**Registration Form**

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| --- | --- |
| **Security** | |
| Please supply a security password which can be used to validate your identity as well as that of any authorised contacts for your child |  |

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| --- | --- |
| **Child’s Information** | |
| 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.

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| --- | --- | --- |
| **Parent/Carer Information** | | |
|  | Person 1 | Person 2 |
| 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 |  |  |
| Add above parent/carer to tapestry | Yes / No | Yes / No |
| 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 |
| Please state who you would like adding to tapestry. |  |  |

\*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.

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| **Child’s Medical and Wellbeing Information** | |
| NHS Number\* |  |
| GP Name |  |
| GP Surgery |  |
| GP Telephone Number |  |
| Health Visitor’s Name |  |
| Other known medical professionals (speech therapist, etc) |  |
| Social Care Worker if applicable |  |
| Allergies |  |
| Known illness/ongoing health problems |  |
| Prescribed medication |  |
| Dietary restrictions |  |
| Disabilities |  |
| Has your child had chickenpox? |  |
| 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.

**Please list all siblings and schools they attend**

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| --- | --- | --- |
| **Name** | **DOB** | **School** |
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| **Child’s Immunisation Information** | | |
| Age Generally Inoculated | Immunisation Type | Date Given |
| 8 weeks | DTaP/IPV/Hib/HepB |  |
|  | Men B |  |
|  | Rotavirus |  |
| 12 weeks | DTaP/IPV/Hib/HepB |  |
|  | PCV |  |
|  | Rotavirus |  |
| 16 weeks | DTaP/IPV/Hib/HepB |  |
|  | Men B |  |
| 12 months | Hib/Men C booster |  |
|  | MMR (1st dose) |  |
|  | PCV booster |  |
|  | Men B booster |  |
| 3 – 5 years | MMR (2nd 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>.

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| --- | --- | --- |
| 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 |  |  |

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

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| **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: |

|  |  |  |
| --- | --- | --- |
| **GDPR and Safeguarding Consent Form**  **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.** | Opt in | Opt out |
| Authorise medical treatment for your child with a GP and/or Hospital in the event of an emergency |  |  |
| Apply sun cream to your child |  |  |
| Apply sudocream or other creams to your child if needed (sudocream cream must be supplied by parent/carer) |  |  |
| Apply teething gel to your child (teething gel cream must be supplied by parent/carer) |  |  |
| Apply plasters to your child (please also let us know if your child is allergic to plasters) |  |  |
| Help your child change their clothes |  |  |
| Let your child use the paddling pool (under supervision) |  |  |
| Take your child out on short outings in the local area, i.e., beach, park, shops, etc.? |  |  |
| Take your child on local bus services |  |  |
| I agree for my child’s name to be displayed around the setting. |  |  |
| I agree for my child’s photo to be displayed around the setting. |  |  |
| Allow photos to be taken by parents at special events |  |  |
| I agree for photos and videos to be used in mine and other children’s learning journal (Tapestry). Each Tapestry is private to you. It will only be seen by you, the key person, the room leader and manager. |  |  |
| I agree not to upload photos from tapestry to private social media accounts that have children other than my own. |  |  |
| I agree for my child’s photo to appear on the public Little Love Lane Pre-school and Nursery CIC’s Facebook page. |  |  |
| Take and display photos of your child on the premises? |  |  |
| 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 or videos to be used for promotional purposes? |  |  |
| I agree for my child’s first name to appear in newspaper articles, social media articles and our website. |  |  |
| I agree for my child’s photo to appear in newspaper articles, social media articles and our website. We will inform you prior also. |  |  |
| I agree to allow my child’s details to be entered as data on our information systems for the register and fees? (Superfox) |  |  |
| 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. |  |  |

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

Declaimer \*I cannot be held liable if a family takes photos from tapestry and uploads them to their social media account. This does go against the agreement above meaning if we have evidence of this, we will take action.

Parent/carer name:

Parent/carer signature:

**Session Booking Form**



|  |  |
| --- | --- |
| Child’s Full Name: |  |
| Child’s Date of Birth: |  |

|  |  |
| --- | --- |
| Start Date |  |
| End Date |  |
| Term Only | (please tick) |
| Full time  (50 weeks) | (please tick) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **0-2 years old** | **2 years old** | **3-4 years old** |
| Child’s age at registration |  |  |  |

|  |  |
| --- | --- |
| 3–4-year-old pupil premium no: |  |
| 2-year-old funded reference no: |  |
| 30-hour code |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sessions** | **Times** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** |
| Breakfast Club | 07.45 - 09:00 |  |  |  |  |  |
| Morning Session | 09:00 - 12:00 |  |  |  |  |  |
| Afternoon Session (includes Lunchtime) | 12:00 - 15:00 |  |  |  |  |  |
| After School Club | 15:00 - 18:00 |  |  |  |  |  |

Please write the agreed hours in the columns if the hours are different to the above.

Bookings are flexible- hours other than above sessions may be agreed by Manager. Please write hours in boxes that you would like.

I hereby agree to pay all fees and charges incurred for childcare provided by Little Love Lane for the child named above for whom I have Parental Responsibility under the Children Act 1989:

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

Please Note: No bookings are definite until confirmed by the Manager.

**All about me**

**This form will be imputed onto tapestry. When there is a change in routine, please inform us and update it on tapestry please.**

*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?.............
* Has your child had chicken pox?.................................................
* Your child’s base temperature? (this is the temperature they have when well, it varies from child to child) …………………....................................

Health Summary for parents to fill in:

Child’s Name …………………………………………………………

|  |
| --- |
| Is your child: (Please circle) |

|  |  |  |
| --- | --- | --- |
| Registered with a GP **Yes/No** | Registered with a dentist  **Yes/No** | Under the care of any other professional: **Yes/No**  **Name of professional:**  **Department:** |

|  |
| --- |
| Do you have any concerns about your child’s: (please circle ) |

|  |  |  |
| --- | --- | --- |
| Walking **Yes/No**  Sight **Yes/No** | Talking **Yes/No**  Happiness **Yes/No** | Hearing **Yes/No**  Development **Yes/No** |

|  |
| --- |
| Would you like help with your child’s (please Circle) |

|  |  |  |
| --- | --- | --- |
| Eating and healthy weight:  **Yes/No** | Toilet training:  **Yes/No** | Hearing:  **Yes/No** |
| Sight  **Yes/No** | Any other help : **Yes/No** | Please specify any other help : |

|  |
| --- |
| Early Help; stopping small issues from becoming big problems would you like:  (please Circle) |

|  |  |  |
| --- | --- | --- |
| Any advice from early year:  **Yes/No** | Any advice from your health visitor : **Yes/No** | Referral to your local sure start children’s centre: **Yes/No** |
| Referral to your local Hub  **Yes/No** | Any other support:  **Yes/No** | Please specify any other support |