



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:

Do you have any concerns you wish to discuss regarding your child's learning development. Are you in touch with Healthcare Professionals regarding anything in particular?

.....
(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: June 2023
Checked By: Helen Jowett/Sarah Jones/Julie Suckley
(Playgroup Leader/Playgroup Supervisor/Registered Person)
Review Date: January 2024

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.