



Date of completion.....

Date to commence at preschool.....

CHILD REGISTRATION RECORD - STRICTLY CONFIDENTIAL

FULL NAME OF CHILD		HOME ADDRESS & TEL NO.	
		Post code:.....	
NAME KNOWN BY	DATE OF BIRTH	ETHNIC ORIGIN (Optional e.g. Black, White, Indian, Pakistani, Chinese, dual heritage or other please specify)	
RELIGION (optional)	GENDER Male/Female	FIRST LANGUAGE	

NAME	RELATIONSHIP TO CHILD	ADDRESS & TELEPHONE NO: TO CONTACT IN CASE OF EMERGENCY
Person with parental responsibility		
Person with parental responsibility		
Person with legal contact		
Email addresses:		

Please provide the names of any additional adults authorised to pick up your child:

Name of person	Relationship to child	Address and Telephone Number:

ANY PERSON COLLECTING WHO WE HAVE NOT MET PREVIOUSLY OR RECENTLY WILL NEED TO PROVIDE A PASSWORD AGREED BETWEEN PARENT AND PRESCHOOL.

Please ensure that you tell any additional adults that you have given us their contact details so that we can contact them if we are unable to speak to you, e.g. if your child is unwell, has an accident or is uncollected at the end of the session. If they have any questions or queries regarding this please ask them to contact us.



Our preschool sessions:

Please tick which sessions you would prefer your child to attend. We will confirm the availability of these sessions after processing your application.

	AM session	<input checked="" type="checkbox"/>	PM session	<input checked="" type="checkbox"/>
Monday	9:00-12:00		Closed	X
Tuesday	9:00-12:00		12:00-3:00	
Wednesday	9:00-12:00		12:00-3:00	
Thursday	9:00-12:00		12:00-3:00	
Friday	9:00-12:00		12:00-3:00	

These sessions will be (please tick):		
Funded	Paid	Both

Does your child attend an additional provider?	If yes (including childminders), please provide their details:
Yes No	Key person:

Date Birth Certificate checked Initials of staff member:.....

It is important that the following information is kept up to date:

Name of Child's Doctor and Health Visitor	Address of clinic	
Telephone no:		
Does your child have any medical problems: Yes No If yes please provide details:		
Please detail any medical procedures which are prohibited by family religion of belief.		
Please detail any religious or cultural considerations to be made when caring for your child. Details:		
Does your child have any known allergies/intolerances? (please specify):	Drinks (please tick) MILK WATER	Is your child up to date with all immunisations /vaccinations?
Please provide any information which you may think is important in providing care for your child (i.e. likes/dislikes, special words etc.)		



I confirm that the information on this form is correct and i agree to the person in charge of the setting (Manager or Deputy) taking the necessary steps to ensure my child receives the best and my appropriate care, attention and treatment should there be an emergency or accident in the setting or whilst my child is on an authorised outing.

I understand the person in charge (Manager or deputy) will make every effort to inform me of any emergency or accident as soon as possible after the event but accept that in my absence they may have to seek emergency medical treatment, which may include taking the child to their GP, the hospital or calling an ambulance and an appropriate adult accompanying my child to the hospital in case of serious accident or emergency.

In the event that I can still not be contacted and my child requires emergency treatment, I give my permission for the appropriate adult to authorise medical staff to administer essential treatment until my arrival.

I hereby give consent for the above information to be held securely in compliance with Data Protection Act 2018.

Signed (Parent/Carer)

Print Name

Date



Working Together

It is in the best interests of your child that we ensure we are working together with other professionals involved to meet the needs of your child.

Can you tell us about any other people or organisations that you and/or your child have contact with?

Is your child registered at your local Children's Centre	Yes/No	If yes please tell us which one/s
Do you, or have you attended any stay and play sessions or toddler groups etc?	Yes/No	If yes can you tell us where and how often you attend?
Are you or have you previously worked with a: <ul style="list-style-type: none"> • Medical professional • Health Visitor • Dietician • Speech & Language Therapist • Social Worker • Early Help Worker • Portage 	Yes/No	If yes can you provide us with a name and their contract details as it may be beneficial for us to be able to share information in order to meet the needs of your child?
Does your child currently have a Lead Professional?	Yes/No	If yes, can you tell us who your child's lead professional is and any contact information you have for them.

I give permission for a representative from Bailgate Pre-school to contact the above named individuals in order to share information and work together to meet the needs of my child.

Print Name..... Date

Signed Relationship to child



Terms & Conditions

Child's Name:

Please initial to confirm/agree to the following:

Section 1: Use of photographs

I give permission for photographs of my child to be used for assessment, evidencing and moderating purposes on tapestry	
I give permission for photographs of my child to be used on displays within the church hall where our preschool is set	
I give permission for photographs of my child to be used on the school website, social media feeds and in promotional material, including local press	
I give permission for my child to be included in the annual class photograph ad to have an individual photograph taken by a professional photographer	
I give permission for photographs of my child to be used on the private facebook page (faces will be UNCOVERED). Only current parents have access to this page.	
I understand that any photographs/videos taken of my child during school performances and events are for my personal use only and should not be shared on social media	
I understand any photos shared with myself via social media or Tapestry are for personal viewing and should not be shared any further	

Section 2 - Use of personal data

I give permission for the preschool to contact me by the email address provided	
I give permission for the preschool to contact me by telephone	
I give permission for the school to contact me by text/push notifications	

Section 3 - Medical consents

I give permission for my child to receive first aid by a trained member of staff during any on-site or off-site activity	
I give permission for my child to have a plaster applied at preschool	
I give permission for the preschool to share any relevant information about my child with the NHS and any other health professionals if I cannot be contacted	
I agree to authorise members of staff during any on-site or off-site activity, to approve medical treatment for my child as deemed necessary in an emergency or upon the advice of a medical practitioner if i cannot be contacted. I agree to allow the preschool staff to transport my child via car in an emergency.	
I give permission for my child to have preschool sun cream applied, when needed, if I have not supplied their own labelled bottle in their bag.	



Section 4 - Visits in the local area

I give permission for my child to go out into the local area with members of preschool staff e.g. library, the park, castle.	
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Declaration - Person with parental responsibility

Print name:	Relationship to child:
Signed:	Date:

Office use - Management received

Print name:	Position held:
Signed:	Date:



Tapestry Permission

We are excited to say that we are using an online Learning Journey provided by Tapestry, which allows you to view your child's learning and memories created within their time at our Pre-school. As this is an online profile, we will need your permission to set up your child's account. Please rest assured that the information about your child and their learning is secure. It is only accessible by the members of staff, and yourselves as parents/carers can only access your own child's learning journey. Any personal details about your child are confidential and will not be disclosed. There may be instances where your child appears in a photograph in another child's learning journey, if you are happy to permit this.

We are very keen to engage every parent in their child's learning and progress throughout the year. We would love to see any observations and photographs you may make of your child's home learning, whether it be a fun day out, holiday or even something they have achieved at home.

If you do not have internet access, please do not feel excluded; Please talk to your child's key person and we will work with you to update your child's learning journey with any home learning you make us aware of. As well as this, if you cannot access your child's learning journeys from home and would like to do so from our devices, we can make arrangements.

If you require any more information, you can visit
<http://eyfs.info/tapestry-info/introduction#overview>

Please complete the following permission slip.

You will be given details of what you need to do next when this is returned to a member of staff to be kept in your child's records.

Failure to abide with Number 2 will result in your child's Online Learning Journey being suspended.

Child's name	
Date of birth	

1) I agree to my child having a Tapestry Online Learning Journey.

2) I agree not to post any content from my child's learning journey on any social networking site, e.g. Facebook.

3) I give permission for my child's image to appear in photographs/videos in other children's learning journey.

Email address	
Parent / Carer signed	
Print name	
Date	



English as an Additional Language

We welcome everyone at Bailgate Preschool and would like to support our families where needed.

Childs name:	Language spoken at home:
How much spoken English language does your child understand?	All / Some/ None
Would you like written communication (letters/emails) translated to your chosen language where possible?	Yes / No
Preferred language:	

Please note text messages/whatsapp broadcasts will not be translated.



Induction Checklist - To be completed with staff member

Name of child

Please both parent and staff member initial when the section is completed and understood

	Staff	Parent/Carer	Date
Registration Form			
Welcome to preschool - All about us			
English as an additional language			
Safeguarding policy			
Late collection policy			
Paying when child is absent			
Fees and funding			
Informing of absences			
Unexpected closures			
Bank holidays			
Outings			
First aid, medication accidents and injuries			
Tapestry permission			
Health care plan (if applicable)			
Birth 2 Five			
Building security			
Mobile phones			
Health care plan (if necessary)			

Parent/carers signed: Date:

Staff signed: Date:



Health Care Plan

Name:	Date of Birth:	
GP details:		
Medical condition/s and symptoms:		
Medication name	When did they start taking it?	Dosage. When it is taken? Is it stored at preschool? If so, where?

Daily care needs:
What deems an emergency situation and what should we do if one occurs?:
Emergency contacts:
Info incase of 999 call:



I agree that this information is correct as of/...../..... and agree to update my manager and committee of any changes promptly.

Signed: Print name: Date:
.....
(Parent/Carer)

Signed: Print name: Date:
.....
(Staff Member)