



REGISTRATION FORM

Please complete the following for our records. All information is securely stored and only accessed by members of Staff (all DBS checked):

Child's Full Name: Wishes to be known as:

Male / Female DOB:/...../..... Age: Religion/Culture:

Preferred Language:

Welsh / English / Bilingual Welsh & English / British Sign Language / Makaton / Other:

Parents / Carers Name(s): 1. 2.

Siblings Name(s):

Tel. No: 1. 2.

Mobile(s): 1..... 2.

Email(s): 1.

2.

Additional Telephone Nos. (eg. work):

Home Address:

.....

EMERGENCY INFORMATION

Who do we contact in an emergency? List who we should call first:

1. Tel No:

2. Tel No:

3. Tel No:

DROP OFF & PICK UP

Who will be regularly dropping off and picking up? If you have a formal schedule, please list below:

1.....When.....~

2.....When.....

3.....When

REGISTRATION FORM CONTINUED.....

Child's Name:

Does your child have any Additional Learning Needs (ALN)? Yes / No

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(if Yes, please provide details and then organise time to speak with a member of Staff before your child's start date - in line with our Policy)

Does your child have any special dietary requirements (this includes liquids & all food types):

Yes / No

(if Yes, a member of Staff will complete additional paperwork with you before your child's start date)

Any other relevant information to support our Staff members in relationship building & care of your child

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.....
(to assist this section, please refer to Parental Involvement - Settling in Policy)

Special toy/blanket etc.....

Details of toileting needs eg. uses potty/toilet, nappies (how they liked to the changed) etc.....

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Please also advise Staff of any family circumstances which will assist care for your child e.g., a recent move or loss of a close relative. Also if there are access, custody or contact arrangements.

All information is kept securely and is confidential in line with our Privacy Policy (GDPR).

Parent / Carer Signature 1.Date:...../...../.....

Parent / Carer Signature 2.Date:...../...../.....

Date: September 2019

Checked By: Helen Jowett/Sarah Jones/Nicola Lautrete/Julie Suckley
(Playgroup Leader/Playgroup Supervisor/Chairperson/Registered Person)

Review Date: June 2020

REGISTRATION FORM CONTINUED.....

Child's Name:

MEDICAL DETAILS

Doctor / Medical PractitionerTel No:

Address:

Immunisation	Yes/No	Date(s)	Immunisation	Yes/No	Date(s)
Polio			Pneumococcal (PCV)		
Hib (Haemophilus Influenzae b)			Measles, Mumps, Rubella (MMR)		
Diphtheria (DTaP)			Others eg. Rotovirus:		
Tetanus (IPV)			Please list any other illness your child has already had eg. chicken pox		
Whooping Cough (acellular Pertussis)					
Meningococcal C					

Please refer to your child's Red Book issued at birth to assist completion of the above. If any responses are "No" a staff member will converse with you about this.

Allergies (eg. peanuts, suffers from hayfever, asthma etc):

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(Please see Staff member in relation to support of severe allergic reaction/potential first aid requirements)

Medicines regularly taken (including creams administered for skin conditions):

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(Please refer to Health & Hygiene - Policy & Practice and Asthma Policy & Procedure).

When required, a completed Medication Form should be completed and passed over to Staff - a copy is included in the Starter Pack. All medicines (including creams) should be handed to a Staff member for secure keeping. A specific form in relation to Inhaler use will be handed over if you have specified use of this above.