

Fledglings Pre-School and Out of School Clubs

Registration form

Child's details

Child's first name(s) _____ Legal Surname _____

Preferred name _____

Child's full address _____

Gender _____ Date of birth _____

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 _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes/No (*delete*)

Does this parent have legal access to the child? Yes/No (*delete*)

Conact details 2 (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 (*delete*)

Does this parent have legal access to 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 (*delete*)

Does this parent have legal access to the child? Yes/No (*delete*)

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 the setting needs to know about?

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

Contact 1 - Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____

Contact 2 - Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____



Persons other than parent(s) authorised to collect the child *Must be over 16 years of age*

Person 1 – Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____

Person 2 - Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____

Password for the collection of child by authorised person _____

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No (*delete*) If so, please provide details:

Has a health care plan and agreement to administer medicine, if required, been completed? Yes/No (*delete*)

Does your child have any special needs or disabilities? Yes/No (*delete*) If so, please provide details:

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?

Does your child have any distinguishing marks? (This may include birth marks or scars)



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

Details of professionals involved with your child

GP

Name _____ Telephone _____
Address _____

Children's Centre (if applicable)

Name _____ Telephone _____
Address _____

Health Visitor (if applicable)

Name _____ Telephone _____
Address _____

Social Care Worker (if applicable)

Name _____ Telephone _____
Address _____

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. Ensure these 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 or FSP (Family Support Process) in place

Name 1 _____ Role _____
Agency _____ Telephone _____
Address _____
Name 2 _____ 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 setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed _____ Date _____

For inhaler/Epipens only

I give permission for a named member of staff who has been trained to administer the inhaler/Epipen or Anapen (supplied by me) to _____ (*name of child*). The named staff are:

1. _____
2. _____
3. _____

Signed _____ Date _____

Suncream

I give permission for staff to administer suncream (supplied by Fledglings) to _____ (*name of child*) when necessary and to record its use.

Signed _____ Date _____

Short trip - general outings

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

Salhouse Playgroup to Fledglings Pre-School, Salhouse Village Park, walk about around the village

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 major outings, I understand I will be informed and my specific consent obtained.

Signed _____ Date _____



Photographs

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. These photographs are used for display and for your child's records within the setting. We are happy to provide duplicate photos of your child to you if requested. We 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 _____

Animals

We may occasionally have supervised visits of animals to our setting. A risk assessment will be carried out for visiting animals, and parents informed. Please state below any known allergies or aversion your child has to animals:

Signed _____ Date _____

Fledglings Pre-School Key persons - Information for parents

Each child joining **Fledglings Pre-School** 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 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. A key person will not be appointed in the Breakfast Club, After School Club or Holiday Club.

Your child's key person will be _____

Your child's 'back up' person will be _____



Policies and procedures

Please sign below to confirm that you have accessed the setting's policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent.

All bookings are legally binding and are subject to the following charges:

- Late collection charges £5.00 per 15 minutes or part of for all Fledglings clubs. This charge is in place just to cover the cost of two members of staff
- Cancellation charges for Fledglings Pre-School, Breakfast club and After School Club: 48 hours notice 20%, 24 hours notice 50%. Same day cancellation or failure to cancel will result in the full sessional fee being charged and may compromise your future bookings
- Cancellation charges for Fledglings Holiday Club: 7 days notice 50%, 48 hours notice 100%. Failure to cancel may compromise your future bookings

Exceptions may be made at the discretion of the head teacher, please speak to the duty supervisor.

Signed _____ Date _____

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify is of any changes as they arise.

Parent 1 _____

Date

Signed _____

Parent 2 _____

Date

Signed _____

Key person _____

Date

Signed _____

Manager _____

Date

Signed _____

Date of first review _____



Equalities monitoring form – to be completed by the provider

Ethnicity, where collected, should be recorded according to the following categories:

White – British

- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Mixed – White and Black Caribbean

- White and Black Caribbean
- White and Asian
- Any other mixed background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

- Chinese

--

Any other ethnic background

- Please state _____

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

- No special educational need
- Early Years Action
- Early Years Action Plus
- Statement

Providers should refer to the SEN Code of Practice for an explanation of the terms above.



Fledglings

Salhouse V. C. Primary School
Cheyney Avenue
Salhouse
Norwich
NR13 6RJ

Telephone: 01603 720402 *Option 3*
Email: fledglings@salhouse.norfolk.sch.uk

Booking Request Form

Please complete the following form to ensure a space is available for your child in the club you require.

Name of child _____ Preferred Start Date _____

Please could you tick below the sessions you would like to book in Fledglings and if you would like to use 3 & 4 year old funding.

	Monday	Tuesday	Wednesday	Thursday	Friday
9am to 12pm funded					
9am to 12pm paid					
12pm to 3pm funded					
12pm to 3pm paid					
Breakfast Club					
After School session ½ 4.30pm					
After School session full 6pm					

Signed Parent/Carer: _____ date: _____

