**Hut Nursery & Pre-School Registration form**

**Basic details – date completed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of child | | | | |  | Date of birth |  | |
| Name known as | | | | |  | Gender (male or female) | |  |
| Name of parent(s) with where the child lives | | | | | | | | |
| Parent 1 & Email address | | | |  | | | | |
| Does this parent have parental responsibility? Yes/No (delete)   |  |  |  |  | | --- | --- | --- | --- | | Telephone |  | Mobile |  | | | | | | | | | |
| Parent 2 & Email address | | | |  | | | | |
| Does this parent have parental responsibility? Yes/No (delete) | | | | | | | | |
| Address | |  | | | | | | |
|  | | | | | | | | |
| Telephone | |  | | | | Mobile |  | |
| Name of parent with whom the child does not live (where applicable) | | | | | | | | |
|  |  | | | | | | | |
| Does this parent have parental responsibility? Yes/No (delete) | | | | | | | | |
| Address | |  | | | | | | |
|  | | | | | | | | |
| Telephone | | | | |  | Mobile |  | |
| Does this parent have legal access to the child? Yes/No (delete) | | | | | | | | |
|  | | | | | | | | |
| **Emergency contact details – name of someone other than yourself, we can contact if an emergency and we cannot get hold of you** | | | | | | | | |
| Person 1 - Work/daytime contact number | | | | | |  | | |
| Person 2 - Work/daytime contact number | | | | | |  | | |
| Any other emergency contact numbers | | | | | |  | | |
| Name | | |  | | | | | |
| Telephone | | |  | | | Mobile |  | |
| Name | | |  | | | | | |
| Telephone | | |  | | | Mobile |  | |

**People other than parent authorised to collect the child (must be over 18 years of age)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship to child |  |
| Telephone |  | Mobile |  |
| Name |  | Relationship to child |  |
| Telephone |  | Mobile |  |

**Personal details of child**

Does your child have any special dietary needs, allergies or preferences? Yes/No (delete)

|  |
| --- |
|  |

How would you describe your child's ethnicity or cultural background?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| What is the main religion in your family? |  |

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?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 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 (delete)

If so, discuss and agree with the key person how you will support your child when settling-in:

Does your child attend any other Early Years Setting? Yes / No (delete)

|  |  |
| --- | --- |
| Details |  |

Does your child have any special needs or disabilities? Yes/No (delete)

|  |  |
| --- | --- |
| Details |  |

Are any of the following in place for the child:

Early Years Action? Yes/No (delete)

Early Years Action Plus? Yes/No (delete)

EHC Plan / SEND Yes/No (delete)

What special support will he/she require in our setting?

|  |
| --- |
|  |

What other information is it 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.

|  |
| --- |
|  |

**Names of any other professionals involved with child:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name 1 |  | Role | GP/ Doctor | | |
| Surgery |  | Telephone |  | | |
| Name 2 |  | Role |  | | |
| Agency |  | Telephone |  | | |
| Name 3 |  | Role |  | | |
| Agency |  | Telephone |  | | |
| Do you have a health visitor? | | Yes/No (delete) | | | |
| Name |  | Based at | |  | |
| Telephone |  |  | |  | |
| Does your family have a social care worker for any reason? | | | | Yes/No (delete) | |
| Name: |  | Based at: | |  | |
| Tel: |  |  | |  | |
| 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.

**To be completed by the key person/manager**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date starting at | |  | | | | Hut Nursery & Preschool |
| Days and times of attendance | | | |  | | |
| Are any fees payable? If so, note here | | | |  | | |
| Name of key person | | | |  | | |
| Are immunisations up to date? | | | | Yes / No (delete) | | |
| Has the settling-in process been agreed? | | | | Yes / No (delete) | | |
| If so, detail |  | | | | | |
| I consent for my child to receive any first aid treatment necessary and have sun cream applied whilst in the care of the Hut Nursery & Pre-school and to any photography or filming for the sole purpose of promotion through the BAPP website/social media and publicity purposes.  I consent to my child being supervised to leave the setting to visit local parks and woodland on foot, to visit the post box, mobile library or travel on the bus to attend events or visit parks in Bath.  I consent to sharing information with other professionals as required e.g. where a child has TAF/TAC meetings or Social Worker or joint meetings with Health Visitors  I understand that where my child receives funding, that I will pay the additional charges that are applied and understand that my child’s place has to be paid for regardless of whether I use it or not. I also understand that where I need to give notice, this must be one month in term time and that I will pay all outstanding fees before leaving or make arrangements to pay off any owed amounts. | | | | | | |
|  | | | | | | |
| Signed by Parent 1 | | |  | Signed by Parent 2 |  | |
| Key person | | |  | Manager |  | |
| Date | | |  | Date or 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 |  |
|  |  |
| **Mixed – White and Black Caribbean** |  |
| * White and Black African |  |
| * White and Asian |  |
| * Any other mixed background |  |
|  |  |
| **Asian or Asian British** |  |
| * Indian |  |
| * Pakistani |  |
| * Bangladeshi |  |
| * Any other Asian 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 |  |
| EHCPlan |  |

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