

Registration form

Jack & Jill Pre-school

It is helpful for key persons or managers to complete this form with the parent(s) when the child starts at the setting.

Basic details

Name of child _____ Date of birth _____

Name known as _____

Name of parent(s) with whom the child lives

1 _____

Does this parent have parental responsibility? Yes/No (delete)

2 _____

Does this parent have parental responsibility? Yes/No (delete)

Address _____

Telephone _____ Mobile _____

Name of parent with whom the child does not live

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

Parent 1 - Work/daytime contact number _____

Parent 2 - Work/daytime contact number _____

Any other emergency contact numbers _____

Name _____

Telephone _____

Mobile _____

Name _____

Telephone _____

Mobile _____

Persons authorised to collect the child (must be over 16 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 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 have any special needs or disabilities? Yes/No (delete)

Details _____

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 professionals involved with child

Name 1 _____ Role _____

Agency _____ 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

Jack & Jill Pre-school

Days and times of attendance

Are any fees payable? If so, note here

Name of key person

Name of back up key person

ALYSON NAYLOR

Has the settling-in process been agreed?

Yes / No (delete)

If so, detail

Signed by

Parent 1

Parent 2

Key person

Manager

Date

Date or first review