Pangbourne Valley Playgroup Registration Form

Pangbourne Valley Playgroup

Kennedy Drive

Pangbourne

Berkshire

RG8 7LB Registered Charity 1039967

Telephone 0118 9841661 Ofsted Registration 110733

e-mail: pvpg.enquiries@gmail.com Data Protection PZ933890X

|  |
| --- |
| **Child Information** |
| First Name (s): |  |
| Middle Name(s): |  |
| Last Name: |  |
| Known as: |  |
| Date of Birth: |  |
| Gender: |  |
| Birth certificate seen and copy made (For internal use): |  |
| Full Address:  |  |
| Postcode: |  |

|  |
| --- |
| **Primary Carer Information** |
| Relationship to Child:  |  |
| First Name:  |  |
| Last Name: |  |
| Home Phone: |  |
| Work Number: |  |
|  Mobile Phone: |  |
|  E-mail: |  |
| Full Address (if different to child):  |  |
| Post Code (if different to child): |  |
| Work Address: |  |
| Does this parent have parental responsibility for the child? | Yes [ ] No [ ]  |

|  |
| --- |
| **Secondary Carer Information:** |

|  |  |
| --- | --- |
| Relationship to Child:  |  |
| First Name:  |  |
| Last Name: |  |
| Home Phone: |  |
| Work Number: |  |
|  Mobile Phone: |  |
|  E-mail: |  |
| Full Address (if different to child):  |  |
| Post Code (if different to child): |  |
| Work Address: |  |
| Does this parent have parental responsibility for the child? | Yes [ ] No [ ]  |

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

|  |
| --- |
| **Additional Carer Information (if applicable)** |

|  |  |
| --- | --- |
| Relationship to Child:  |  |
| First Name:  |  |
| Last Name: |  |
| Home Phone: |  |
| Work Number: |  |
|  Mobile Phone: |  |
|  E-mail: |  |
| Full Address (if different to child):  |  |
| Post Code (if different to child): |  |
| 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 an S8 Order is in place.*

|  |  |
| --- | --- |
| Relationship to Child:  |  |
| First Name:  |  |
| Last Name: |  |
| Home Phone: |  |
| Work Number: |  |
|  Mobile Phone: |  |
|  E-mail: |  |
| What are the contact arrangements that we need to be aware of? |  |

 |

**Emergency Contact details if parents/carers are not available** *Emergency contacts must be local*

**Contact 1**

|  |  |
| --- | --- |
| Relationship to Child:  |  |
| First Name:  |  |
| Last Name: |  |
| Home Phone: |  |
| Work Number: |  |
|  Mobile Phone: |  |

**Contact 2**

|  |  |
| --- | --- |
| Relationship to Child:  |  |
| First Name:  |  |
| Last Name: |  |
| Home Phone: |  |
| Work Number: |  |
|  Mobile Phone: |  |

**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 the person indicated on the daily signing in/out sheet,staff will check before releasing the child.*

**Contact 1**

|  |  |
| --- | --- |
| Relationship to Child:  |  |
| First Name:  |  |
| Last Name: |  |
| Home Phone: |  |
| Work Number: |  |
|  Mobile Phone: |  |
| Password for the collection of child by authorised person: |  |

**Contact 2**

|  |  |
| --- | --- |
| Relationship to Child:  |  |
| First Name:  |  |
| Last Name: |  |
| Home Phone: |  |
| Work Number: |  |
|  Mobile Phone: |  |
| Password for the collection of child by authorised person: |  |

**Details of any persons who are specifically not permitted to pick up your child. Please provide photos.**

|  |  |
| --- | --- |
| *Person 1*- Name |  |
| Relationship to child |  |
| *Person 2*- Name |  |
| Relationship to child |  |

**About your child**The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.

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

|  |
| --- |
|  |

*Health and development*

Has your child received the following immunisations?*Please confirm and provide date of immunisations given.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Two months old** | 5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilusinfluenzae type b (Hib). | Yes □ No □ | Date: |  |
|  | Pneumococcal (PCV) vaccine. | Yes □ No □ | Date: |  |
|  | Rotavirus vaccine. | Yes □ No □ | Date: |  |
| **Three months old** | 5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilusinfluenzae type b (Hib). | Yes □ No □ | Date: |  |
|  | Meningitis C vaccine. | Yes □ No □ | Date: |  |
|  | Rotavirus, second dose. | Yes □ No □ | Date: |  |
| **Four months old** | 5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilusinfluenzae type b (Hib). | Yes □ No □ | Date: |  |
|  | Pneumococcal (PCV) vaccine, second dose. | Yes □ No □ | Date: |  |
| **Between 12 and 13 months old** | Hib/Men C booster - Haemophilus influenza type b (Hib), forth dose and meningitis C, second dose. | Yes □ No □ | Date: |  |
|  | MMR vaccine – mumps, measles and rubella. | Yes □ No □ | Date: |  |
|  | Pneumococcal (PCV) vaccine, third dose. | Yes □ No □ | Date: |  |
| **Two to three years** | Flu vaccine | Yes □ No □ | Date: |  |
| **Three years and four months or soon after** | MMR vaccine, second dose – mumps, measles and rubella. | Yes □ No □ | Date: |  |
|  | 4-in-1 (DTaP/IPV) pre-school booster -diphtheria, tetanus, pertussis (whooping cough) and polio. | Yes □ No □ | Date: |  |
| *For internal use:*Has the child’s health record book been seen to confirm immunisation dates? Yes □ No □ |
| 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: |
|  |
| *It is our usual practice to provide a healthy snack, which always includes but is not restricted to fruit or vegetables. If applicable we provide both a meat and vegetarian option. If this is not in-keeping with your child’s dietary requirements, please discuss this with our setting manager to ensure that we are working in partnership to meet your child’s needs. 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 | □ | No | □ |
| Listening and attending | Yes | □ | No | □ |
| Understanding simple instructions | Yes | □ | No | □ |
| Eating and drinking | Yes | □ | No | □ |
| Sitting and sharing a book | Yes | □ | No | □ |
| Walking and climbing | Yes | □ | No | □ |
| Rolling a ball | Yes | □ | No | □ |
| Holding a crayon | Yes | □ | No | □ |
| Socialising with adults and other children | Yes | □ | No | □ |
| Using the toilet | Yes | □ | No | □ |
| Putting on their shoes and socks | Yes | □ | No | □ |
| Any other concerns: |
|  |
| Does your child have any special needs or disabilities? If so, please specify: |
|  |
|

|  |
| --- |
| If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, CAMHS, Speech and Language Therapist, etc: |
|  |

 |
| What special support will he/she require in [our/my] 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. We will ask you to be involved in completing the check and will discuss it with you.  |
| *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, discuss and agree with the key person how we can work together to support your child when settling-in: |
|  |
| *General information* |
| Does your child have any food preferences? | Yes | □ | No | □ |
| Does your child have a pacifier i.e. 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, i.e. drawing or cooking? |
|  |
| What other information is it important for us to know about your child? For example, what they like, or what fears they may have, or any special words they use. |
|  |

**Details of professionals involved with your child**

*GP*

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

*Health Visitor (if applicable)*

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

*Social Care Worker (if applicable)*

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Printed name |  |

*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(suppliedby me)to |  | (*name of child*).  |
| The named staff are: |
|  |
|  |
| Signed |  | Date |  |
| Printed name |  |

*Nappy cream*

|  |  |
| --- | --- |
| I give permission for nappy cream (supplied by me) to be administered to |  |
| *(name of child*) when required, in accordance with manufacturer’s instructions. |
| Signed |  | Date |  |
| Printed name |  |

*Paracetemol based medicine (e.g. Calpol or Sudafed)*

|  |
| --- |
| I give permission for staffto administer paracetamol based products (e.g. Calpol) to |
|  | *(name of child*) in the case of a raised temperature and on the |
| understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the setting’s procedures on the administration of medicines. |
| Signed |  | Date |  |
| Printed name |  |

*Suncream*

|  |
| --- |
| I give permission for staff to administer suncream(supplied by me) to |
|  | (*name of child*) when necessary and to record its use. |
| Signed |  | Date |  |
| Printed name |  |

*Facepaints*

|  |
| --- |
| I give permission for staff to apply facepaints to |
|  | (*name of child*) on occasion when requested. |
| Signed |  | Date |  |
| Printed name |  |

*Short trip - general outings*

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

|  |
| --- |
| The village, the recreation ground, the allotments and the meadow |

|  |  |  |
| --- | --- | --- |
| 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 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Printed name |  |

*Photographs*

As part of the on-going recording of our curriculum and for children’s individual development records, staff regularly takephotographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child’s records within the setting. We are happy to provide duplicate photos of your child to you if requested. We may also record events and activities on video. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use.

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

*GDPR*

I give permission for my email address to be stored, and used by PVPG to contact me for general updates, billing and session confirmations.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Printed name |  |

*Animals*

We may occasionally have supervised visits of animals to our/my setting:

|  |
| --- |
| A risk assessment will be carried out for visiting animals, and parents informed. |
| Please state below any known allergies or aversion  |  | (name of child) has to animals: |
|  |
| Signed |  | Date |  |
| Printed name |  |

**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 ensurethat 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.

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

*To be completed by the key person:*

|  |  |  |
| --- | --- | --- |
| Date starting at  |  | *(name of provider)* |
| Days and times of attendance |  |
|  |
| Are any fees payable? If so, note here |  |
| Has the settling-in process been agreed? Yes □ No □If so, please specify: |
|  |
| Policies and proceduresI have been provided with details of Pangbourne Valley Playgroup’s early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent. |
| Signed |  | Date |  |
| Printed name |  |
| Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise. |
| Parent name  |  |
| Signed |  | Date |  |
|  |
| Name of key person |  |
| Signed |  | Date |  |
| Name of manager |  |
| Signed |  | Date |  |
| Date of first review  |  |

**Equalities monitoring form**

|  |
| --- |
| *Ethnicity* -*Gathered for monitoring purposes only. Parents are not obliged to complete this data.* |
| White British | □ | Pakistani | □ |
| White Irish | □ | Indian | □ |
| White other | □ | Asian other | □ |
| Black British | □ | Chinese | □ |
| Black African | □ | Chinese other | □ |
| Black Caribbean | □ | White and Black Caribbean | □ |
| Black Other | □ | White and Black African | □ |
| Bangladeshi | □ | White and Black Asian | □ |
| Other please state |  |

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

|  |  |
| --- | --- |
| No special educational need | □ |
| Sen Support | □ |
| Education, Health & Care Plan | □ |

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