meeting with management and the committee at the earliest opportunity.

Any additional sessions, lunches or extra activities must be paid for in advance. We do not accept cash at the setting for amounts over £40

### Late or non-payment

In order to run the charity efficiently and fairly, Hanborough Pre School requests that people pay all fees and/or monies owed on time. Where debt is not paid the procedure will be as follows:

1. First after 7 days of late payment a letter will be sent to the child's home address detailing the debt and the late payment.
2. If payment of the debt is not received within 14 days of sending the first letter, a second letter will be sent. At the point of sending a second letter, an additional £15 will be charged and your child will only be able to attend sessions funded by the government.
3. If payment of the debt is not received within 14 days of sending the second letter, a third letter will be sent at the point of sending the third letter all sessions not funded by the government will be cancelled and further £30 will be added to the debt.

Hanborough Pre School reserve the right to take legal action, if necessary, to recover any outstanding payment.

### Increasing/decreasing sessions

If increasing or decreasing your child's sessions, please give Hanborough Pre School as much notice as possible and is subject to availability

## **Notice of leaving**

You are required to give a full terms notice in writing that your child will be leaving Pre School otherwise a full terms fees will be payable.

## **Updating contact details**

It is your responsibility to let Hanborough Pre School aware if any of your contact details change or if there is a change in your child's circumstance.

## **Policies and procedures**

Hanborough Pre School's policies and procedures handbook is available for parents to read within the setting and on our website. Please ask if you would like to see a copy.

## **Behaviour**

Hanborough Pre School believes that all children, parents/carers and staff are entitled to expect courteous behaviour from each other at all time.

Where an issue arises concerning a child or children, Hanborough pre school anticipates that most issues will be resolved quickly by an informal discussion with the Manager of Hanborough Pre School. Where an issue involving discourteous behaviour arises, this will be recorded in the incident book. All parties involved will be asked to sign the book to confirm the details of the occurrence. If any individual is involved in 2 such occurrences that are recorded in the incident book, that individual will be asked to a meeting to see the Chair of the committee and a warning will be issued and the child's place will be discussed.

## **Termination**

Hanborough Pre School has the right to ask a child to leave at the end of a term should these terms and conditions not be adhered to.

Terms and conditions subject to change

Hanborough Pre school has the right to make reasonable amendments to these terms and conditions at any time. Parents will be notified of any amendments made.

## **Illness**

Hanborough Pre-School priority is to ensure that all children are safe and happy. If there is an illness circulating the setting we will notify you as soon as possible. We ask you to consider if you have given your child Calpol whether they should really attend the session. It can often lead to a child very unsettled and upset if they are unwell and cause spread through the pre-school.

For covid restrictions, we ask that if a child tests positive they remain away from the setting for 5 days from the positive test to reduce the spread. Staff will also follow the same policy. If someone in the household has tested positive please let us know so

that we can reduce the spread during drop and pickups. If a parent test positive they will be asked to wait outside during drop off/pick up or any conversations with staff.

For sickness and diarrhoea, we ask that the child does not return to the setting until 48 hours since the last bout.

Please ensure that you have read Hanborough Pre Schools terms and conditions. By signing you agree to accept all of the terms and conditions within it. You understand you are fully liable for all debts arising from your child's time at Hanborough Pre-School

Signed	
Printed name	
Date	
Management signature	

Copy to be held in child's folder, second copy given to parents/carers

Thank you for choosing Hanborough Pre School for your child. We look forward to working together.