#

Registration Document: Please sign or insert your name in all applicable fields. Please complete fully, your child will be unable to attend if this document is not returned and processed.

**SANDBACH HEATH (ST. JOHN’S) PLAYGROUP REGISTRATION DOCUMENT**

**Our intake age for children at St. John’s Playgroup equates to the term before a child’s third birthday.**

Child’s Surname: ………………………………………………………………………………...........

Child’s Forenames: ……………………………………………………………………………....................................

Date of Birth: ……………………………………………………………………………………….....

Address: ………………………………………………………………………………………............

………………………………………………………………………………………...........................

………………………………………………………………………………………............................

Post Code: ………………………………………………………………………………………..........

Mother’s Name: ………………………………………………………………………………………

Phone No (day): ………………………………………………………………………………………

Mobile No: ……………………………………………………………………………………….........

Place of Work/ Tel No...........................................................................................................

Email Address: ………………………………………………………………………………………...

Father’s Name: ………………………………………………………………………………………..

Phone No (day): ………………………………………………………………………………………

Mobile No: ……………………………………………………………………………………….........

Place of Work/ Tel No: ..............................................................................................................

Email Address: ……………………………………………………………………………………….........

Marital Status: ………………………………………………………………………………………...

Do both parents have parental responsibility YES / NO.

If no please give details and/or discuss with the Supervisor if preferred: .................................

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Who has legal responsibility: .....................................................................................................

**Emergency contact number, name and relationship to the child**

**First Emergency Contact Name/Relationship** ................................................................................

**Contact Number:** ………………………………………………...................................................................

**Second Emergency Contact Name/Relationship**.....................................................................

**Contact Numbe**r:.....................................................................................................................................

**PERSONAL DETAILS OF CHILD**

**Should we need to contact you whilst your child is in our care and are unable to do so, please provide two names and contact numbers we can use, who are authorised to collect your child other than yourselves (they must be over 16 years of age).**

Name: …………………………...……………………….

Relationship to child: …………………………………………………....

Telephone No (day): ……………………………………………………

Mobile No: ……………………………………………………

Name: ……………………………………………………

Relationship to child: ……………………………………………………

Telephone No (day): ……………………………………………………

Mobile No: ...………………………………………………….

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| --- | --- |
| Is there anybody who should not have custody of your child: (if yes please give details) | YES / NO |

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| **SECURITY PASSWORD:**  |

How would you describe your child’s ethnicity or cultural background? ……............................

What is the main religion in your family if applicable? ...............................................................

What language(s) is/are spoken at home? ...............................................................................

**Has your child been immunised against:**

|  |  |  |  |
| --- | --- | --- | --- |
| Diphtheria | Date: | MMR | Date: |
| Tetanus | Date: | Hib | Date: |
| Polio | Date: | Whooping Cough | Date: |

***Name and date of birth of any brothers and sisters:***

**PERSONAL DETAILS OF CHILD**

|  |  |
| --- | --- |
| Does your child have any phobias: (if yes please give details) | Yes/No |
| Are there any special words used in communication, especially for using the toilet? (if yes please give details). | Yes/No |

|  |  |  |
| --- | --- | --- |
| Does your child have a preferred drink, please tick to indicate | Milk | Water |

Name of family Doctor: ...……………………………………………………………

Address of Surgery: ……………………...………………………………………

Telephone No: ...……………………………………………………………

Name of Health Visitor: ………………………………………………………………

Name of family Dentist: ...……………………………………………………………

Address of Dentist: ……………………...………………………………………

Telephone No: ...……………………………………………………………

Does your family have a social care worker for any reason: YES / NO

Name: ………………………………………………………………

Based at: ………………………………………………………………

Telephone No: ………………………………………………………………

Does your child have any special needs or disabilities? YES / NO

(If yes please give details,)

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Are any of the following in place for your child?

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| --- | --- |
| Educational Health Care Plan | YES / NO |
| Special Educational Needs Support (SEN Support) | YES / NO |
| Statement of special educational need | YES / NO |

If you answer yes, the Supervisor will discuss your child’s needs with you and take a full history.

**PERSONAL DETAILS OF CHILD**

|  |  |
| --- | --- |
| Has your child been in receipt of two-year-old funding? | Yes No |
| Does your child attend another setting? | Yes No |
| If so what is the name of the setting? |  |
| Has your child attended another setting? | Yes No |
| If so what was the name of the setting? |  |

When will your child start school? ……………………………………………………....................................

Which school do you hope your child will attend …………………………………………...........................

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Is there any further information that we should know? ......................................................................................................................................................................................................................................................................................................**AUTHORISATION TO COLLECT**

It is important that we keep a record of the person(s) you have authorised to collect your child.

Person/persons that will normally collect: .................................................................... (Child’s Name)

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| --- | --- |
| NAME: | NAME: |
| ADDRESS: | ADDRESS: |
| TEL NO.: | TEL NO: |
| MOBILE NO: | MOBILE NO: |
| RELATIONSHIPTO CHILD: | RELATIONSHIPTO CHILD |

**PARENT: please complete**

I/ We…………........give my/ our permission for........................................... (child’s name) to be collected on ..........................................................................by the above mentioned person/ persons.

* **I will inform the setting if there is any change to this agreement.**
* **I give my permission for the above-mentioned person to be contacted should I fail to collect my child on any occasion.**
* **The setting will be informed on a daily basis who is collecting my child**
* **Please supply a photograph of persons collecting your child, mum, dad, relative or friend.**

**I/we give permission for all the above information to be shared with members of St. John’s Committee.**

**Signed: ....................................................... Printed.............................................. Date.............. Signed: ....................................................... Printed.............................................. Date..............**

**PERMISSIONS**

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| **OUTINGS**

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| Occasionally we take the children on short outings into the local area or into the school and school grounds. May we have your permission for your child to be included? (please indicate)**I/ We...........................................................** do/ do not give permission for................................... (child’s name) to be included in such outings Longer outings which may involve transport will be notified in advance and permission sought. |

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| IN THE EVENT OF AN ACCIDENT OR SERIOUS ILLNESS AT PLAYGROUPI / We ……………………………………………give my / our permission for.......................(Child’s name) to be given the necessary first aid, and to the seeking of any necessary emergency medical advice or treatment in the future or for the paramedics to be called in my / our absence with the understanding that I / we will be contacted as soon as possible. |

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| **TOILETING NEEDS** We feel that it is now necessary to ask for your written permission to attend to your child’s toileting needs in whatever way is necessary to render him/her both clean and comfortable.**I/We ……………………………………**(parent/guardian) give permission for any member of qualified staff to attend to my child’s toileting needs.**Nappy changing** I/ we will ensure that our child is changed at the latest possible time before being brought to the playgroup I/we will provide the playgroup with spare pull up nappies, wipes, cream nappy disposal bags and a change of clothing. I/ we understand the procedures that will be followed when my child is changed at the setting by any qualified staff member. I/we agree to inform the setting if our child should have any marks/ rashes. I/we will try to toilet train my child at home. I/we agree to review arrangements should this be necessary. I understand that the setting will return any soiled nappies for me to dispose of. I/we agree to the setting following the Safeguarding of Children procedure should they have any concerns about my child’s welfare.**I/We ……………………………………**(parent/guardian) understand the nappy changing policy and agree to its principles.**The setting agrees:**To review arrangements should this be necessary. Should there be any concerns about the welfare of a child the procedure for Safeguarding Children will be implemented. To change the child during a single session only if the child soils itself or becomes uncomfortably wet. Where possible to maintain privacy whilst changing the child. To report to parents/carers/or others should the child be distressed or if marks/rashes are seen. This will be recorded. To support parents/carers when they implement toilet training programmes.**Signed by** .....................................................(Manager/Supervisor or Deputy Manager Supervisor). |

If your child attends another preschool, childminders or nursery may we have permission to liaise with and share information with your child’s other educational establishment.

I give permission to share information and speak with my child other setting.

**Signed by** …………………………………………………………………………………………………………………………………….

I do not give permission to share information and speak with my child’s other setting.

**Signed by** …………………………………………………………………………………………………………………………………………….

**PERMISSIONS**

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| **OTHER PROFESSIONALS**To enable us to liaise with other professionals involved in your child’s development and education we need your written permission. Any contact concerning your child’s learning and development needs will be fully discussed with you first.**I/ We** ……………… **Signed by** **do/ do not give my/ our permission for the manager and special educational needs co-ordinator (SENCO) (of Sandbach Heath (St. John’s) Playgroup to contact and exchange information with any professional involved with my child’s care, development and education. This includes my child’s health visitor, speech and language therapist, early years consultant etc.** **Delete as applicable.** |

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| **PHOTOGRAPHS**, We like to take photos of the children at play for our records and for their record books. We need your written permission to be able to do this.  |
| Take photos of your child for their learning journey with us | **YES** | **NO** |
| Your child’s picture (unnamed to appear in any other child’s picture | **YES** | **NO** |
| For your child’s photo to appear singly or part of a groupIn the local paper | **YES** | **NO** |
| May will not disclose your child’s name to the local paper if he / she appears in a photo to be published | **YES** | **NO** |
| We like to put photos in our album for posterity. May we use photos that your child appears in | **YES** | **NO** |
| I? We ............................................................give permission for photographs to be used for the boxes that we have replied yes to. | **Date:**  |

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| **SUN CREAM POLICY****I/ We** ...................... agree/ do not agree to supply............................. (child’s name) with a sun hat whilst they are at the setting. **I/ We** .......................................... agree/ do not agree to apply sunscreen before the start of my child’s session at St. John’s. . **I/ We** .......................................... agree/ do not agree to allow the staff at St. John’s to apply further sunscreen to ensure that...................... remains adequately covered and topped up with sun cream during their stay with us. We at St John’s agree to supply sunscreen that is factor 15+ or above.Staff applying sun cream will do so in the presence of a witness and will wash their hands before and after application. As we encourage outdoor play especially during March through to October we request that sun cream is applied during this period of time as the weather can become quite hot. **I/ We** ............................... understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.Please tick if appropriate:I am not aware of any allergies my child has to sun creamMy child has an allergy to sun creamMy child can only use this brand of sun cream: ..............................................................................For medical or other reasons, please do NOT apply sunscreen to the following areas of my child’s body: ................................................................................................................................................... |

**MEDICAL CONDITIONS, POLICIES AND PROCEDURES**

**ALLERGIES** Does your child have any known medical condition, allergy or allergic reaction that we need to be aware of such as:

[**Anaphylaxis**](https://www.google.co.uk/search?hl=en&biw=1366&bih=665&q=anaphylaxis&tbs=sx:1&tbo=u&sa=X&ei=x1BoUJP9Nuas0QXn5oHwBg&ved=0CCkQjRM)**,** [**Hay fever**](https://www.google.co.uk/search?hl=en&biw=1366&bih=665&q=hay+fever&tbs=sx:1&tbo=u&sa=X&ei=x1BoUJP9Nuas0QXn5oHwBg&ved=0CC0QjRM)**,** [**Food Allergy**](https://www.google.co.uk/search?hl=en&biw=1366&bih=665&q=food+allergy&tbs=sx:1&tbo=u&sa=X&ei=x1BoUJP9Nuas0QXn5oHwBg&ved=0CC8QjRM)**,** [**Urticaria**](https://www.google.co.uk/search?hl=en&biw=1366&bih=665&q=urticaria&tbs=sx:1&tbo=u&sa=X&ei=x1BoUJP9Nuas0QXn5oHwBg&ved=0CDEQjRM)**, Drugs Allergy, Animal Allergy. Medical Dressing Allergy. Asthma, Eczema etc.**

Please state if any known.......................................................................................................................................

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What treatment, medical attention or medication may your child need whilst they are attending St. John’s Playgroup ..................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**I/we** do/do not give our permission................................................................................ (parent/guardian) for plasters to be administered for a graze or cut

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| **DRUGS AND ALCOHOL**If a member of staff has good reason to suspect that a parent/carer is under the influence of illegal drugs or alcohol when they drop off or collect their child, to the extent that the safety of the child isthreatened, they have a duty to inform both the manager and the designated Child Protection Officer, according to the provisions of the Child Protection Policy. In such circumstances, the manager and the Child Protection Officer will then be responsible for deciding upon the appropriate course of action, ensuring that the safety and protection of the child remains paramount at all times. Staff will make all possible efforts to ensure that children are not allowed to travel in a vehicle driven by someone who is clearly under the influence of illegal drugs or alcohol. Where an illegal act is suspected to have taken place, the police will be contacted. Your child's safety is our main concern and as such this will determine the course of action taken.**I/We ……………………………………** (parent/guardian) understand the principles behind this policy. |

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| **POLICIES AND PROCEDURES** **Policies and procedures are available on line. Please see our web page to view all the policies in full** (copies are available upon request). |

Mothers First Name: ………………………………………………………………………………...........

Mother’s Surname………………………………………………………………………………………….

Address: ………………………………………………………………………………………............

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Father’s First Name: ………………………………………………………………………………...........

Father’s Surname………………………………………………………………………………………….

Address: ………………………………………………………………………………………............

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**OR:**

Carer’s First Name: ………………………………………………………………………………...........

Carer’s Surname Name: ………………………………………………………………………………...........

Address: ………………………………………………………………………………………............

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**OR:**

Legal Guardian’s First Name: ………………………………………………………………………………...................................

Legal Guardian’s Surname Name: ……………………………………………………………..

Address: ………………………………………………………………………………………............

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**Signed: ....................................................... Printed.............................................. Date.............. Signed: ....................................................... Printed.............................................. Date.............. It is our legal obligation at St. John’s Playgroup to maintain all of the information inclusively in this registration document and keep it securely for 5 years.**