

## 4. Childcare and Early Education Registration

### North Bushey Pre-school

#### Child's Details

Child's Full Name:

Date of Birth:

Gender:

NHS Number:

#### Family details

Who does the child live with?

#### Contact details 1 (including emergency contacts)

Parent/carer full name:

Relationship to child:

Daytime/work telephone:

Mobile:

Email:

Home address:

Work address:

Does this parent have parental responsibility?

Yes

No

#### Contact details 2 (including emergency contacts)

Parent/carer full name:

Relationship to child:

Daytime/work telephone:

Mobile:

Email:

Home address:

Work address:

Does this parent have parental responsibility?

Yes

No

#### Collection permission authorisation (other than parents)

Please note that we expect parents/carers to contact us before collection to indicated which authorised person (other than parents) is collecting the child. We will not release the child without verifying with parents/carers. Only those over the age of 16 years can be named as authorised persons. In case of an emergency, if none of the authorised people are available for collection, please contact us as soon as possible.

#### Authorised Person 1

Name:

Relationship to child:

Daytime/work telephone:

Mobile:

#### Authorised Person 2

Name:

Relationship to child:

Daytime/work telephone:

Mobile:

**Password for the collection of children by authorised persons**

Password:

**No Access person's name (if applicable):**

Address:

Relationship to the child:

Reason (e.g. court order  
or other):

Please provide a copy of the evidence by attaching it to this form.

**Emergency contact details for two named contacts - if parents/carers are not available**

Only those over the age of 16 years can be named as emergency contacts. Please ensure emergency contacts are local and their consent has been given.

**Contact 1**

Name:

Relationship to child:

Daytime/work telephone:

Mobile:

**Contact 2**

Name:

Relationship to child:

Daytime/work telephone:

Mobile:

**Nationality of Child (please select from dropdown list)**

If other, please specify:

**Religion of Child (please select from dropdown list)**

If other, please specify:

**Ethnic Origin of Child (please select from dropdown list)**

If other, please specify:

Ethnicity data gathered for monitoring purposes only. Ethnic origin is classified as special category of data under data protection legislation and we require your consent in order to process and store this information. The Privacy policy explains how the data provided in this form will be processed and explains your rights with respect to the information given.

Privacy Notice

I confirm that I have received a copy of the Privacy Notice and give my consent to the processing of special category data.

Parent/carer signature:

Date:

**Starting Sessions, select where relevant**

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session (8.45am to 11.45am)					
Morning Session plus 30 minutes Club (8.45am to 12.15pm)					
Afternoon Session (12.15pm to 3.15pm)					
All Day Session (8.45am to 2.45pm)					
All Day Session plus 30 minutes Club (8.45am to 3.15pm)					
Breakfast Club (8.15am to 8.45am)					
Afternoon Club (3.15pm to 4.15pm)					

**Preschool Newsletter**

Please confirm email(s) which you would like to receive our weekly newsletter:

**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 and emergency services will be called as necessary. I understand that my child may be taken to hospital accompanied by the manager or authorised deputy for emergency treatment. I understand that health professionals will be responsible for decisions about medical treatment in my absence.

Parent/carer name:

Signed:

Date:

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

I give permission for a named member of staff who has been trained to administer the inhaler/EpiPen or Anapen (supplied by me) to my child.

Name of child:

Parent/carer name:

Signed:

Date:

**Medical Details**

Has your child received the following immunisations, this enables us to effectively manage any special education, health or medical needs of your child (please confirm and date);

Age	Vaccine	Date received:
8 Weeks	6-in-1 vaccine - diphtheria, hepatitis B, tetanus, whooping cough, polio and Haemophilus influenzae type b (Hib) - 1st dose	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
	Rotavirus vaccine - 1st dose	
	MenB vaccine - 1st dose	
12 Weeks	6-in-1 vaccine - diphtheria, hepatitis B, tetanus, whooping cough, polio and Haemophilus influenzae type b (Hib) - 2nd dose	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
	MenB vaccine - 2nd dose	
	Rotavirus vaccine - 2nd dose	
16 Weeks	6-in-1 vaccine - diphtheria, hepatitis B, tetanus, whooping cough, polio and Haemophilus influenzae type b (Hib) - 3rd dose	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
	Pneumococcal vaccine - 1st dose	
1 year	MMRV vaccine – mumps, measles, rubella and chickenpox - 1st dose for children born after 1 January 2025	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
	Pneumococcal (PCV) vaccine - 2nd dose	
	MenB vaccine - 3rd dose	
1 year and 6 months (18 months)	6-in-1 vaccine - diphtheria, hepatitis B, tetanus, whooping cough, polio and Haemophilus influenzae type b (Hib) - 4th dose for children born on or after 1 July 2024	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
	MMRV vaccine – mumps, measles, rubella and chickenpox - 1st or 2nd dose for children born on or after 1 July 2024	
2 to 15 years	Children'd flu vaccine (every year)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
3 years and 4 months	MMRV vaccine – mumps, measles, rubella and chickenpox - 1st or 2nd dose for children born between 1 September 2022 and 31 December 2024	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
	4-in- Pre-School booster vaccine - diphtheria, tetanus, whooping cough and polio.	

**My child has NOT been vaccinated. I understand that if I choose for my child not to be vaccinated against any of the above, I am aware of the risks of being at Pre-School during possible outbreaks.**

Parent/carer signature:

Date:

## Health and Development

Was your child born prematurely, if so, how many weeks early?

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

*If yes, complete health care plan with parents/carers.*

Does your child have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance?

Yes

No

Do you have any concerns about your child's learning and development?

Yes

No

## Allergies

A risk assessment is completed and kept on the child's file for any known allergies or food intolerance.

**My child does NOT have any Allergies**

Has your child been diagnosed with any of the following allergies? Please choose from the list below:

- Celery (including celery stalks, leaves, seeds and root)
- Cereals containing gluten (such as wheat, rye, barley and oats)
- Crustaceans (such as prawns, crabs and lobsters)
- Eggs (also found in food such as cakes, mayonnaise, quiche, pastries)
- Fish (also found on fish sauce, pizza)
- Lupin (can be used in some types of bread, pastries and pasta)
- Milk (also in butter, cheese, cream, milk powders, yoghurt, powder soups and sauces)
- Molluscs (such as mussels and oysters)
- Mustard (including liquid mustard, mustard powder and mustard seeds)
- Nuts (like cashew nuts, almonds, hazelnuts and pine nuts)
- Peanuts (can be also used in biscuits, cakes, desserts)
- Sesame seeds (can be also found in bread, breadsticks, houmous, sesame oil and tahini)
- Soya (can be found in bean curd, edamame beans, miso paste, textured soya protein, aoya flour or tofu)
- Sulphur dioxide (ingredient often used in dried fruit and can also be found in meat products, soft drinks)

If any apply, are they airborne allergies?

If any apply, does the child require an EpiPen?

## Dietary Preference of Child

Please select where relevant:

**My child does NOT have any dietary preferences**

- No Pork
- No Gelatine
- No Eggs
- Vegetarian
- Vegan
- Halal only
- Other, please specify: \_\_\_\_\_

### Lunch Time Guide

Please ensure that your child's lunchbox contains a variety of healthy foods, for example, a sandwich, fruit or veg, yogurt. Crisps are allowed but not every day please.

Please ensure that your child's lunchbox does not contain any sweets and/or fizzy drinks. Any food deemed as unsuitable will be returned.

Please ensure that your child's lunchbox does not contain nuts, including peanut butter, Nutella or almond spread as Pesto, as we have children with severe nut allergies (this also includes food items that claim 'May Contain Nuts'). This is part of our Healthy Food Policy and to prevent children who have allergies being affected.

Please ensure that your child's lunchbox is named.

Please ensure you supply an ice pack inside your child's lunch box to keep food chilled.

**Please sign below to confirm you have read and understood the above: (even if your child is currently not having lunch at Pre-school)**

Parent/carer signature:

Date:

### Details of Professionals involved with your child

GP Name:

Telephone:

Address:

Health Visitor (if applicable)

Telephone:

Address:

Social Care Worker's name (if applicable):

Telephone:

Dentist (if applicable) name:

Telephone:

Address:

Any other professional who has regular contact with the child

Name:

Role:

Agency:

Telephone:

Address:

### Two year progress check/Integrated health check

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 to share it with your child's health visitor. Please note that where a local authority has arrangements in place we complete an integrated check with you and your child's health visitor.

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child?

Yes

No

Setting completing check:

Date completed:

### Parental permissions

**E-safety** (staff and children)

There are procedures in place that govern the use of IT equipment on site. Where iPad or similar are used by staff to record children's learning and development or as a management tool, a risk assessment is completed and only equipment owned by the setting is used. Visitors to the setting using IT equipment, such as Ofsted, the childminder agency, or Social Care, are advised of the procedure for its use and must seek prior permission from the setting manager.

In some instances, children will use ICT equipment to promote their learning and development under the supervision of staff. Children do not normally have access to the internet and never have unsupervised access to the internet.

I give permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures and risk assessment in place to govern its use and that staff and visitors may also use ICT equipment to record and monitor children's learning and development.

Parent/carer signature:

Date:

**Nappy cream**

I give permission for non-medicated nappy cream (supplied by me) to be administered to my child when required in accordance with manufacturer's instructions. If medicated nappy cream is supplied by me, I give permission for it to be applied as above and to record its use and inform me of when it was administered.

Name of child:

Parent/carer signature:

Date:

**Suncream**

I give permission for staff to administer hypoallergenic suncream (supplied by me) to my child when necessary.

Name of child:

Parent/carer signature:

Date:

**Photographs and videos**

To record aspects of our curriculum and for children's individual development records, staff often take photographs or videos of children during their play. Only equipment supplied by us is used for this purpose and images taken are for display and for your child's learning records. Images are saved and stored on our equipment securely, and only kept for the period your child is with us.

I give permission for my child to be photographed/recorded as per the conditions above.

Name of child:

Parent/carer signature:

Date:

**We also require other consents to share images of your child, please read the following statements and tick in the boxes to those to which you consent:**

- I give permission for my child to be photographed/recorded for the Pre-school Facebook.
- I give permission for my child to be photographed/recorded for the Preschool weekly Newsletter sent to parents, carers, pre-school staff, outside agencies involved with our preschool - sent by email.

Please note that if we wish to use any images of your child for publicity or marketing purposes, we will seek your written consent for each image we wish to use.

Name of child:

Parent/carer signature:

Date:

**Animals**

We may occasionally have supervised visits of animals to our setting or have pets on site. We will ensure that our pets are healthy and are inoculated as appropriate and that animals showing any signs of disease are treated. Risk assessments will be carried out for visiting animals and will be made available to parents on request. Please state here any known allergies or aversion your child has to animals.

Name of child:

Parent/carer signature:

Date:

**Key Person**

Your child will have a key person assigned to them. It is the key person's responsibility to ensure your child receives the best possible care and attention and to ensure that their records are kept up to date whilst they are with us. Your child's key person may change as they progress through the setting, but you will be notified of these changes in advance.

Your child's key person is:

### Transfer of Records

With your consent we will transfer your child's records to the receiving school when they leave our setting. This will enable the school to continue to effectively manage any special education, health, or medical needs, and to continue with their development.

I agree for my child's records to be transferred to their receiving school

Name of child:

Parent/carer signature:

Date:

### Further Information

I confirm that information about the setting's policies and procedures has been made available and explained to me, and I understand I can find more information as to how my personal data is handled through the Privacy policy.

For parent(s)/carer(s)/guardian(s) under the age of 18, a guarantor aged over 18, must also sign this form on your behalf. The agreement would therefore be between the setting, you, and the guarantor.

Please sign below to indicate that the information on this form is accurate and that you will notify us of any changes as they arise.

Parent/carer name:

Parent/carer signature:

Date:

Guarantor's name (if applicable):

Signed

Date:

Relation to the child:

Home address:

Daytime/work telephone:

Email:

Sign on behalf of  
North Bushey Pre-school:

Date:

Name:

Role:

### Child's Documents

Please attach a copy of the child's Birth Certificate or Passport

**Please note that the information on this form is always stored and maintained confidentially.**