

We require £15 admission fee. Please pay this when handing in your registration form. Thank you.

Child's Name		Date of Birth	
£15 received	Birth Cert.	Date Rec'd	Proof of Address



# Aspley Guise Preschool

Charity number: 1051424

Ofsted Registration number: EY100478

Phone number: 01908 584219

We will play as we learn and learn as we play

Making new friends along the way.

Every day brings something new

With loads of fun for me and you!

**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

**Preferred form of communication**

Email

Email Address

Hard Copy

**Personal details of child**

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No (delete)

Has a risk assessment, if required, been completed? Yes/No (delete)

Has a health care plan and agreement to administer medicine, if required, been completed? 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?

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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.

Name and Telephone No. of GP \_\_\_\_\_  
\_\_\_\_\_

**Sharing information about your child**

Does your child attend any other Early Years Setting? Yes/No  
If yes, please give details:

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This information may be used to contact the other setting in order that we work together in the best interest of your child.

**Child Minding**

If your child is in the care of a registered child minder please give details:  
*(Name, address, days of the week child is cared for)*

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Do you give permission for the above child minder to collect your child from pre-school on the listed days? Yes/No\*

Do you agree to personal folders/information being passed on to you via the named child minder? Yes/No\*

**Names of professionals involved with child**

Name 1	_____	Role	_____
Agency	_____	Telephone	_____
Name 2	_____	Role	_____
Agency	_____	Telephone	_____
Name 3	_____	Role	_____
Agency	_____	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.

**Daily outings**

Your child will be taken out of the setting as part of the daily activities. The venues used are detailed here:

Tennis Court area  
Immediate green area outside pre-school vicinity i.e. across the field and up to the spinney

For any major outings, we will inform you and ask for your specific consent.

**To be completed by the key person/manager**

Date starting at Aspley Guise Pre-School

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

I/we have been provided with details of the setting's policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

I/we also understand, that if required, my/our child will be taken by staff to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary, on the understanding that I/we have been informed and are on our way to the hospital.

Authorisation:

Parent 1

\_\_\_\_\_

Parent 2

\_\_\_\_\_

Key person

\_\_\_\_\_

Manager

\_\_\_\_\_

Date

\_\_\_\_\_

Date of 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.

## Attendance

What date would you like your child to start?

Please tick the boxes to indicate which sessions you would like your child to attend pre-school

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Please note that if your child is already three they are entitled to 5 government-funded sessions. If there is a waiting list it may not be possible to grant the places that you would like but we will try our best to accommodate you. Once your child's sessions have been agreed they can only be changed in an emergency or at the beginning of a new term.

## Declaration

I accept responsibility for seeing that my child is brought to and collected from sessions by me, or a named person of my choice, and I undertake to inform the group of any change in this arrangement, any change in emergency contacts or personal contacts.

I agree to give at least three weeks notice prior to my child leaving or pay fees at full rate in lieu.

I accept that payment (if not funded) must be made for sickness or holidays taken during term time.

Signed

Print Name

Date

\*delete as appropriate

## Appendix 1

### Parental Responsibility

Parental responsibility is defined in s.3(1) Children Act 1989 as being:

"All the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property".

The term parental responsibility attempts to focus on the parent's duties towards their child rather than the parent's rights over their child.

### Who has parental responsibility?

- **Mothers** automatically have parental responsibility and will not lose it if divorced.
  - **Married fathers** automatically have parental responsibility and will not lose it if divorced.
  - **Unmarried fathers** do not automatically have parental responsibility.
- Therefore:

· If an unmarried father has a child after 1st December 2003 and he is registered on the birth certificate he **WILL** have parental responsibility.