

Pangbourne Valley Playgroup Registration Form

Pangbourne Valley Playgroup
Kennedy Drive
Pangbourne
Berkshire
RG8 7LB Registered
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Charity 1039967
Ofsted Registration 110733
Data Protection PZ933890X

Child Information

First Name (s):	
Middle Name(s):	
Last Name:	
Known as:	
Date of Birth:	
Gender:	
Birth certificate seen (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 <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>

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.

<i>Person 1- Name</i>	
Relationship to child	
Reason eg. Court order	
Evidence seen (Y/N)	

<i>Person 2- Name</i>	
Relationship to child	
Reason eg. Court order	
Evidence seen (Y/N)	

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.

6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	1 st Dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	2 nd Dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	3 rd Dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
Pneumococcal (PCV) vaccine.	1 st Dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	2 nd Dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	3 rd Dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
Rotavirus vaccine.	1 st Dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	2 nd Dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
Meningitis B vaccine	1 st Dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	2 nd Dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	3 rd Dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
Meningitis C vaccine.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
MMR vaccine – mumps, measles and rubella.	1 st Dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	2 nd Dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
Flu vaccine		Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
4-in-1 (DTaP/IPV) pre-school booster -diphtheria, tetanus, pertussis (whooping cough) and polio.		Yes <input type="checkbox"/> No <input type="checkbox"/>	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

Does your child have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance? Yes No

Do you have any concerns about your child's learning and development? Yes No

If yes, please add details:

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:

To support the children with their learning and exploring we will occasionally offer snack or take part in cooking activities, 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:

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

Commented [MB1]: @Emma Carney what do we want to do about this one?

Commented [MB2R1]:

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

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?

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?

Yes No

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

Yes No

Yes No

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? *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 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(supplied by me) to _____ (*name of child*).

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 _____

Paracetamol based medicine (e.g. Calpol or Sudafed)

I give permission for staff to 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 planned 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 take photographs 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 _____

Tapestry

We use an online learning journal called 'Tapestry' to monitor and record your child's learning and progress. I give permission for my child to be added to this system.

Signed _____ Date _____

Printed name _____

Animals

We may occasionally have supervised visits of animals to our 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. Your child will be allocated a key person either before their home visit or on their first session (depending which happens first). 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.

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 procedures

I 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.

Ethnic Origin is classified as special category of data under data protection legislation and we require your consent in order to process and store this information. The Privacy Policy explains how the data provided in this form will be used and explains your rights with respect to the information given.

Privacy Notice

I confirm that I have received a copy of the Privacy Notice and give my consent to the processing of special category data.

Signed: _____

Date: _____

- | | | | |
|-----------------|--------------------------|---------------------------|--------------------------|
| 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 _____

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.