



Painswick Playgroup
Churchill Way, Painswick, Stroud, Glos. GL6 6RQ
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painswickplaygroup@yahoo.co.uk
URN – 101673 **Charity number - 900465**

REGISTRATION FORM

Personal Information

Full name of child _____

Name child is usually known by _____

Address _____

_____ Post code _____

DoB _____ Gender Male () Female ()

Ethnicity (Not compulsory) _____

Nationality _____

Is English yours/your child's first language? Yes () No ()

Please provide any information you feel we should know in order to provide the best possible care for your child e.g. any religious/cultural preferences/English as an additional language _____

Birth certificate seen and photocopy taken Yes () No ()

Birth certificates are required to be seen so staff can ascertain parental responsibility and legal access when/where necessary.

Other settings attended _____

If your child attends another setting, has said setting completed a two year old progress check on your child? Yes () No ()

School you are hoping your child will attend _____

Family details

Parent/carer 1

Name _____

Address _____

_____ Post code _____

Relationship to child _____

Tel (home) _____ Tel (work) _____

Tel (mobile) _____

Email _____

Does this parent/carer have parental responsibility for said child? Yes () No ()

Parent/carer 2

Name _____

Address _____

_____ Post code _____

Relationship to child _____

Tel (home) _____ Tel (work) _____

Tel (mobile) _____

Email _____

Does this parent/carer have parental responsibility for said child? Yes () No ()

Name of person authorised to collect in parent/carer absence

Name _____

Address _____

_____ Post code _____

Relationship to child _____

Tel (home) _____ Tel (work) _____

Tel (mobile) _____

Email _____

Does this person have parental responsibility for said child? Yes () No ()

Emergency Contact 1

Name _____

Address _____

_____ Post code _____

Relationship to child _____

Tel (home) _____ Tel (work) _____

Tel (mobile) _____

Email _____

Does this person have parental responsibility for said child? Yes () No ()

Emergency Contact 2

Name _____

Address _____

_____ Post code _____

Relationship to child _____

Tel (home) _____ Tel (work) _____

Tel (mobile) _____

Email _____

Does this person have parental responsibility for said child? Yes () No ()

Please note, any person other than the parent/carer authorised to collect your child must be over 18 years of age and know your password.

Staff must be informed of any other person collecting your child. They will not release any child if someone not specified comes to collect. Staff will make every effort to contact you to confirm the name of the person so your child can be released. They too must also know your password.

Doctors details

Name _____

Address _____

_____ Post code _____

Tel _____

Health Visitor details (if applicable)

Name _____

Address _____

_____ Post code _____

Tel _____

Social Care Worker details (if applicable)

Name _____

Address _____

_____ Post code _____

Tel _____

Please provide the reason for the involvement of the Social Care department with your family (If your child has a child protection plan, please make a note here, but do not include details. We will ensure the details are obtained from the Social Worker named above and kept securely in your child's file) _____

Medical history

Please indicate which immunisations (if any) your child has had.

2 months:	5 in 1 (DTaP, IPV, Hib)	Yes ()	No ()	Date _____
	PVC	Yes ()	No ()	Date _____
	Rotavirus	Yes ()	No ()	Date _____
3 months:	5 in 1 (DTaP, IPV, Hib)	Yes ()	No ()	Date _____
	Meningitis C	Yes ()	No ()	Date _____
	Rotavirus, second dose	Yes ()	No ()	Date _____
4 months:	5 in 1 (DTaP, IPV, Hib)	Yes ()	No ()	Date _____
	PVC second dose	Yes ()	No ()	Date _____
12/13 months:	Hib fourth dose	Yes ()	No ()	Date _____
	MMR	Yes ()	No ()	Date _____
	PVC third dose	Yes ()	No ()	Date _____
2/3 years:	Flu vaccine	Yes ()	No ()	Date _____
3+ years:	MMR second dose	Yes ()	No ()	Date _____
	4 in 1 (DTaP/IPV) pre-school booster	Yes ()	No ()	Date _____

History of infectious diseases _____

Does your child have any ongoing medical conditions? Yes () No ()

If yes, please specify _____

If yes, please specify which (if any) external agencies are involved e.g. paediatrician _____

Does your child require a health care plan? Yes () No ()

Does your child have any food intolerances/allergies? Yes () No ()

If yes, please give details _____

Does your child have any other allergies? Yes () No ()

If yes, please give details _____

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

If yes, please specify _____

If yes, what support will your child need in the setting? _____

If yes, are any of the following in place for your child?

My plan Yes () No ()

My plan+ Yes () No ()

Education, Health and Care Plan (EHCP) Yes () No ()

Please provide details of any professional who has regular contact with your child.

Name _____

Agency _____ Role _____

Address _____

_____ Post code _____

Tel _____

Name _____

Agency _____ Role _____

Address _____

_____ Post code _____

Tel _____

Name _____

Agency _____ Role _____

Address _____

_____ Post code _____

Tel _____

Name _____

Agency _____ Role _____

Address _____

_____ Post code _____

Tel _____

General consents and permissions

Emergency treatment

In the event of an accident where your child requires hospital attention, a member of staff will endeavour to stay with your child where ratios permit until you are able to be present. All efforts will be made to contact you however, if we cannot, or there will be a delay in ascertaining your consent to treatment, the medical professional in charge will make any necessary decisions in order that your child's health/safety is not compromised.

I/we consent to any emergency treatment necessary Yes () No ()

If someone else is collecting your child and an accident/incident form needs signing, we need to know that you are happy for that person to sign it on your behalf.

I/we consent to the person collecting to said forms on my/our behalf Yes () No ()

Medicines

If your child requires prescribed medicine during a session e.g antibiotics/inhalers, you must complete a medical form that outlines dosage and instructions and leave any medication with us.

I/we consent to staff administering prescribed medication when necessary Yes () No ()

If your child requires non prescribed medicine during a session e.g. Calpol/Nurofen, every effort will be made to contact you to gain your permission. However, there may be a time when we need to administer medicine urgently without your permission e.g. if your child should develop a sudden high temperature and we cannot get hold of you, after which you should make arrangements to collect your child as soon as possible.

I/we consent to staff administering non-prescribed medicine without consent Yes () No ()

Nappy/sun cream

We always take great care with the skin of children who may still be in nappies, or when playing in direct sun in the garden. We are able to apply these creams but only ones provided by you. We recommend creams are applied before coming to Playgroup then topped up by staff as needed.

I/we consent to staff administering nappy/sun cream as and when needed, and in accordance with the manufacturer's instructions Yes () No ()

Photographs/videos/outings

As part of our ongoing recording of our curriculum, and for the 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, with pictures taken being used for display and your child's records within the setting. We may also record events and activities on video. All photos/videos are stored on the settings computer only, and we only use these pictures during your child's time with us after which they are destroyed.

I/we consent to photographs being used for the above purposes Yes () No ()

Occasionally we like to use photographs for marketing, social media or publicity purposes but we will always seek permission before using images in this way. Images used on social media never show full faces or names unless permission has already been sought in writing.

I/we consent to photographs being used for the above purposes Yes () No ()

Occasionally, activities may include going on local outings to places such as the church or library. Visits are well supervised with parental support sought so that adult/child ratios are always well within limits. Parents/carers are informed before activities of this nature take place.

I/we consent to trips/outings Yes () No ()

Shared information

All settings are required to pass information on to other professionals at certain times e.g. to another setting your child may also be attending, speech therapist, when a child starts school etc.

I/we consent to information being shared Yes () No ()

Overall consent

I/we are aware of the level of commitment expected and agree to abide by the Playgroups Terms and Conditions Yes () No ()

Name _____ Date _____

Signed _____

PLEASE NOTE, ALL CHILDREN ARE REQUIRED TO DO A MINIMUM OF TWO SESSIONS PER WEEK.

