### Registration Form

Westfield Playgroup

### We need some details about your child and family. We have a legal obligation to collect and process this information in accordance with The Early Years Foundation Stage (Welfare Requirements) Regulations 2012 and therefore we do not require your consent for most of this form. Where information to be supplied is voluntary or where we do need consent this is identified. The information provided will be kept in paper form and used for the purpose of maintaining appropriate contact details and for the safety and well-being of your child.

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| **Child’s details**  |
| Child’s Full Name |  | Known As  |  |
| Date of Birth |  | Gender: |  |
| **About your family** |
|  | Parent/Carer 1 | Parent/Carer 2 |
| Relationship to child: |  |  |
| Title & Full Name |  |  |
| Parent DOB |  |  |
| Password |  |  |
| Home address and postcode  |  |  |
| Does the child live at this address? |  |  |
| NI number/NASS |  |  |
| Home Telephone  |  |  |
| Mobile |  |  |
| Email address: |  |  |
| Employer or self employed |  |  |
| Job Title |  |  |
| Telephone Work |  |  |
| Hours at work e.g 7-4 Mon to Fri  |  |  |
| Responsibilities- Tick all that apply (At least one parent/carer must be liable for payment of fees) |  |  | Parental responsibility  |  |  | Parental responsibility |
|  |  | Emergency Contact |  |  | Emergency Contact |
|  |  | Lives with the child |  |  | Lives with the child |
|  |  | Collect child from playgroup |  |  | Collect child from playgroup |
|  |  | Payment of fees |  |  | Payment of fees |
| **Other authorised people to collect your child** | **Other authorised people to collect your child** |
| Name Relationship to childAddressTelephone/mobile Numbers | Name Relationship to childAddressTelephone/mobile Numbers |
| **Details of Injections / Immunisations** |
| Age Due | Immunisation | Immunised |
| 2 Months | Diphtheria / Tetanus / Whooping Cough / HIB / Polio | Yes / No |
| 3 Months  | Diphtheria / Tetanus / Whooping Cough / HIB / Polio | Yes / No |
| 4 Months | Diphtheria / Tetanus / Whooping Cough / HIB / Polio | Yes / No |
| 12-13 Months | Measles, Mumps, Rubella (MMR1) | Yes / No |
| 3 – 4 Years | Diphtheria / Tetanus / Polio booster | Yes / No |
| 3 – 4 Years | Measles, Mumps, Rubella (MMR2) | Yes / No |
| **Names of professionals involved with child** |
| Name of Doctor |  |
| Name of practice/Telephone number |  |
| **\*The following information is needed so that we can become a part of the plan to give support to the family and child\***.  |
| Have you/your child been involved in a TAF/CIN/CP Plan? (if you are unsure please ask a member of staff) | Yes / No |
| Reason for the plan: |  |
| Is the plan open or closed? |  |
| If closed please state date of closure |  |
| Names (please state the lead professional), professions and telephone numbers of persons who were involved with the plan: |
| Do you give permission for playgroup staff to contact the named professionals above?  |  Yes / No Signature: |
| Do you give consent for us to pass this information on to school when your child transitions? | Yes / No Signature: |
| I have read and agree with Westfield Playgroup’s Policy and Procedure Documents. | Yes Signature:  |
| I understand that fees are payable at the beginning of each month and must still be paid if my child is absent. If I wish to terminate my contract with Westfield Playgroup, I must give one month’s notice or payment of the same if I wish to leave with immediate effect.  | Yes Signature: |

**The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance. Thank You.**

|  |  |
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| **Please sign each individual statement below if you consent to the following:** |  |
| I Consent for calling an ambulance in the event of an emergency? |  |
| I Consent for medical professionals to administer medical treatment?  |  |
| I Consent for Westfield Playgroup to seek medical advice for my child? |  |
| I Consent for a plaster to be applied if required. |  |
| I Consent for photographs of my child to be displayed in our Playgroup photo book. |  |
| I Consent for photographs of my child to be used on our Playgroup Facebook page |  |
| I Consent for photographs of my child to be used on Westfield Playgroup’s website |  |
| I Consent for photographs of my child to be used in other children’s learning journeys  |  |
| I Consent for my child’s first name to be used in other children’s learning journeys |  |
| I Consent to my child’s artwork (with their first name) being displayed in the setting |  |
| I Consent to my child’s first Name and Month of birth being displayed on the birthday board |  |
| I Consent to my child’s learning journey being shared with Ofsted inspectors and/or as part of audits by the local authority |  |
| I Consent to my child’s learning journey being shared with prospective parents  |  |
| I Consent for playgroup staff to take my child outside in the church hall grounds for visits from Emergency Services, nature walks. Visits to the park and shop etc (ratio 1 adult:4 children) and for Fire practices |  |
| I Consent for my child to use sensitive baby wipes |  |
| I Consent for my child to have factor 50 sensitive sunscreen applied by staff at playgroup when needed and I will apply sunscreen to my child before each session |  |
| I Consent for Westfield Playgroup to share information regarding my child’s stage of development with school prior to them starting |  |
| I Consent for Westfield Playgroup to share contact information with School (prior to them starting, if needed) |  |
| I Consent for Westfield Playgroup to share information with another setting if your child attends 2 settings, or leaves Playgroup to start at a new nursery for any reason |  |
| I Consent for Westfield Playgroup to share details of my child’s development with my health visitor  |  |
| I consent for Westfield Playgroup to contact me via text message/email |  |
| I enclose a £20.00 non-refundable registration fee/ BACS details Natwest 60-10-15Account: 87573121 | BACS |

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|  | **Ethnic Origin** |  |
| Country of birth |  |  |
| Nationality |  |  |
| Language spoken at home |  |  |
| Any other languages spoken? |  |  |
| Religion |  |  |
|  |  |  |
|  | **Medical** |  |
| Does your child any special dietary requirements? |  | Yes/No |
| If yes please give details |  |  |
| Does your child have any known allergies? |  | Yes/No |
| If yes then please give cause and reaction |  |  |
| Does your child have any specific medical needs?  |   | Yes/No |
| If yes then please give details |  |  |
| Details of any regular medication and the reason for this:  |  |  |
| Does your child have any disabilities or individual needs?  |  | Yes/No |
| What (if any) special support will your child require in our setting? |  |  |

**SESSIONS WANTED……………………………………………………………………………........................................**

**START DATE………………………………………………………………………………………………………………………………………………………………..**

**I confirm that the information provided on this form is correct to the best of my knowledge.**

**Signature of Parent/Carer………………………………………………........ Print……………………………………………………………..**

**Date:**