

## Registration Form

<b>Security</b>	
Please supply a security password which can be used to validate your identity as well as that of any authorised contacts for your child	

<b>Child's Information</b>	
Full Names	
Name your child is normally called	
Date of Birth	
Home Address Line 1	
Home Address Line 2	
Town	
County	
Postcode	
Gender	
Intended Primary School (if known)	
Child's first language	
Other languages spoken	
Ethnic Origin*	
Religion*	
If there are events or activities you would like your child not to take part in due to religious or cultural beliefs, please list them here	

\*Please Note: We request this information so that we can ensure your child is specifically included in any special events planned and/or to plan additional special events.

<b>Parent/Carer Information</b>		
	<b>Person 1</b>	<b>Person 2</b>
Relationship to Child (i.e. Mum, etc.)		
Salutation (Mr, Mrs, etc.)		
Forename & Surname		
Home Address Line 1		
Home Address Line 2		
Town		
County		
Postcode		
Home Telephone Number		
Mobile Telephone Number		
Work Address, Department if appropriate and Telephone Number		
Email address		
Is this person an emergency contact?	Yes / No	Yes / No
Does this person have parental responsibility in law for the child?	Yes / No	Yes / No
Is this person allowed to collect your child?*	Yes / No	Yes / No
Any additional information you feel would be useful for us know?		

**\*Please Note:** If any person with Parental Responsibility under the Children Act 1989 is subject to a Child Arrangements Order for supervised contact or no contact with regard to the child, then Little Love Lane will need to see a copy of the relevant Court Order so that we can legally refuse to release the child to them.

<b>Child's Medical and Wellbeing Information</b>	
NHS Number*	
GP Name	
GP Surgery	
GP Telephone Number	
Health Visitor's Name	
Other known medical professionals (speech therapist, etc)	
Social Care Worker	
Allergies	
Known illness/ongoing health problems	
Prescribed medication	
Dietary restrictions	
Disabilities	
Special and/or Additional Needs	

\*Please Note: We ask for your child's NHS number as this will allow us to easily identify the child to the medical services (GP, Hospital, etc) in the event of an accident and/or emergency.

Child's Immunisation Information		
Age Generally Innoculated	Immunisation Type	Date Given
8 weeks	DTaP/IPV/Hib	
	PCV	
	Men B (born on/after 1.5. 2015)	
	Rotavirus	
12 weeks	DTaP/IPV/Hib	
	Men C	
	Rotavirus	
16 weeks	DTaP/IPV/Hib	
	Men B (born on/after 1.5.2015)	
	PCV	
12 months	Hib/Men C booster	
13 months	MMR (1 <sup>st</sup> dose)	
	PCV booster	
	Men B booster	
3 – 5 years	MMR (2 <sup>nd</sup> dose)	
	DTaP/IPV or dTaP/IPV	
Any other immunisations your child may have had (e.g. Swine Flu, Hepatitis B, BCG, etc.)		

Key:

DTaP	Protects against: diphtheria, tetanus, acellular pertussis (whooping cough)
dTaP	Protects against: low-dose diphtheria, tetanus, acellular pertussis (whooping cough)
Hib	Protects against: haemophilus influenzae type b
IPV	Protects against: polio
Men C	Protects against: meningitis C (meningococcal type C)
Men B	Protects against Meningitis B (meningococcal type B)
MMR	Protects against: measles, mumps and rubella
PCV	Protects against: 13 types of pneumococcal infection

*Why do we ask for this?* We ask for this information so that we can ensure that all of the children we care for are protected, and that if any child has not had a particular immunisation, we can take additional steps to ensure their and others' wellbeing.

Further information can be found at <http://www.nhs.uk>.

**List of Persons Authorised to Collect Your Child**  
(Must be 16 years of age and over)

	Person 1	Person 2
Relationship to Child (i.e. Nan, etc.)		
Salutation (Mr, Mrs, etc.)		
Forename & Surname		
Home Address Line 1		
Home Address Line 2		
Town		
County		
Postcode		
Home Telephone Number		
Mobile Telephone Number		
Work Telephone Number		
Email address		
Is this person an emergency contact?	Yes / No	Yes / No
Any additional information you feel would be useful for us know		

<b>List of Persons Authorised to Collect Your Child (Must be 16 years of age and over)</b>		
	Person 3	Person 4
Relationship to Child (i.e. Nan, etc.)		
Salutation (Mr, Mrs, etc.)		
Forename & Surname		
Home Address Line 1		
Home Address Line 2		
Town		
County		
Postcode		
Home Telephone Number		
Mobile Telephone Number		
Work Telephone Number		
Email address		
Is this person an emergency contact?	Yes / No	Yes / No
Any additional information you feel would be useful for us know		

<b>Permissions and Consents</b>	
<b>Do we have your permission to:</b>	
Authorise medical treatment for your child with a GP and/or Hospital in the event of an emergency?	Yes / No
Take your child out on short outings in the local area, i.e. beach, park, shops, etc.?	Yes / No
Take your child on local bus services?	Yes / No
Take photos of your child for their Tapestry File?	Yes / No
Take and use photos of your child for promotional purposes?	Yes / No
Take and display photos of your child on the premises?	Yes / No
Allow photos to be taken by parents at special events?*	Yes / No
Take videos of your child for their Tapestry File?	Yes / No
Take and use videos of your child for promotional purposes?	Yes / No
Take and play videos of your child on the premises?	Yes / No
Allow videos to be taken by parents at special events?*	Yes / No
May we allow members of the press to take photos and/or videos of your child as well as speak to them (under supervision from Little Love Lane staff)?	Yes / No
Apply sun cream to your child (sun cream must be supplied by parent/carer)?	Yes / No
Apply sudocrem to your child (sudocrem cream must be supplied by parent/carer)?	Yes / No
Apply teething gel to your child (teething gel cream must be supplied by parent/carer)?	Yes / No
Apply plasters to your child (please also let us know if you child is allergic to plasters)?	Yes / No
Help your child change their clothes?	Yes / No
Let your child use the paddling pool (under supervision)?	Yes / No
Allow your child's details to be entered as data on our information systems?	Yes/No

\*Please Note: If any child present at an event has 'No' stated in their registration form then no parents will be allowed to take photos and/or videos.

**Additional Information**

Please supply any additional pertinent information that you feel we need to know to ensure the security and wellbeing of your child which has not already been requested on this form

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**Signature**

**IMPORTANT:** Please note that by signing this form you confirm that you are agreeing:

- to Little Love Lane providing child care services to your child named in this registration form;
- that we can hold this and all relevant information about your child’s child care and wellbeing on our data storage systems;
- to accept responsibility for all fees and charges incurred for the child care provided by Little Love Lane
- that all parents/carers detailed on this form who have parental responsibility for your child are jointly responsible for all fees and charges and must sign this form.

Parent/Carer’s Name	
Parent/Carer’s Signature	
Parent/Carer’s Name	
Parent/Carer’s Signature	
Date	

**Data Protection Act**

Little Love Lane is registered under the Data Protection Act 2018 to allow it to hold and process personal data for a range of purposes. Details of these purposes are displayed on the Information Commissioner's website.

At no time will we sell or pass on the information provided on this form to third parties, however at times we may have to share information you provide to us with local schools, the Isle of Wight Council, Cowes Children’s Centre and Ofsted as part of the delivery of child care and protection of your child.

Office use:

Checked by:	Signed:	Date:
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	Opt in	Opt out
I agree for my child's first name to be displayed around the setting.		
I agree for my child's photo to be displayed around the setting.		
I agree for photos to be used in my child's learning journal (Tapestry).		
I agree for photos of my child to be used in another child's learning journal (Tapestry).		
I agree for my child's first name to appear in another child's learning journal (Tapestry).		
I agree for my child's art work to be displayed with their name in the setting		
I agree for my child's photo to appear on the Little Love Lane Pre-school and Nursery website.		
I agree for my child's photo to appear on printed advertisement.		
I agree for my child's first name to appear in newspaper articles, social media articles and our website. (Such as Facebook).		
I agree for my child's photo to appear in newspaper articles, social media articles and our website. (Facebook).		
I agree for my child's photo to appear on the public Little Love Lane Pre-school and Nursery Facebook page.		

I am happy for you to hold information regarding my family's race, ethnic origin and religious or philosophical beliefs.		
I am happy for Little Love Lane Pre-school and Nursery to share relevant information with health visitors, other childcare settings, doctors and emergency services and other agencies such as Speech and Language Therapists and Specialist Teachers.		
I agree that I have read and understood the Little Love Lane Privacy Statement.		

Parent/carer name:

Parent/carer signature:

Date:

Please read and refer to the Privacy Statement with regards to how we collect and store personal information. It is an Ofsted and an Early Years Foundation Stage Statutory Framework requirement for us to hold certain information. There are other things we need consent for. Please initial each statement below to either opt in or opt out of each statement.

You have the right to withdraw consent regarding data at any time.

# All about me

## Getting to know my family and me

- My age on starting Little Love Lane is .....
- I liked to be called.....
- My first language at home is.....
- Other languages in my family are.....
- Who lives in my house.....
- My experience of being away from my family.....
- My experience of playing with other children.....
- Special people in my life.....
- My family and I celebrate.....
- Important events in my life.....

## Interests & Preferences

- Things that excite me and make me happy.....
- My favourite books, rhymes, activities, toys and places to go.....
- Things I like doing outside.....
- My weekly routine is.....
- Things I can sometimes get angry or upset about.....
- Things that comfort me.....

## Food and Drink

- I usually eat.....
- My favourite foods are.....
- My favourite drinks are.....
- I do not like.....
- I am happy to try new foods?.....

## Health and Development

- Medical info.....

- I do/ do not have allergies.....
- Healthcare.....
- I am good at.....
- I need help with.....
- I communicate by.....
- I respond to new people and situations by.....
- Concerns about development.....
- I would handle new situations by.....

### *Sleeping and Toileting Routines*

- I like to sleep.....
- Nappy changing/toileting information.....

### *Goals*

- What would I like to achieve.....
- My family would like me to achieve.....

### *Other Information*

- Has your child had a hearing test?.....

- Has your child had a sight test?.....
- Has your child undergone a two year check by the health visitor?.....