**Great Gransden Pre-School Playgroup’s Registration Form**

Please complete ALL sections

**Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s first name(s) |       | Surname |       |
| Name known as  |       |
| Child’s full address |       |
|       |
| Gender |       | Date of birth |       |
| **Family details** |
| Name of parent(s)/carer(s) with whom the child lives: |       |
|       |
| *Contact details 1 (including emergency information):* |
| Parent/carer full name |       |
| Relationship to child |       |
| Occupation |  |
| Daytime telephone  |       | Mobile |       |
| Home telephone  |       | Email |       |
| Home address |       |
|       |
| Does this parent have parental responsibility for the child? Yes [ ]  No [ ]  |
| *Contact details 2 (including emergency information):* |
| Parent/carer full name |       |
| Relationship to child |            |
| Occupation |  |
| Daytime/work telephone  |       | Mobile |       |
| Home telephone  |       | Email |       |
| Home address |       |
|       |
| Does this parent have parental responsibility for the child? Yes [ ]  No [ ]  |
| Siblings: Names and ages  |  |
| If relevant which setting/school do siblings attend? |  |
|  |
| Language spoken at home? |  |
|  |  |
|  *Cultural background* |       |
| How would you describe your child's ethnicity or cultural background?  |
|       |
| What is the main religion in your family (if applicable)? |       |
| 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 [ ]  |
| **Please provide details of two additional adults authorised by you to collect child or contact in event of illness or accident – Parents will always be contacted first in an emergency.** *Must be over 16 years of age. Please note that if the authorised person is not known to staff when collecting – we will check [password or phone call to parent] before releasing the child.* |
| *Contact 1* – Name |       |
| Relationship to child |       |
| Address |       |
| Daytime/work telephone  |       |
| Home telephone |       | Mobile |       |
| *Contact 2* - Name |       |
| Relationship to child |       |
| Address |       |
| Daytime/work telephone  |       |
| Home telephone |       | Mobile |       |

|  |  |
| --- | --- |
| Password for the collection of child by authorised persons – to be provided before child starts at setting. |       |

**About your child**The following information will tell us a little more about your child.

Does your child have previous experience of attending a childcare setting/childminder? If so, please specify: [name of setting/ keyperson name/ no of hours/days attending per week]

|  |
| --- |
|  |
| Do we have permission to contact them? Yes [ ]  No [ ]   |
| Please provide email so we can make contact: |
|  |
|  |
|  |
|  |
| Are there any details around the birth that you would like to share? Were the premature, were they IVF, how was the birth? Did you suffer from post-natal depression? All this information can be discussed further with your key person on the home visit. It helps us better support you and your child during their time with us. |
|  |
| ***Two-year progress check – children aged 24 – 36 months [completed in nursery or a playgroup]*** |
| 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. **This is not the 2-year development reviews completed by a health visitor.** |
| If your child is aged between 24-36 months, has a two-year progress check already been completed for your child? Yes [ ]  No [ ]  |
| Setting completing check |       | Date completed |       |

***Health and development***

|  |
| --- |
| 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: |
|       |
| 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: |
|       |
| Are there any dietary requirements? Please specify: |
|       |
| Does your child have any special needs or disabilities? If so, please specify: |
|       |
| Are any of the following in place for the child?  |
| EHA [Early help Assessment] | Yes [ ]  No [ ]  |
| Education, Health and Care Plan [EHCP] | Yes [ ]  No [ ]  |
| Are the District team or Social care involved with your child/family? | Yes [ ]  No [ ]  |
| Is your child eligible for or has a free funding code? Yes [ ]  No [ ]  if yes Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ please visit [www.chilcarechoices.gov.uk](http://www.chilcarechoices.gov.uk) to check |
| Has your child received the following immunisations? *Please confirm and provide date of immunisations given.* |
| **Two months old****8 weeks** | 6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | Yes [ ]  No [ ]  | Date: |                 |
|  | Pneumococcal (PCV) vaccine. | Yes[ ]  No [ ]  |
|  | Rotavirus vaccine.Meningitis B | Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| **Three months old** | 6-in-1 second dose | Yes [ ]  No [ ]  | Date: |       |
| **12 weeks** | Rotavirus, second dose. | Yes [ ]  No [ ]  |
| **Four months old** | 6-in-1 (DTaP/IPV/Hib) vaccine third dose | Yes [ ]  No [ ]  |  |       |
| **16 weeks** | Pneumococcal (PCV) vaccine, second dose. | Yes [ ]  No [ ]  | Date: |
|  | Meningitis B second dose | Yes [ ]  No [ ]  |  |
| **Between 12 and 13 months old** | Hib/Men C - first dose.Meningitis B second dose | Yes [ ]  No [ ] Yes [ ]  No [ ]  | Date: |            |
|  | MMR vaccine – mumps, measles and rubella. | Yes [ ]  No [ ]  |            |
| Pneumococcal (PCV) vaccine, third dose. | Yes [ ]  No [ ]  |
| **Two to three years** | Flu vaccine - yearly | Yes [ ]  No [ ]  | Date: |       |
| **Three years and four months or soon after** | MMR vaccine, second dose – mumps, measles and rubella. | Yes [ ]  No [ ]  | Date: |       |
|  | 4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio. | Yes [ ]  No [ ]  | Date: |       |
| *For internal use:* Has the child’s health record book been seen to confirm immunisation dates? Yes [ ]  No [ ]  |

**Details of professionals involved with your child**

*GP*

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |            | Telephone  |       |
| Address |            |
|       |

*Dentist - Has your child visited the dentist yet?* Yes [ ]  No [ ]  *it is recommended from when first teeth appear.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |            | Telephone  |       |
| Address |            |
|       |

*Health Visitor (if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |       | Telephone  |       |
| Address |       |
|       |

*Social Care Worker or District team (if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |       | Telephone  |       |
| Address |       |

**General parental permissions/agreements**

*1 - 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 a member of staff for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

2 *- Sun cream* – I give permission for staff to apply hypoallergenic sun cream as necessary unless I inform them otherwise [in writing] It is the parents responsibility to apply sun cream before the child comes in – Playgroup will re-apply if child attends all day.

*3 - I have been provided with the setting brochure and am aware of the setting policies and procedures and agree to adhere to them.* [policies on website or available on request]

4 - *I accept the conditions of payment of fees including the consumable charges.*

5 *- I understand there is a period of 48 Hours exclusion for children after an episode of vomiting/ diarrhoea.*

6 *- I agree to having personal data collected* – *in accordance with the following policies – provider records, children’s records and information sharing.*

*7 - Great Gransden Preschool Playgroup – as a group has a duty in accordance with the children’s act 2004 part 11 to report any suspicious incidents or accidents to the relevant authorities as the welfare and safeguarding of the child is of paramount importance. - I understand that there may be circumstances where information is shared with other professionals or agencies without my consent*

*8 – Intimate care procedures will be discussed and agreed prior to my child starting at the setting*.

9 – *I agree to complete all necessary paperwork prior to my child starting in setting including the Parental agreement and understand failure to do so may delay my child’s start date.*

PLEASE SIGN IN AGREEMENT/TO GIVE PERMISSION TO THE ABOVE STATEMENTS 1-9 and to indicate that the information given on this form is accurate and correct, and that it is your responsibility to notify us of any changes as they arise. These are also covered in the Parental agreement.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |       |
| Printed name |  |

NEW ADMISSIONS ONLY: -

PLEASE ENCLOSE ADMISSION FEE [VOLUNTARY FOR FUNDED CHILDREN] CONTRIBUTION OF £15 per child [£20 for twins] or payable via BACS

WE ALSO NEED TO SEE AND TAKE A PHOTOCOPY OF YOUR CHILD’S BIRTH CERTIFICATE OR PASSPORT FOR FUTURE GRANT CLAIMS [we can take a copy here]

***Originals need to be seen.***

PLEASE INDICATE INITIAL SESSIONS REQUESTED BELOW\*:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| AM SESSION9.00-11.30  |       |       |       |       |       |
| LUNCH CLUB11.30-12.30 |       |       |       |       |       |
| PM 12.30-3.00 |       |       |       |       |       |
| Preferred start date: [month/year] \* |

\*Please note Start date and sessions will be confirmed dependent on availability.

Completion of this form does not guarantee a place for your child until you receive confirmation.

Please note in boxes above if you will be using flexi time – this means 9.15-11.45/12.45 if including lunch

or 9.30-12/1pm if including lunch club

or if you will collect your child earlier than 3pm. [e.g. 2.30/2.45]

PLAYGROUP USE ONLY - Birth certificate or passport seen, and copy made - Yes [ ]  No [ ]

[for proof of ID and future grant applications]Start date: ­­­­­­­­­­­­­­­­­­­­­­­­­­      Intake year:­­­       Updated July 2025]