**START DATE: …….……………. Admin Fee Paid Y/N**



|  |  |
| --- | --- |
|  **Registration form Beaufort Childcare Groups** |  |
|  |  |

**Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s first name(s) |  | Surname |  |
| Name known as  |  |
| Child’s full address |  |
|  |
| Gender |  | Date of birth |  | Birth certificate seen Yes/No *(delete)* |
| **Family details** |
| Name of parent(s)/carer(s) with whom the child lives: |  |
| Name(s) of other people with whom the child lives: |
|  |
| ***Contact details 1 (including emergency information):*** |
| Parent/carer full name |  |
| Relationship to child |  |
| Daytime/work telephone  |  | Mobile |  |
| Home telephone  |  | Email |  |
| Home address |  |
| Work address |  |
| **Does this parent have parental responsibility for the child? Yes/No *(delete)*** |
| **Does this parent have legal access to the child? Yes/No *(delete)*** |
| ***Contact details 2 (including emergency information):*** |
| Parent/carer full name |  |
| Relationship to child |  |
| Daytime/work telephone  |  | Mobile |  |
| Home telephone  |  | Email |  |
| Home address |  |
| Work address |  |
| **Does this parent have parental responsibility for the child? Yes/No *(delete)*** |
| **Does this parent have legal access to the child? Yes/No**  |
| ***Contact details 3 (including emergency information****):* |
| Parent/carer full name |  |
| Relationship to child |  |
| Daytime/work telephone  |  | Mobile |  |
| Home telephone  |  | Email |  |
| Home address |  |
| Work address |  |
| **Does this parent have parental responsibility for the child? Yes/No *(delete)*** |
| **Does this parent have legal access to the child? Yes/No *(delete)*** |
| **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 telephone numbers |  |
| Relationship to child |  |
| What are the contact arrangements that the setting needs to know about? |
|  |
|  |
| **Persons other than parent(s) authorised to collect the child and Emergency contact if parents are not available.** *Person must be over 16 years of age and Emergency contacts must be local.*  |
| *Contact 1* – Name |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |
| Address |  |
|  |  |
| Relationship to child |  |
|  | **Contact in case of an emergency: Yes /No (delete)** |
| *Contact 2* – Name |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |
| Address |  |
|  |  |
| Relationship to child |  |
|  | **Contact in case of an emergency: Yes /No (delete)** |

|  |  |
| --- | --- |
| **Password for the collection of child by authorised person** |  |
| **Medical Information**Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No *(delete)*If so, please provide details: |
|  |
| Has a risk assessment, if required, been completed for the above? Yes/No *(delete)* |
| Has a health care plan and agreement to administer medicine, if required, been completed? Yes/No *(delete)*Has the child’s health record book been seen to confirm immunisation dates? Yes/No (delete)Any previous Medical History and Professional Involvement from birth to date ie Speech, Hearing, Dentist, Opticians, Paediatrician. If so, please provide details: |
| Does your child have any special needs or disabilities? Yes/No *(delete)* If so, please provide details: |
|  |
| Are any of the following in place for the child?  |
| SEN Support Yes/No *(delete)*Educational Health and Care Plan Yes/No *(delete)* |
| What special support will he/she require in our setting?  |
|  |
| How would you describe your child's ethnicity or cultural background? : |
|  |
| What is the main religion in your family (if applicable)? |  |
| Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting? |
|  |
| 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 *(delete)*What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when. |
| If so, discuss and agree with the key person how we can support your child when settling-in: |

**Details of professionals involved with your child**

***GP***

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

***Health Visitor***

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

***Dentist***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Any other professional who has regular contact with the child or who had contact with your child*** *ie**Family Support Worker*

|  |  |  |  |
| --- | --- | --- | --- |
| Name 1 |  | Role |  |
| Agency |  | Telephone |  |
| Name 2 |  | Role |  |
| Agency |  | Telephone |  |
| Name 3 |  | Role |  |
| Agency |  | Telephone |  |

***Social Care Worker (if applicable)***

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Telephone  |  |
| Address |  |
|  |
| What is the reason for the involvement of the social care department with your family? |
|  |

**NB If the child has a child protection plan, make a note here, but do not include details.**

**In providing us with these details, you give us permission to contact all the above professional if needed.**

**General Parental Permissions**

***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. Should any first aid be required, I give full consent for a trained first aider to administer as necessary any medical treatment. Emergency services will be called if necessary and I understand my child may be taken to hospital accompanied by the setting manager or deputy for emergency treatment and that health professional are responsible for any decisions on medical treatment in my absence.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Administrating Paracetamol**

Should you child become unwell whilst in our care, you will be contacted to come and collect your child, but in extreme cases if your child’s temperature reaches 39 degrees plus, you give us permission to administer children’s paracetamol to reduce the chances of febrile convulsions. However, you are still required to collect your child even if we administer the paracetamol.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Inhaler/EpiPen’s***

|  |
| --- |
| I give permission for staff who have been trained to administer the inhaler/EpiPen supplied by to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Child). Has an Individual Health Care Plan been written up Yes / No |
| Signed |  | Date |  |

|  |
| --- |
| ***Sun cream***I give permission for staff to administer hypoallergenic suncream as supplied by me to  |
|  | (name of child) when necessary. |
| Signed |  | Date |  |

***Short trip - general outings to the local shops, library, park***

|  |  |  |
| --- | --- | --- |
| 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 we take and are available for me to see as required. For any major outings, we will inform you and ask for your specific consent.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

***Attending Other Settings***

I give permission for Beaufort Childcare Groups to contact other settings that my child may have attend or are attending.

Name of Setting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Animals***

We may occasionally have supervised visits of animals to our setting. We will ensure that our pets are healthy and fully inoculated as appropriate and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals, and parents informed. Please state below any known allergies or aversion your child has to animals:

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

***Photographs***

As part of children’s individual development records, staff regularly take photographs of the children during their play. These photographs are used for your child’s records within Tapestry. We may also record events and activities on video. Videos will be uploaded to Tapestry and stored on the setting’s tablets; we only store images during the period your child is with us.

|  |  |  |
| --- | --- | --- |
| I give permission for |  | (name of child) to have her/his photo taken or to be  |
| videoed as per the above conditions. |
| Signed |  | Date |  |

**Agreed guidelines for accessing and using Tapestry ‘Online Learning Journeys’**

As a parent I will not publish any of my child’s observations or photographs on any social media site.

Keep the login details within my trusted family. I accept that my child’s photographs may appear on their friends learning journal account and I may see pictures of my child’s friends on my child’s personal account.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: ………………………………………………………………………………………………………………………… please print clearly.

By signing this form and providing us with an email address, you agree to Beaufort Childcare Groups creating a Tapestry learning journal for your child.

***Website***

At Beaufort, sometimes photos are also used on the front pages of our website.

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of child) photo to be used on the front pages of our website.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Digital / Video Images Permission Form***

Parents/Carers are requested to sign below to confirm that they will not place any digital / video images of children other that their own on any social network site.

Parent/Carers Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that if I take digital or video images at, or of, special events at Beaufort Childcare Groups which include images of children, other than my own, I will abide by Beaufort Childcare Groups Policies and Procedures and not place the digital or video images on any social network site.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contract of Agreement**

Please sign below to indicate that you have read and understood our terms and conditions and that you understand that 4 weeks’ notice is require if you wish to take your child out of the setting. And that you understand that only 2 weeks of holiday will be covered by the Early Education Funding and that Parents/Carers may be charged for any additional weeks taking.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/CARER DETAILS**

I give permission for Beaufort Childcare Groups to check my eligibility status with Government departments and hold my details to make further checks for pupil benefits including Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) when my child is at an eligible age.

If you wish to claim for 30 hours we need your written consent to validate your code. We can’t validate the code without your own date of birth and your National Insurance (NI) or National Asylum Support Service (NASS) Number so please complete all boxes in this section; please sign the box below

If you believe that your child may qualify for Early Years Pupil Premium, please provide the following information for the main benefit holder to enable your childcare provider to confirm eligibility.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer First Name** |  | **Parent/Carer Surname** |  |
| **Parent/Carer Date of Birth** | **……/……/……** | **Parent/Carer NI or NASS No.** |  |
| **Parent/Carer Signature** |  |

**Key persons - Information for parents**

Each child joining the setting will have a key person appointed to them. It will be the key person’s responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept upto date. Your child’s key person may change as your child progresses through the setting. You will be notified of these changes. Your child’s key person is your first point of contact for anything you wish to discuss about your child.

|  |  |
| --- | --- |
| Your child’s key person will be |  |
| Your child’s ‘back up’ person will be |  |

Has the settling-in process been agreed? Yes / No *(delete)*

If so, detail:

|  |
| --- |
|  |

|  |
| --- |
| Please sign below to confirm that you are aware of the setting’s policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent. |
| Signed |  | Date |  |
|  |
| Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify is of any changes as they arise. |
| Parent 1 |  |
| Signed |  | Date |  |
| Parent 2 |  |
| Signed |  | Date |  |
|  |  |
| Deputy Manager |  | Date |  |
| SignedManager  |  |
| Signed |  | Date |  |