



CHARLTON MACKRELL Church of England PRIMARY SCHOOL

Preschool Registration Form

Charlton Mackrell Church of England Primary School

Bonfire Lane, Charlton Mackrell, Somerton, Somerset TA11 7BN

Tel: 01458 223329 email: office@charltonmackrell.somerset.sch.uk

Ofsted no: 123746

Child's details

Start date of joining the setting: _____

Child's first name(s) _____ Surname _____

Name known as _____

Child's full address _____

Gender _____ Date of birth _____ Birth certificate seen and copy made Yes No

Family details

Name of parent(s)/carer(s) with whom the child lives: _____

Names and ages of siblings: _____

Contact details 1 (including emergency information):

Parent/carer full name _____ Date of birth _____

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

Contact details 2 (including emergency information):

Parent/carer full name _____ Date of birth _____

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

Contact details 3 (including emergency information):

Parent/carer full name _____ Date of birth _____

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

Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and/or an order is in place.*

Name _____

Address _____

Contact telephone numbers _____

Relationship to child _____

What are the contact arrangements that we need to be aware of?

Emergency contact details if parents are not available *Emergency contacts must be local.*

Contact 1 - Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Contact 2 - Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____

Persons other than parent(s) authorised to collect the child *Must be over 16 years of age. Please note that if the authorised person is not a person indicated in the child's registration form , staff will check before releasing the child.*

Person 1 – Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____

Person 2 - Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____

Person 3 - Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____

Password for the collection of child by authorised persons _____

About your child

The following information will tell us a little more about your child. During ‘play and stay’ visits and during we will establish their starting points with you.

Does your child have previous experience of attending a childcare setting? If so, please specify:

Health and development

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

Is your child known to have any allergies or food intolerances? If so, please specify:

A risk assessment will be completed and kept on the child’s file for any known allergies or food intolerance as mentioned above.

What are your child’s dietary requirements? Please specify:

Please refer to our Food and Drink Policy.

If your child is aged three years or over, does he or she have difficulty with any of the following:

- | | | | | |
|-----------------------------------|-----|--------------------------|----|--------------------------|
| Speaking and communicating | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Listening and attending | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Understanding simple instructions | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Eating and drinking | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Sitting and sharing a book | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Walking and climbing | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Rolling a ball | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Holding a crayon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Socialising with adults and other children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Putting on their shoes and socks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any other concerns:

Does your child have any special needs or disabilities? If so, please specify:

Are any of the following in place for the child?

Early Years Action	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Early Years Action Plus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Statement of special educational need	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

What special support will he/she require in our setting?

Two year old progress check – children aged 24 – 36 months

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

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.

Two year old health check – with Health Visitor

We work in partnership with the local health visiting team. This enables us to offer the two year old health check to be completed at the Preschool. The office will be made available for the forms to be signed and further conversations/discussions to take place.

Please give your preferred option below for Preschool to discuss your child with his/her Health visitor

Yes I agree to the above statement No I do not agree to the above statement

Cultural background

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

Does your child need a bilingual support plan?

Yes No

If so we can work together to support your child when settling-in:

General information

What is your child's usual sleep pattern?

Does your child have any food preferences?

Yes No

Does your child have a pacifier e.g dummy or thumb?

Yes No

Does your child have a special toy or object they might bring with them?

Yes No

What sort of things does your child enjoy doing at home, e.g. drawing or cooking?

Any fears?

Toilet training?

Do you have any family pets please give details and names of pets: _____

Details of professionals involved with your child

GP

Name _____ Telephone _____
Address _____

Health Visitor (if applicable)

Name _____ Telephone _____
Address _____

EHA

Is there or has there been an Early Help Assessment (EHA) in place for the child or family? Yes/No
If yes who is the Lead Professional? Contact name and number:

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. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.*

Dentist (if applicable)

Name _____ Telephone _____
Address _____

Any other professional who has regular contact with your child

Name 1 _____ Role _____
Agency _____ Telephone _____
Address _____

Name 2 _____ Role _____
Agency _____ Telephone _____
Address _____

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. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence. Yes/No

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

I give permission for a named member of staff who has been appropriately trained to administer the inhaler/Epipen or Anapen supplied by myself.

The named staff are:

-
-

Nappy cream

I give permission for nappy cream **supplied by me** to be administered when required, in accordance with manufacturer's instructions.

Sun-cream

I give permission for staff to administer hypoallergenic sun-cream when necessary and to record its use. A small charge is made if I do not supply my own.

Plasters

I give permission for staff to apply plasters when necessary

Sharing of information to subsequent settings

I give permission for staff to pass on information, assessments and photos of my child to another childcare setting or school as and when my child leaves Preschool.

Short trip - general outings

Your child may be taken out of our setting as part of the daily activities. The venues used are detailed here:

Charlton Mackrell Village Church, Charlton Adam Village Church, Charlton Mackrell Court and walks in the local environment. Hallr Woods.

I give permission for my 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 taken and are available for me to see as required. For any major outings, I understand I will be informed and my specific consent obtained.

Photographs/videos

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs/videos of the children during their play. **Your child's image may be in photos that are used in other children's Learning Journeys**, allowing friendship groups to be apparent and encouraging discussion about peers.

Images of your child may be used on the school social media; the school web site, twitter, local newspapers and for training, publicity or marketing purposes.

Only cameras or tablets supplied by the setting/school are used for this purpose. Photographs taken are used on the online Tapestry Learning Journal, within the setting for display or by the school on their social media/web sites.

At no time is it acceptable for any group photos/videos to be uploaded to personal social media/internet sites without consent of all the parents/carers of all the children identifiable in the photos. Parents have a duty to protect images of other children that may appear in any photos contained in their child's Learning Journey.

Photos are stored on the setting's computer, tablet and the Tapestry online Learning Journal only; we only store images during the period your child is with us plus 1 year or through their time at Charlton Mackrell School plus 1 year. All images of all children are stored securely; relevant to their learning development; limited to show working examples and adequate to meet the EYFS data evidence.

Please give permission for your child to have her/his photo taken as per the above

Yes I agree to the statement above No I do not agree the statement above

On-line safety

I am aware that I will be provided with an acceptable usage policy and once I have read to it I will sign: if I agree to allow staff to access the internet with my child to find information to support learning and development.

Animals

We may occasionally have supervised visits of animals to our setting.

Please state below any known allergies or aversion to animals:

Key person - 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 up-to 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, although the manager is always available should you wish to

Speak directly with her. Your child will be observed and assessed on a regular basis. You will be provided with termly assessments and invited to agree 'next steps'/developmental targets for child. We are here to work in partnership with you.

Your child's Key worker is; _____ . The Key worker will be your initial liaison member of staff to speak with about any concerns or issues you may have. If your child's key worker is not in you may still approach any member of staff and they will be able to support you and get back to you if needed.

Communication with Preschool

We do our best to ensure that everybody is well informed and has equal access to information. We communicate in various ways; face-to-face, phone, email or letters and Parentmail. We have access to a translation service should this be required. We are aware that not all parents have the luxury of being able to drop-off and collect their children from Preschool. Individual Child Liaison books are available for children who attend multiple settings or have health care needs that need to be monitored

Safeguarding advice and concerns

I give permission for the setting's Designated Safeguarding Lead to contact and share information with the Local Authority should they have any safeguarding concerns or require specific advice regarding my child.

Declaration: I hereby declare that the details and information supplied in this form are true and correct to the best of my knowledge and I will inform you of any changes in circumstance or detail, at the soonest possible time.

Parent name _____

Signed _____ Date _____

Funding

There will be a one off initial set up administration fee of £5 to be invoiced with first month's fees. Funding forms will be given out 3 times in the year for parents/carer to check and sign for their child's claimed for hours these forms once signed need to remain in the school office. Snack fee of 30p per session your child attends, will be added to the invoice to cover the cost for a snack and drink of milk.

Fees will be invoiced termly in advance and need to be paid to guarantee your child's place. Fees should be paid through the parentmail system.

Please tick below what applies to you:

Universal 15 hours (term after your child turns 3 years old)

Extended hours (30 hours)

Universal 15 hours (for 2 year olds)

Self-funded (you are paying for your child's sessions until they are Eligible for universal or extended hours.

Please provide your national insurance number which is linked to your child's free hour's claim so that we can confirm this and claim the hours on your behalf. _____

When you are entitled to free hours you will be issued with an 11 digit code that you need to log onto the government gateway and renew/confirm when prompted to do so. It is your responsibility to renew this code and if you fail to do so in time you will be invoiced and required to pay for those hours.

Session request

Preferred start date: _____

Please tick the sessions you would like your child to attend:

Morning (9am – 12pm) Monday Tuesday Wednesday Thursday Friday

Afternoon (12pm – 3pm) Monday Tuesday Wednesday Thursday Friday

If your child is attending in the afternoon sessions don't forget to bring a packed lunch for them.

Please speak to the Preschool staff to arrange a couple of stay and play sessions before your child's start date.

Equalities monitoring form

Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>
Other please state	<hr/>		

A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need	<input type="checkbox"/>
Early Years Action	<input type="checkbox"/>
Early Years Action Plus	<input type="checkbox"/>
Statement	<input type="checkbox"/>

Providers should refer to the SEN Code of Practice for an explanation of the terms above.