

### 09.1c Childcare and early education registration form



#### REGISTRATION DETAILS

Tolleshunt D'Arcy Pre-school  
At Tolleshunt D'Arcy St. Nicholas C of E Primary Academy  
Tollesbury Road  
Tolleshunt D'Arcy  
Maldon  
CM9 8UB

Tel. 01621 868948  
Email: [enquiriesdps@gmail.com](mailto:enquiriesdps@gmail.com)

Registered No: 07556040 Registered Charity No: 1146436

#### Communication with Parent(s)/Carers:

In the interest of the environment, our preferred method of forwarding correspondence is by email. If you would prefer to receive a paper copy instead, please tick [ ]

#### Child's details

Child's first name(s) \_\_\_\_\_ Surname \_\_\_\_\_  
Known as or preferred name \_\_\_\_\_  
Child's full address \_\_\_\_\_  
Post Code \_\_\_\_\_  
Gender \_\_\_\_\_ Date of birth \_\_\_\_\_

#### Family details

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

#### Contact details 1:

Parent/carers full name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Does this parent have parental responsibility for the child? Yes ☐ No ☐

**Contact details 2:**

Parent/carer full name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Home telephone \_\_\_\_\_ Email \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

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 or divorced and a Section 8 Order is in place.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact telephone numbers \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
What are the legal contact arrangements that we need to be aware of?

**Name of person(s) collecting your child regularly** \_\_\_\_\_

**Emergency contact details/Persons authorised to collect the child (if parents are not available)**

Emergency contacts **must be local** and over 16 yrs of age. Please note that if another person is collecting the child you must indicate who this is on the signing in/out sheet. If somebody other than that authorised person or the person who brought the child in to pre-school comes to collect, we will check before releasing the child. Late changes to the collecting person should be notified by telephone and a password used on collection.

*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 \_\_\_\_\_

**Password for the collection of child by authorised persons** \_\_\_\_\_

**Please make us aware if there are any legal orders in place for contact for 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.

If your child attends **another childcare setting or childminder**, please specify:

**Health and development**

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

<b>8 weeks</b>	<b>DTaP/IPV/Hib/HepB and MenB and Rota</b> (diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae b (Hib), hepatitis B, meningococcal B and rotavirus vaccine).	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
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<b>12 weeks</b>	<b>DTaP/IPV/Hib/HepB and PCV and Rota</b> (diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae b (Hib), hepatitis B, pneumococcal conjugate vaccine and rotavirus vaccine).	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
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<b>16 weeks</b>	<b>DTaP/IPV/Hib/HepB and MenB</b> (diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae b (Hib), hepatitis B, meningococcal B vaccine)	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
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<b>One year</b>	<b>Hib/MenC and MenB and PCV</b> (Haemophilus influenza b (Hib) meningitis C, meningococcal B and pneumococcal conjugate vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
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	<b>MMR</b> vaccine – mumps, measles and rubella.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
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<b>Annually from 2 years</b>	<b>Influenza</b> vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
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**Three years and four months**

**MMR** vaccine, second dose – mumps, measles and rubella.

Yes ☐ No ☐ Date:

**DTaP/IPV or dTaP/IPV** (diphtheria or low dose diphtheria, tetanus, pertussis (whooping cough), polio vaccine) PRE-SCHOOL IMMUNISATIONS

Yes ☐ No ☐ Date:

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### Normal Body Temperature

Record three observations on different days/times:

Date: Time: Temp (°C)

Date: Time: Temp (°C)

Date: Time: Temp (°C)

Average Temperature:

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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 have a health care plan in place? 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.

We offer the children a healthy snack in line with our Food and Drink Policy. The Department of Health supplies free, one third of a pint of semi-skimmed milk per child each day. If your child does not drink milk, water is always available. On special occasions, such as fundraising events and cultural celebrations, we offer the children a range of sweet and savoury party foods and fruit squash/cordial may also be available. This is in addition to the healthy snack option. If you do not want him or her to be offered certain foods, or if your child has any special dietary requirements, please specify:

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

Yes ☐ No ☐

Speaking and communicating				
Listening and attention	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? Are they in receipt of Disability Living Allowance?  
If so, please specify:

Are any of the following in place for the child?

SEN action plan

Education, Health and Care Plan

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 month 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:

**Details of professionals involved with your child: If none, please tick this box [ ]**

**GP**

Name and Surgery \_\_\_\_\_ Telephone \_\_\_\_\_

**Dentist**

Name and practice \_\_\_\_\_ Telephone \_\_\_\_\_

**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.

**Any other professional who has regular contact with the child**

Name \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

## General parental permissions

### Emergency treatment declaration

In the event of an accident or emergency involving your child every effort will be made to contact you immediately. Emergency services will be called as necessary and your child may be taken to hospital accompanied by the manager or authorised deputy for emergency treatment. Health professionals are responsible for any decisions on medical treatment made in your absence.

I give permission for the emergency services to be called and treatment provided, as deemed necessary, by the health professionals for

\_\_\_\_\_ (name of child)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

### Sunscreen

During hot weather, you are asked to apply sunscreen to your child before they come to pre-school. Should we feel the need to top-up we will use the hyper-allergenic supply we have at school or the sunscreen supplied by you. We need your permission for staff to administer this sunscreen when necessary (please tick box where applicable).

I give permission for pre-school's sunscreen [ ] to be applied

I give permission for my supply of sunscreen [ ] to be applied to

\_\_\_\_\_ (name of child)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

### Short trip - general outings

The pre-school has occasional outdoor activities/visits where your child would be taken off the premises. Individual risk assessments are carried out for each type of trip or outing taken and are available for you to see as required. For any planned outings, you will be informed and your specific consent obtained.

I give permission for \_\_\_\_\_ (name of child) to be taken off the premises for occasional outdoor activities/visits.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

### Internet Access

I give permission for staff to access the internet with my child in the session for the purposes of promoting their learning. (Please refer to our E-Safety Policy, available on our website, for further information).

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 the camera and iPad supplied by the setting are used for this purpose. Photographs taken are used for display and for your child's learning journals within the setting. Your child may appear in photos used for other children's learning journals as part of a group or paired photo. We are happy to provide duplicate photos of your child to you if requested. We may also record events and activities on video. Photos/videos are stored on the setting's computers only and are deleted when your child leaves.

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 \_\_\_\_\_

## Animals

We may occasionally have pets and supervised visits of animals at pre-school.

We will ensure that our pets are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals.

Please state below any known allergies or aversion or write none \_\_\_\_\_ (name of child) has to animals:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

**You can withdraw consent for any parental permission by doing so in writing to us at any time.**

## Policies and procedures

The Policies and Procedures are available on our website [www.tolleshuntarcy-pre-school.co.uk](http://www.tolleshuntarcy-pre-school.co.uk). Please sign to say you have read and understood the policies and procedures, and understand our responsibilities that there may be circumstances where information is shared with other professionals or agencies without your 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 \_\_\_\_\_

Updated January 2025

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Ethnicity Data** *Gathered for monitoring purposes only. Parents are not obliged to give this information.*

Name of Child: .....

Ethnic origin is classified as special category of data under the 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 processed and explains your rights with respect to the information given.

**Privacy Notice**

I confirm that I have read the Privacy Notice on the Pre-school website 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	<hr/>		

Please tick box if you do not wish to complete this data. [   ]