

4.3 Registration form

Barbara Rose Pre-School

It is helpful for key persons or managers to complete this form with the parent(s) when the child starts at the setting.

Basic details

Name of child _____ Date of birth _____

Name known as _____ Gender (male or female) _____

Name of parent(s) with whom the child lives

1

Does this parent have parental responsibility? Yes/No (delete)

2

Does this parent have parental responsibility? Yes/No (delete)

Address

Telephone _____ Mobile _____

Name of parent with whom the child does not live

Does this parent have parental responsibility? Yes/No (delete)

Address

Telephone _____ Mobile _____

Does this parent have legal access to the child? Yes/No (delete)

Emergency contact details

Parent 1 - Work/daytime contact number

Parent 2 - Work/daytime contact number

Any other emergency contact numbers

Name

Telephone

Mobile

Name

Telephone

Mobile

Persons authorised to collect the child (must be over 16 years of age)

Name

Relationship to child

Telephone

Mobile

Name

Relationship to child

Telephone

Mobile

Personal details of child

Does your child have any special dietary needs or preferences? Yes/No (delete)

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family?

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 (delete)

If so, discuss and agree with the key person how you will support your child when settling-in:

Does your child have any special needs or disabilities? Yes/No (delete)

Details _____

Are any of the following in place for the child:

Early Years Action?	Yes/No (delete)
Early Years Action Plus?	Yes/No (delete)
Statement of special educational need	Yes/No (delete)

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

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

Names of professionals involved with child

Name 1	_____	Role	_____
Agency	_____	Telephone	_____
Name 2	_____	Role	_____

Agency	_____	Telephone	_____
Name 3	_____	Role	_____
Agency	_____	Telephone	_____
Do you have a health visitor?		Yes/No (delete)	
Name	_____	Based at	_____
Telephone	_____		_____
Does your family have a social care worker for any reason?			Yes/No (delete)
Name:	_____	Based at:	_____
Tel:	_____		

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. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

To be completed by the key person/manager

Date starting at _____ (name of setting)

Days and times of attendance

Are any fees payable? If so, note here

Name of key person

Name of back up key person

Has the settling-in process been agreed? Yes / No (delete)

If so, detail

Signed by

Parent 1

Key person

Date

Parent 2

Manager

Date or first review

Equalities monitoring form – to be completed by the provider

Ethnicity, where collected, should be recorded according to the following categories:

White – British

- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Mixed – White and Black Caribbean

- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

- Chinese

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Any other ethnic background

- Please state _____

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

No special educational need

Early Years Action

Early Years Action Plus

Statement

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