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## Holden Park Registration form

Holden Park Pre- school and Out of school clubs Prospectus for Parents

Holden Park Hall

Rear of 61 Prospect Road

Tunbridge Wells, Kent

TN4 0EH

01892520626

Email Address: [admin@holdenparkpre-school.org.uk](mailto:admin@holdenparkpre-school.org.uk)

Web site: [www.holdenparkpre-school.org.uk](http://www.holdenparkpre-school.org.uk)

### Child's details

Child's first name(s) \_\_\_\_\_ Surname \_\_\_\_\_  
Name known as \_\_\_\_\_  
Child's full address \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Birth certificate seen and copy made Yes  No

Which Primary School does child attend?

### Family details

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

*Contact details 1 (including emergency information):*

Parent/carer full name \_\_\_\_\_



Relationship to child

Daytime/work telephone

Mobile

NI Number

DOB

Home telephone

Email

Home address

Work address

Does this parent have parental responsibility for the child? Yes  No

*Contact details 2 (including emergency information):*

Parent/carer full name

Relationship to child

Daytime/work telephone

Mobile

NI Number

DOB

Home telephone

Email

Home address

Work address

Does this parent have parental responsibility for the child? Yes  No

*Contact details 3 (including emergency information):*

Parent/carer 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/I] 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) authorized to collect the child** *Must be over 16 years of age. Please note that if the authorized person is not the person indicated on the daily signing in/out sheet, [staff/I] 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 authorized persons \_\_\_\_\_

Start Date: \_\_\_\_\_ Eligibility Code(If applicable): \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast club 07:30am – 8:30am					
Early Starters (Pre – school) 08:30am - 08:45am					
Pre-School Am Session 8:45am -11:45am					
Pre-school Pm Session 11:45am -2:45pm					
Pre-school Late Pick up 2:45pm -3pm					
After School Session 3pm – 4pm					
After School Session 3pm -5pm					



Afterschool Session 3pm -6pm					
Total daily hours					

**About your child (To be filled with room leader/key worker)**

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:

*Health and development*

Has your child received the following immunizations? *Please confirm and provide date of immunizations given.*

**Two months old**      5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).      Yes  No       Date:

Pneumococcal (PCV) vaccine.      Yes  No       Date:

Rotavirus vaccine.      Yes  No       Date:

**Three months old**      5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).      Yes  No       Date:

Meningitis C vaccine.      Yes  No       Date:

Rotavirus, second dose.      Yes  No       Date:



<b>Four months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
<b>Between 12 and 13 months old</b>	Hib/Men C booster - Haemophilus influenza type b (Hib), forth dose and meningitis C, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	MMR vaccine – mumps, measles and rubella.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
<b>Two to three years</b>	Flu vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
<b>Three years and four months or soon after</b>	MMR vaccine, second dose – mumps, measles and rubella.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

*For internal use:* Has the child's health record book been seen to confirm immunization 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. Pediatrician, Consultant, Dietician, Speech and Language Therapist, etc:



Does your child require a health care plan? Yes  No

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

*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:

*It is [our/my] usual practice to provide both a meat and vegetarian option. If this is not in-keeping with your child's dietary requirements, please discuss this with [our setting manager/me] to ensure that we are working in partnership to meet your child's needs. Please refer to our Food and Drink Policy.*

If your child is aged three years or over, 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"/>
Socializing 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?				
SEN action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education, Health and Care Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What special support will he/she require in [our/my] setting?				
<i>Two year old progress check – children aged 24 – 36 months</i>				
If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Setting completing check		Date completed		
As per the requirements of the Early Years Foundation Stage [we/I] will complete a progress check on your child between the ages of 24-36 months. [We/I] 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/my] 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/I] can work together to support your child when settling-in:

*General information*

What is your child's usual sleep pattern?



Does your child have a feeding routine (for children under 2 years)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have any food preferences?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have a pacifier i.e. dummy or thumb?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have a special toy or object they might bring with them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What sort of things does your child enjoy doing at home, i.e. drawing or cooking?				
What other information is it important for [us/me] 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 involved with your child**

*GP*

Name

Telephone

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Address

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*Health Visitor (if applicable)*

Name

Telephone

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Address

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*Social Care Worker (if applicable)*

Name

Telephone

Address

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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. [We/I] will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.*

*Dentist (if applicable)*

Name

Telephone

Address

*Any other professional who has regular contact with the child*

Name 1

Role

Agency

Telephone

Address



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Name 2

Role

Agency

Telephone

Address

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Name 3

Role

Agency

Telephone

Address

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### 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 (or authorised deputy)/name of childminder] 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 by  
me) to

(name of child).

The named staff are:

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Signed

Date

Printed name

*Teething gel (babies)*

I give permission for teething gel (supplied by me) to be administered to

\_\_\_\_\_   
*(name of child)* when necessary - in accordance with manufacturer's instructions - and for staff to record its use.

Signed		Date	
Printed name			

*Nappy cream*

I give permission for nappy cream (supplied by me) to be administered to

\_\_\_\_\_   
*(name of child)* when required, in accordance with manufacturer's instructions.

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Signed		Date	
Printed name			

*Paracetamol based medicine (e.g. Calpol or Sudafed)*

I give permission for [staff/name of childminder] to administer paracetamol based products (e.g. Calpol) to

*(name of child)* in the case of a raised temperature and on the

understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the setting's procedures on the administration of medicines.

Signed		Date	
Printed name			

*Sun cream*

I give permission for [staff/name of childminder] to administer hypoallergenic sun cream (supplied by me) to

*(name of child)* when necessary and to record its use.

Signed		Date	
Printed name			

*Short trip - general outings*

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

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I give permission for \_\_\_\_\_ (name of child) to take part in short trips or

general outings. I understand that individual risk assessments are carried out for each type of trip or outing taken and are available for me to see as required. For any **planned** outings, I understand I will be informed and my specific consent obtained.

Signed \_\_\_\_\_

Date \_\_\_\_\_

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

### Photographs

As part of the on-going recording of our curriculum and for children's individual development records, [staff/I] regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child's records within the setting. [We/I] are happy to provide duplicate photos of your child to you if requested, [although this might incur a small charge to cover our costs]. [We/I] may also record events and activities on video. Photos/videos are stored on the setting's computer only; we only store images during the period your child is with us. If we/ would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we/ intend to use.

I give permission for \_\_\_\_\_ (name of child) to have her/his photo taken, or to be

videoed, as per the above conditions.

Signed	_____	Date	_____
Printed name	_____		

We will ensure that our pets are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals, and parents informed.

Please state below any known allergies or aversion

(name of child) has to animals:





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/my] care and to ensure that their records are kept up-to date. Your child's key person may change as your child progresses through the setting. You will be notified of these changes. 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 \_\_\_\_\_  
\_\_\_\_\_

*To be completed by the [key person/manager]:*

Date starting at Holden Park Pre- school \_\_\_\_\_  
\_\_\_\_\_

Days and times of attendance \_\_\_\_\_  
\_\_\_\_\_

Are any fees payable? If so, note here \_\_\_\_\_

Has the settling-in process been agreed? Yes  No

If so, please specify:

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Name of key person

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Signed

Date

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Name of manager

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Signed

Date

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Date of first review

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### 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

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

- |                                 |                          |
|---------------------------------|--------------------------|
| No special educational need     | <input type="checkbox"/> |
| SEN action plan                 | <input type="checkbox"/> |
| Education, Health and Care Plan | <input type="checkbox"/> |

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

## **HOLDEN PARK PRE- SCHOOL AND OUT OF SCHOOL CLUB**

### **Parental Consent Forms**

To provide the best possible care for your child we must comply with your wishes, we therefore require you answer the questions below by circling either Yes or No below and then sign and date the form and return to the school.

#### **Outings Consent**

At times and at holiday club, we take the children on outings for them to learn about their community and environment. These trips may include using enclosed playground equipment. If we are planning a trip further afield we will inform you and ask for permission.

I give permission for my child to be taken on regular local outings. **Yes/No**

I give permission for my child to go on the Holden Park minibus, public transport and in correctly organised private transport organised by the setting. **Yes/No**

#### **Emergency Medical Treatment Consent**

In an emergency, we will contact parents as soon as possible, if however, they can't be reached or can't get to the setting quickly enough we request the permission to seek emergency treatment for your child.

I give permission for a suitably qualified First Aider to administer First aid to my child. **Yes/No**

I give permission for the setting to seek emergency medical treatment on behalf of my child. **Yes/No**

#### **Administering Medication Consent:**



I understand that Holden Park will only administer medicine prescribed by a child's Doctor. This means that medicines such as Calpon or Nurofen will not be administered.

I understand that I will need to complete a specific Administering Medication Form prior to the administering of any medication to my child.

**Yes/No**

I give permission for my child to have their face painted. **Yes/No**

I give permission for our child to have sun cream applied to them when needed.  
**Yes/No**

### **Sharing Information with other Professionals Consent**

I give permission for my child's information to be shared where necessary with outside agencies, other professional bodies or settings your child has attended. **Yes/No**

### **Photographs and Video Recording at Pre- school**

Whilst your child is in Holden Park we will be taking photographs and making videos for a variety of different purposes. These include the use of children's photos or videos for pre-school displays, newsletters, website and social media. Please indicate which of the following you give your consent to.

Child's development records and profile	<b>Yes/No</b>
Tapestry	<b>Yes/No</b>
Child display boards	<b>Yes/No</b>
School's Website	<b>Yes/No</b>
Promotional Website	<b>Yes/No</b>
School's Facebook Page	<b>Yes/No</b>
Staff/Student course work for qualification	<b>Yes/No</b>
Newsletters	<b>Yes/No</b>
Condition of use	

This form is valid indefinitely from the date you sign it.

If we use the photographs of your child, we will not use the name of child in the accompanying text or photo caption.



If we name a child in a text, we will not use an individual photograph of that child to accompany the article.

We may include pictures of pupils and teachers that have been drawn by your child.

We may use group or class photographs or footage with very general labels, such as 'Christmas party' or 'going to the vet'.

We only use images of children who are suitably dressed, to reduce the risk of such images being used inappropriately.

Websites and social media platforms can be viewed throughout the world and not just the United Kingdom where the law applies.

If a parent wishes to change their level of consent, they should complete a new form and return it to the school office to inform school of change.

### **Parental Responsibility**

Holden Park Pre-School need to know who has 'Parental Responsibility' (PR) for each child in our care. This is to ensure that proper authority is given when the setting needs parental permission. It will also make sure that anyone with parental responsibility regardless of whether they live with their child, can be provided with any reports and given an opportunity to be involved in the child's care and education. Persons who have parental responsibility automatically are:

- Mothers always have parental responsibility;
- Fathers also have parental responsibility for a child if the father is married to the mother at the time of the child's birth. This continues after any divorce/separation/remarriage even if the child lives apart from them;
- For children born after 1<sup>st</sup> December 2003, unmarried fathers have parental responsibility where the mother and father register the birth of the child together i.e. if the name of the father is on the birth certificate.

There may be situations when other people also have Parental Responsibility for your child. For example, where the court orders that the child shall reside with a named person, that person gains parental responsibility. This could apply to grandparents or aunts and uncles. Adoptive parents of an adopted child also have parental responsibility for them. In these circumstances there will be an order from the court specifying who has Parental Responsibility.

If your child is in the care of the Local Authority under an order from the court, then the Local Authority will also have PR for them. Because of this, we will need to know the name of your child's social worker.

Holden Park Pre-School is required to keep on the admission register details for each child of every parent, or person with parental responsibility, details of the person(s) with whom the child lives, and at least one telephone number where one of those persons can be contacted in the case of an emergency.

Parents do not lose their Parent Responsibility nor can it be "handed over" to a new partner. The only circumstances when a parent no longer has PR is when an Adoption Order is made by the court. We have a legal responsibility to involve anyone who has PR in your child's care and education, regardless of whether this is your wish. The only circumstance when this responsibility varies is if a court order is in place specifying that no information on your child should be given to that person. There may also be exceptional



circumstances when the police or Children’s Social Services tell us that a particular individual poses a risk, therefore should not have access to information.

In order for Holden Park Pre-School to know who has PR for your child, we will need to see a copy of his/her birth certificate. In the event that any other person has PR for your child, we will also need to see a copy of the court order specifying this.

### **Court Orders**

Holden Park Pre-School also need to be aware of any legal orders relating to your child. For example, there may be a ‘Residence Order’ in place which states that your child must live with you, or there may be a ‘Contact Order’ in place which specifies when your child’s other parent sees them. If your child is the subject of any of these orders, we will need to see the original order to make sure we have all relevant information.

As already stated, there may be occasions when a court order is made preventing a person from having access to any information on your child, or contact with them. If this is the case, we must see a copy of the order and a solicitor’s letter will not be sufficient.

**Parent/guardian signature:** \_\_\_\_\_

**Parent name:** \_\_\_\_\_

**Date:** \_\_\_\_\_