Stratton Playgroup

Registration Form

Name of Child: ……………………………………………………………………….……….………... Date of Birth: …………………………………………………

Name(s) of Parent(s): ……………………………………………………………..……………………………………………………………………………………….…

Do both parents have parental responsibility? Yes / No (delete as appropriate) please provide further details (if required)

……………………………………………………………………………………….……………………………………………………………………………..…………………..

Home Address: ..……………………………………………………………………………..…………………………………………………………………………………

…………………………………………………………….……………………………………………………………………….. Post Code: …………………….…………..

Email Address: ……………..…….…….………………………………………..……,,,…...... Tel No: …….…..……….……. Mobile: …….…..……….…….

We may want to contact you by text / voice message on rare occasions; please can you confirm which your preferred contact number is, as we will use a text messaging service to contact the majority of people.

Preferred Phone Number: (\*HOME / MOBILE / OTHER ...........................................................................) \* delete as appropriate.

Please state if your child lives with both parents: Yes / No If not – please inform us of your child’s living arrangements:

………….…………………………….…………………………….……………………………………………….……………………………………………………………….…

Other Parent’s address (if relevant): ………………………………………………..………………………………………………………………………………...

………….…………………………….…………………………….………………………………………………………………………………………….…………….……..…

Ethnicity:

☐ White British

☐ White English

☐ White Cornish

☐ White Irish

☐ Any other white background

☐ Black Caribbean

☐ Black African

☐ Any other black background

☐ Traveller of Irish Heritage

☐ Gypsy/Roma

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other mixed background

☐ Information Not Yet Obtained

☐ Refused

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Any other Asian Background

☐ Any other ethnic group, please specify:

…………………………………………………………………………………………………………

Family Doctor’s Name and Surgery………………...……………………………………………………………….…………… Tel No: …….…..……….…….

Is your child registered with a dentist: Yes / No If Yes, please provide name and contact information:

Name and Surgery………………...……………………………………………………………………………………….…………… Tel No: …….…..……….…….

Has your child been allocated a health visitor: Yes / No If Yes, please provide name and contact information:

Name and Details ………………...………………………………………………………………………………….…….…………… Tel No: …….…..……….…….

Do you have any concerns regarding your child’s progress or special educational needs? Yes/No

Please provide further details: ……………………………………………………………………..……………………………………..…………………………..…

Is your child in receipt of DLA (Disability Living Allowance) Yes/No

Please provide further details: ……………………………………………………………………..……………………………………..…………………………..…

Has your child got any allergies? Plasters Yes/No

Penicillin Yes/No

Milk Yes/No

Other: ……………….….………….……………………..………………………………………………………………………………………….…....………………………

………………………………………………………………………………………………………………………………………………..………….…… **Please turn over**

Are all your child’s childhood immunisations up to date? Yes/No

If NO, please provide further details: ……………………………………………………………………..………………………………………………………..…

Any other medical information we need to be aware of: ………….………..…………………………………………..…………………………………

…………………………………………………………………….….………..….………………………………..……....………………………………………………………..

Emergency Contact Name (in addition to Parent/Carer): ……………..…………..………………………………………………….…………………….

Address: …………………………………………………………………….………..………………………….………..…………………….………..…....……………….

Tel No: ……….………………………….…..………………………....………... Mobile: ……….………………………….……….……………………....………...

Regular Collectors Names (in addition to Parent/Carer):

Name: ……………………….…………… Name: ……………………….…………… Name: ……………………….……………

Tel No: ……….…………….……………. Tel No: ……….…………….……………. Tel No: ……….…………….…………….

Mobile: ..……….………….……………. Mobile: ..……….………….……………. Mobile: ..……….………….…………….

**STAFF TO COMPLETE:**

Type of Documentary Proof of Child’s DoB (eg Birth Certificate, Passport): …………………...…………………………………………………...

Reference Number of Proof: ………………………………………………………………………………..………………………….... STAFF INITIALS

Parental Responsibility - Is the father listed on the birth certificate? (*SEE NOTE)* STAFF INITIALS

Other Information

1. Starting Date:
2. How would you like your child to be known (e.g. Tom or Thomas)?
3. Brothers and Sisters (and their ages):
4. What is your child’s religion?
5. Is English the first language spoken at home: Yes / No

If No, please specify 1st language spoken:

1. Can they drink milk at break / lunch time?
2. Does your child attend any other Pre-School environment? (Please fill in the Dual Setting section & inform us if

your child leaves the other setting?)

1. Does your child spend time on a computer / tablet / mobile device?

If so, what games do they play?

1. Do you have any specific concerns that you feel we should be aware of?

Parental Agreements

**Accident or Illness**

In the case of accident or illness when staff are unable to contact a child’s parent/carer or emergency contact person, staff must know whether they can seek medical advice or treatment for a child in the parent’s/carer’s absence.

I (parent/carer) do / do not give consent for medical advice or treatment (such as children’s paracetamol or/and ibuprofen) to be administered to my child in my absence.

**Yes / No** (delete as appropriate)

**Providing a Sun Hat & Sun Cream**

I (parent/carer) will agree to provide a sun hat and apply sun lotion to my child before they attend a session at playgroup, as required. **Yes / No** (delete as appropriate)

**Application of Sun Cream**

If a child is staying for more than 3 hours; parents must supply a “clearly” labelled bottle of sun cream for their child; which staff will then apply the sun cream supplied, to the child. If sun cream is forgotten, we will have a small supply available at playgroup.

I (parent/carer) do/do not give consent sun cream to be applied to my child in my absence. **Yes / No** (delete as appropriate)

**Outings**

Occasionally we would like to take the children into the school grounds adjoining Playgroup for nature walks. These walks take place under high level of adult and staff supervision and extend indoor projects and activities. We also go across to the school for activities and to visit the library. I (parent/carer) do / do not give consent for my child to participate in these organised activities. **Yes / No** (delete as appropriate)

**Transfer of Records**

I (parent/carer) of child, understand and agree that all records relating to my child will be passed on to the next setting that they attend. (Child Protection Records are passed on to their next setting, regardless of whether we have parental permission or not). **Yes / No** (delete as appropriate)

**Access to Digital Technologies**

Children can have access to a wide range of digital technologies, including a computer, tablet and camera. Children do not normally have access to the internet and never have unsupervised access. Staff only access the internet with the children for the purposes of promoting their learning. We only access sites that are deemed suitable for children (such as Cbeebies). Children are not allowed to access social networking sites and we have filtering software in place to prevent access to adult sites. All computers for use by children are located in an area clearly visible to staff.

Parents can view our Online Safety / Acceptable Use Policy in the entrance.

Children are taught the following stay safe principles in an age appropriate way prior to using digital technologies and the internet.

* I will ask an adult if I want to use a device
* I will only use activities that an adult has told or allowed me to use.
* I will take care of the device and other equipment.
* I will ask for help from an adult if I am not sure what to do or if I think I have done something wrong
* I will tell an adult / a leader if I see something that upsets me on the screen.
* I know that if I break the rules I might not be allowed to use a device.

I (parent/carer) of child, have read and discussed the acceptable use rules with my child and confirm that he/she has understand what the rules mean.

I give permission for my child to use the online and digital technologies.

I understand that all reasonable precautions that playgroup takes, manages risk but cannot eliminate it.

I understand that playgroup will take appropriate action in the event of any incidents.

I will encourage my child to adopt safe use of online and digital technologies, both within and outside playgroup.

**Yes / No** (delete as appropriate)

**Please turn over**

**Permissions and Usage Agreement for Online Learning Journal**

In signing the following Permissions / Usage Agreement, I /we are agreeing to abide by the following conditions:

* I / we give permission for (insert name) …………………..………………………………………………... to be entered into the system for the purpose of an E-Learning Journal.
* I / we understand that the login / password I have been issued with is for my own personal use. It is my responsibility as the parent / carer to keep the password secure. I can choose to share this with other members of my family.

Children may appear in group photographs / videos for the purposes of showing social interaction and group learning. This means that the same group photograph / video may appear in more than one child's e-learning journal.

* (1) I / we consent to the use of photographs / videos containing images of my child in other children’s e-learning journals. (These photographs / videos cannot be shared with others, or published in any way, without the explicit consent of the Manager or Deputy of Stratton Playgroup; AND the families of those who may be included. For example, any such photographs or videos, cannot be posted on a social networking site or displayed in a public place).
* (2) I / we agree to use photographs / videos containing images of other children - for my / our own personal use only. (With the same restrictions as above).
* (3) I / we consent to the use of my child’s first name, in any written observations, in other children’s e-learning journals.

**Yes / No** (delete as appropriate)

Please state the name of the email address(s) you would like your e-learning journal sent to.

Parent / Carer (1) Email …………………………………………………………………….

Parent / Carer (2) Email …………………………………………………………………….

**Child’s Name / Photographs / Videos**

There are sometimes occasions when our Setting wishes to use your child’s name or take photographs / make video recordings of children. Sometimes this is for strictly educational purposes and on other occasions, it may be for other purposes ancillary to the running of the Setting (e.g. taking photographs for use in our brochure and on our web site or “open” Facebook page).

Similarly, there are occasions when the local press visit to record particular events (e.g. productions) and they may wish to publish photographs of children in newspapers or use recordings of the children on television when reporting these events.

In order to comply with the General Data Protection Regulations, the Setting needs your consent before taking photographs or making video recordings of your child. We should therefore be grateful if you could answer the following questions, sign and date the form.

Setting Displays / Literature Please delete

as appropriate

(4) I agree that the Setting can take photographs of my child which may be used in Setting displays Yes / No

(e.g. displays showing activities).

(5) I agree that the Setting can take photographs of my child which may be used in Setting literature Yes / No

(e.g. the prospectus; welcome pack; our website; our “open” Facebook page; and other promotional material, etc.).

(6) I agree that the Setting can use images of my child in video recordings which may be used in Yes / No

Setting literature (e.g. our website; our “open” Facebook page; and other promotional material, etc.).

(7) I agree that the Setting can take photographs and make video recordings of my child for the Yes / No

Setting’s own records, archives and future interest (e.g. photographs & videos of activities).

Press

(8) I am happy for the press to take and use images of my child. Yes / No

(9) The Setting may give the press the **first name only / first and surname** (delete as appropriate) Yes / No

of my child for publishing with the child’s photograph in a newspaper or for captioning on television.

**Dual Settings**

If your child attends another setting (playgroup / nursery / day care / child-minder), we would like to be able to liaise with them.

This would enable both settings to improve your child's experience & educational programme throughout the EYFS; to include end of term assessments and next steps; along with any behaviour or safeguarding issues.

Other Setting Name & Address: ..………………………………………….……….………………………….…….…………………………………..………….…

…………………………………….………….………………………….………….……………………….………………….. Post Code: ………………..……….……….

Contact Name: …………………….…………………........…..…………… Keyperson Name: ……………………..………………….……….....……………

Tel No: ……………….……………………….……. Email Address: ……....…………………………………………………….…………………..…….…………....

Please accept this signed form as confirmation that I/we are happy for my/our child's settings to liaise & discuss my child's needs, to help improve their experience & educational programme throughout the EYFS.

**Yes / No** (delete as appropriate)

**Information we hold about you and your child**

We have procedures in place for the recording and sharing of information [data] about you and your child that is compliant with the principles of the General Data Protection Regulations (2018) as follows:

The data is we collect is

1. Processed fairly, lawfully and in a transparent manner in relation to the data subject [you and your family]
2. Collected for specified, explicit and legitimate purposes and not further processed for other purposes incompatible with those purposes.
3. Adequate, relevant and limited to what is necessary in relation to the purposes for which data is processed.
4. Accurate and, where necessary, kept up to date.
5. Kept in a form that permits identification of data subjects [you and your family] for no longer than is necessary for the purposes for which the personal data is processed.
6. Processed in a way that ensures appropriate security of the personal data including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

Please see our Privacy Notice 10 1b (which can be found on our website – Policies & Procedures section), for our purposes for requesting, processing, storing, and erasure of personal data. On signing this document, you are confirming that you give consent to our use of your data.

**Definition of Parental Responsibility**

In England and Wales Parental Responsibility for a child is defined in the Children Act 1989 as “all the rights, duties, powers, responsibilities and authority which by law a parent has in relation to the child and his property”.

In Scotland it is defined in the Children (Scotland) Act 1995 as the responsibility: to safeguard and promote the child’s health, development and welfare,

* to provide direction and guidance,
* to maintain personal relations and direct contact with the child on a regular basis, and
* to act as the child’s legal representative.

Having parental responsibility for a child enables a parent to make day-to-day decisions in respect of their child about matters such as education, religion and medical treatment. Any parent with parental responsibility can also, for example, object to any change of a child’s name.

Who has parental responsibility?

Parental Responsibility is something which every mother automatically has. Fathers who are married to the mother of the child at the time of the child’s birth also automatically acquire Parental Responsibility.

**Please turn over**

In England, since 1st December 2003, and in Scotland, since 4th May 2006, unmarried fathers acquire Parental Responsibility if they are present to register as the child’s father at the Registry Office and their name is put on the child’s birth certificate.

It is recommended that unmarried fathers acquire Parental Responsibility. The father will then have virtually the same rights in bringing up the child as is enjoyed by married fathers.

**Confirmation & Signature**

I can confirmation that I have read this form, completed the information requested; and indicated my preferences, consent, refusal as appropriate:

Signature of parent / carer: ………………………………………….………………………….………..………………………....………...……………………. Date: …......………………….

Name (in block capitals): ……………………………………………….………………………….………..………………………....………..............……….