

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:

.....

Who has legal responsibility:

1st preference parent/carers emergency contact name.

.....

2nd parent/carers emergency contact name.

.....

PERSONAL DETAILS OF CHILD

Should we need to contact you whilst your child is in our care, and are unable to do so, we will need other emergency contact detail of someone else. Please provide two names and contact numbers we can use that you wish to authorised the collection your child should we be unable to contact you (they must be over 18 years of age).

Name:

Relationship to child:

Telephone No (day):

Mobile No:

Name:

Relationship to child:

Telephone No (day):

Mobile No:

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

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
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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,)

Has your child been a "looked after child" or "child in care" i.e., or still is in the care of the local authority. Is your child fostered or adopted, please indicate below.

Are any of the following in place for your child?

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 childcare setting?	Yes	No
If so, what is the name of the childcare setting?		
Who is your child's key person at the other childcare setting?		
Name and contact details of manager at the other childcare setting		
Has your child attended another childcare 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

.....

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)

NAME:	NAME:
ADDRESS:	ADDRESS:
TEL NO.:	TEL NO:
MOBILE NO:	MOBILE NO:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD

PARENT: please complete

I/ We.....give my/ our permission for..... (child's name) to be collected onby 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.

PERMISSIONS

OUTINGS

We take the children on short outings into the local area or into the school next door and the school grounds. Please sign to say you are aware that we take the children out for short walks.

I / We understand that the preschool will be taking my child out for a walk in the local community. **We do not have** the capacity off staff for any child to remain behind at preschool, therefore, when we leave the preschool for a walk all children will be in attendance. They are secured in a 'Walk-o-Dile'. If you do not want your child to take part we fully understand. However, we would be unable to offer your child a place at our preschool. **For longer outings which may involve transport you will be notified in advance and permission sought.**

IN THE EVENT OF AN ACCIDENT OR SERIOUS ILLNESS AT PLAYGROUP

I / 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.

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 a member of staff to attend to my child's toileting needs.

Nappy changing and personal care.

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, such as finding unexplained marks. The acting safeguarding officer, will report and serious concern to the Cheshire East Safeguarding Team, parents will be informed before hand and a discussion will take place with a parent/carer before this takes place. Unless we have a serious concern where we believe a child to be in immediate threat of serious harm, we then have to report concerns without prior discussion with a parent or carer.

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. If permission is not given then please discuss with the manager.

Signed by

PERMISSIONS

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

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.

Print Name

Signature

PHOTOGRAPHS,

We like to take photos of the children at play for our records and for their online WhatsApp learning journey. 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 group In the local paper. We 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? Wegive permission for photographs to be used for the boxes that we have replied yes to.	Date:	

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 cream ☐

My child has an allergy to sun cream ☐

My 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, Hay fever, Food Allergy, Urticaria, Drugs Allergy, Animal Allergy. Medical Dressing Allergy. Asthma, Eczema etc.

Please state if any known.....

.....

.....

.....

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

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 is threatened, 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.

POLICIES AND PROCEDURES

Our Policies and Procedures and Terms and Conditions are available on line.

It is the Committees responsibility to create and review the settings policies and procedures.

Parents and carers have a responsibility to read and review them, to understand the expectations and rules of the setting. This shared responsibility ensures everyone is informed and supports the well-being of the child.

Please ensure that you have read these before your child starts with us. It is a parental or carers responsibility to do so.

Please see our web page, Sandbach Heath Preschool to view all the policies in full (copies are available upon request if there is one or more you particularly are interested in, these can be sent via an email).

Mothers First Name:

Mother's Surname.....

Address:

.....

.....

Father's First Name:

Father's Surname.....

Address:

.....

.....

OR:

Carer's First Name:

Carer's Surname Name:

Address:

.....

.....

OR:

Legal Guardian's First Name:

.....

Legal Guardian's Surname Name:

Address:

.....

I/we give permission for all the above information to be shared with members of Sandbach Heath (St. John's) Playgroup Committee. The committee oversee the manager and is responsible for the data within this document.

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

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

It is our legal obligation at Sandbach Heath (St. John's) Playgroup to maintain all of the information inclusively in this registration document and keep it securely for 5 years.