



## Little Stars Pre-School Registration Form

Thoams Rusell Infants School

Station Road

Barton-under-Needwood

DE13 8DS

07875948503

littestars09@hotmail.co.uk

### Child's details

Child's first name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Name known as \_\_\_\_\_

Child's full address \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Birth certificate seen Yes  No

A non-refundable £25 registration fee is to be paid when submitting your registration form to secure a place. If we cannot offer you a place we will refund the registration fee.

### Bank details:

Santander: Little Stars Pre-School.

Sort code: 09 01 54

Account Number: 77004288

Chosen start date requested: Month: \_\_\_\_\_ Year: \_\_\_\_\_

We will do our best to allocate your requested days/sessions.

For office use only: Registration fee: PAID (highlight if applicable)

Days/sessions you require please tick.

Monday	Tuesday	Wednesday	Thursday	Friday
8.50am - 12.00pm	8.50am - 12.00pm	8.50am - 12.00pm	8.50am - 12.00pm	8.50am - 12.00pm
8.50am- 3.20pm	8.50am- 3.20pm	8.50am- 3.20pm	8.50am- 3.20pm	8.50am- 3.20pm
12.00pm- 3.20pm	12.00pm- 3.20pm	12.00pm- 3.20pm	12.00pm- 3.20pm	12.00pm- 3.20pm

**Family details**

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

Relationship to child: \_\_\_\_\_

***Contact details 1 (including emergency information):***

**full name of Parent/carers  
who have parental  
responsibility for the child**

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

**National Insurance Number:**

**Date of Birth (of parent/carers):**

***Contact details 2 (including emergency information):***

**full name of Parent/carers  
who have parental  
responsibility for the child.**

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

**National Insurance Number:**

**Date of Birth (of parent/carers):**

***Contact details 3 (including emergency information):***

Parent/carers full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

**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 and an S8 Order is in place.

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact telephone numbers \_\_\_\_\_

Relationship to child \_\_\_\_\_

What are the contact arrangements that we need to be aware of?

**Emergency contact details if parents are not available** *Emergency contacts must be local.*

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 \_\_\_\_\_

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, staff will check before releasing the child.*

Person 1 - Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

\_\_\_\_\_

Person 2 - Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Person 3 - Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_

Mobile \_\_\_\_\_

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

### **About 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.

Does your child have previous experience of attending a childcare setting? If so, please specify:

*For internal use:* Has the child's health record book been seen to confirm immunisation dates? Yes  No

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 any distinguishing marks? If so, please specify:

Is your child known to have any allergies or food intolerances? If so, please specify:

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*A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.*

What are your child's dietary requirements? Please specify:

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Does he or she have difficulty with any of the following:

Speaking and communicating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Listening and attending	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? If so, please specify:

**Are any of the following in place for the child?**

<b>SEN action plan (special educational needs)</b>	<b>yes/no</b>
<b>Education, Health and Care Plan (EHCP)</b>	<b>yes/no</b>
<b>Early help assessment (EHA)</b>	<b>yes/no</b>
<b>Outcome star</b>	<b>yes/no</b>
<b>Graded care profile (GCP2)</b>	<b>yes/no</b>

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 months. We will ask you to be involved in completing the check 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:

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

Details of professionals that are involved or have ever been involved with you or your child.

***Social Services.***

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

***GP***

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

***Health Visitor***

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

***Social Care Worker***

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

What is the reason for the involvement of the social worker/social care department with you or 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 my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the manager for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed \_\_\_\_\_

Date \_\_\_\_\_

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

#### *For inhalers/auto-injectors (e.g., EpiPen's) only*

I give permission for a named member of staff who has been appropriately trained to administer the inhaler/

EpiPen or Anapen (supplied

(name of child).

by me) to \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

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

### **Key persons - Information for parents**

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's key person is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be \_\_\_\_\_

### **Policies and procedures**

I have been provided with details of Little Stars Pre-School welcome pack, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my 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 \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

### **Equalities monitoring form**

*Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.*

- |                 |                          |                           |                          |
|-----------------|--------------------------|---------------------------|--------------------------|
| 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 \_\_\_\_\_

### **STAFF ONLY**

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

**SEN action plan (special educational needs)**

**Education, Health and Care Plan (EHCP)**

**Early help assessment (EHA)**

**Outcome star**

**Graded care profile (GCP2)**

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.