



CHANDLERS CHATTERS PLAYGROUP/PRESCHOOL REGISTRATION FORM

First Name: Name by which your child is known/prefers: Gender: M / F Date of Birth: dd / mm / yyyy	Surname: (Family name as on Birth certificate) [Office Use Only] Birth Cert. Seen: Y / N Cert. #:	2yr Old/ 30 Hr. Funding Code:
Address: Post Code:	Home Phone #: Email Address:	
Parent's Names:	Mother's Full Name: Father's Full Name:	Mobile No. Mobile No.
Name of Person with Parental responsibility:		
Additional Contact Numbers:	1.	2.
Ethnic Origin:	EAL – First Language:	
Religion:	Language spoken at home:	

PASSWORD:

In the interests of safety, the Password to be used when you (or one of your nominated people) are unable to pick up your child at the end of a Playgroup Session will be:	=
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MEDICAL DETAILS:

Doctor's Name:	Address:	Tel No.
Health Visitor's Name:	Address:	Tel No.

Immunisations up to Date:	YES/NO
Is your child on any long-term medication. (If yes please provide details)	YES/NO
Does your child have any medical conditions we should be aware of (e.g. Asthma, Eczema etc.) If yes please provide details and advise us if special training is required to meet your child's medical needs)	YES/NO
Does your child have any allergies or Food Intolerances (If yes please provide details and reactions/symptoms to look for)	YES/NO
Does your child have any special dietary requirements for religious purposes. (If yes please provide details)	YES/NO
Does your child have any diagnosed Special Needs and/or need any additional support. (If yes please provide details)	YES/NO
Are there any other professionals involved with your child? E.g Speech Therapist, Paediatrician, Social Worker etc, (If yes please provide details)	YES/NO
Will your child be attending any other childcare setting as well as Chandlers Chatters Playgroup (If yes please provide details)	YES/NO
Has your child previously attended a Childcare Setting. (If yes please provide details)	YES/NO
If you have any other concerns please use the space provided	

2. (Optional) If you are a single parent family please would you kindly advise us if your child has contact with the other parent. This information is provided in confidence and enables staff to be sensitive when making mothers/fathers' day cards etc. _____

Emergency Arrangements:

Please read the following very carefully – this statement will give the Playgroup permission to act in loco parentis in the event of us being unable to contact anyone from the above contact lists.

I give Chandlers Chatters Preschool Playgroup the authority to act on my behalf if my child should be taken ill or injured during his/her time at the Group. Action to be taken in these circumstances might include taking your child to hospital or to see a doctor. All parents should be assured that the Group has only the best interests and welfare of the child at heart and would only take these steps if parents/carers/guardians cannot be contacted.

If you have any other wishes with regard to emergency procedures, please make these known below:

.....
.....

Signed: Print Name:

Relationship to Child: Dated:.....

Uncollected Children

If for any reason your child is not collected at the end of any session you should understand that:

- We will try all emergency numbers on your child’s records. If we fail to get any response from any of these telephone numbers we would have to inform social services so they can deal with the situation.
- The Playgroup does not have the necessary Insurance to take your child to any address, and it is not ethical for members of staff to have sole responsibility for a child at the end of any session.

Please sign below to indicate that you have been made fully aware of the conditions regarding collecting your child from Playgroup.

Signed.....Date.....

Permissions: (Please answer all statements)

CCTV I DO/DO NOT (Please delete) give permission for my child to be recorded on CCTV cameras in the building for the purposes as described in the CCTV Policy of which I have read on the Website.

Food I DO/DO NOT give permission for my child to eat food at Playgroup which has been provided by the Playgroup. I understand that any food preferences or allergies will be actioned by the staff prior to my child being offered the food.

Learning Journal I DO/DO NOT give permission for any photographs taken of my child to be used in their 'Learning Journal' which records their time with us. We also take group photos of children playing together and these are also placed in your child's Journal. Likewise, a photo of your child may appear in another child's Journal.

Photographs/videos/mobile phone During your child's time at preschool we would like to take photographs as evidence of our work to show other agencies. These photos (**Christian names only**) will be for use within the setting in our photo album, display boards around the setting. We may also use these for our website and facebook page (obscured faces) I DO/DO NOT give consent for photographs to be taken by preschool staff.

Professional Photographer We have a professional that comes in once a year to take Photos of your child (for you to purchase. I DO/DO NOT give consent for my child to be photographed.

Outside Agencies I DO/DO NOT give consent for staff and other agencies such as OFSTED, Area Senco, Health Visitor to carry out and record observations on my child for the purpose of developmental assessment

Outings I DO/DO NOT give consent for my child to be taken off site for short walks or to the park/library/post box etc. as part of preschools activities. I understand additional consent will be requested for major outings

Videos/Mobile Phones/Cameras I DO/DO NOT give consent for the parent audience to record public show events such as Christmas/Easter/Sports Day etc. Parents will be refrained from uploading these on any social networking sites.

Changing Clothes. It may be necessary to change your child's clothing as a result of messy play, wet/soiled clothing etc. I DO/NOT give permission for the preschool to change my child's clothing as required

Nappies I DO/DO NOT give permission for the preschool to change my child's nappy and apply cream if and when required.

Plasters I DO/DO NOT give permission for the setting to put hypoallergenic plaster onto a minor wound if necessary to keep a wound clean.

Transitions To support smooth transitions between ourselves and your child's next setting/School. It is important to share relevant information such as observations, reports and data. I DO/DO NOT give permission for this information to be passed on.

School Please state below the name of the mainstream school that you hope your child will attend in due course.

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Internet The use of Internet at Chandlers Chatters is strictly adult lead and will be used only for educational purpose which will benefit you child's progress. I DO/NOT give permission for my child to use the Internet

Teeth Cleaning I DO/DO NOT give consent for my child to take part I the 'Let's talk about Teeth project. Children will be brushing their teeth when they have finished their lunch

Child's Name.....Parent's Signature.....Date.....

Contracted Hours

Please indicate in the boxes below all the sessions your child is attending.

Day	
Monday Morning 9.00 – 12.00	
Monday Afternoon 12.00 – 2.45	
Monday all day 9.00 – 2.45	
Tuesday Morning 9.00 – 12.00	
Tuesday Afternoon 12.00 – 2.45	
Tuesday all day 9.00 – 2.45	
Wednesday Morning 9.00 – 12.00	
Wednesday Afternoon 12.00 – 2.45	
Wednesday all day 9.00 – 2.45	
Thursday Morning 9.00 – 12.00	
Thursday Afternoon 12.00 – 2.45	
Thursday all day 9.00 – 2.45	
Friday Morning 9.00 – 12.00	

Please note we require 4 weeks' notice for any change to sessions This also applies if you decide you no longer require your child's space. If this is not followed you will be asked to pay for that term's fees.

Signed.....Date.....

I, THE PARENT/GUARDIAN OF..... WISH TO ENROL MY SON/DAUGHTER AT CHANDLERS CHATTERS PRESCHOOL STARTING FROM.....

I UNDERSTAND THAT STAFF WILL RAISE SAFEGUARDING CONCERNS WITH THE LOCAL SAFEGUARDING CHILDREN'S BOARD AND UNDERSTAND THAT STAFF MIGHT DECIDE TO DO THIS WITHOUT MY KNOWLEDGE IF THEY WERE SUFFICIENTLY CONCERNED FOR MY CHILD.

I GIVE MY PERMISSION FOR THE CHILD TO ATTEND HOSPITAL WITH A MEMBER OF CHANDLERS CHATTERS STAFF IN AN EMERGENCY AT THE MANAGERS DISCRETION I HAVE READ, UNDERSTOOD AND AGREE TO THE PRESCHOOL POLICIES AND PROCEDURES AND PARENT CODE OF CONDUCT. (www.chandlerschatters.co.uk)

Parent/guardian's signature.....

Full Name of Parent/Guardian signing and enrolling

child:.....Date.....

WE ARE UPDATING OUR RECORDS TO COMPLY WITH THE NEW DATA PROTECTION STANDARD. WE WILL ONLY USE YOUR PERSONAL INFORMATION IN RELATION TO OUR CHILDCARE SERVICE.

WE WOULD LIKE TO KEEP SENDING YOU INFORMATION ABOUT OUR PRESCHOOL BY E-MAIL/PHONE/FACEBOOK OTHER (as applicable) BUT WE NEED TO BE SURE WE HAVE YOUR PERMISSION TO DO SO. WE KEEP YOUR DETAILS SO THAT YOU CAN RECEIVE IMPORTANT UPDATES AND INFORMATION. WE WILL KEEP YOUR DETAILS SECURE AND WILL NEVER SHARE IT EXCEPT IF REQUIRED TO DO SO BY LAW.

BY TICKING THE BOX, YOU ARE CONSENTING TO US HOLDING AND PROCESSING YOUR DATA AND SENDING INFORMATION.

YOU CAN UNSUBSCRIBE OR CHANGE YOUR CONTACT PREFERENCES AT ANY TIME



Signed.....Date.....