



Confidential Registration Form

Child's first name(s)	
Child's surname	
Child known as	
Child's Date of Birth	
Home address including Postcode	
Home phone number	
Home e-mail address	

Parents Details (Please list all with parental responsibility)

Contact Details 1	
Parent/carer Name	
Relationship to child	
Address (if different from above)	
Phone number	
Mobile number	
E-mail (if different)	
Parent NI number (for funding purposes only)	

Contact Details 2	
Parent/carer Name	
Relationship to child	
Address (if different from above)	
Phone number	
Mobile number	
E-mail (if different)	
Parent NI number (for funding purposes only)	

Other parent's Name	
Address (if different from above)	
Phone number	
Mobile number	
e-mail (if different)	
Relationship	

Other Family members

Please list other children in your household

Name	
Date of birth	
Name	
Date of birth	
Name	
Date of birth	

Emergency contacts

Please give us details of 2 further local people that we may contact in the event of illness or an emergency. We will only contact these people if parents cannot be reached.

Contact 1's Name	
Address	
Phone number	
Relationship	
Contact 2's Name	
Address	
Phone number	
Relationship	

Please give us details of any other person who regularly looks after your child (i.e. grandparent/childminder)

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Collection permission authorisation (other than parents) *Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, we will check before releasing the child. Only those over the age of 16 years can be named as authorised persons.*

Authorised Person 1 (parent/carer) –
Name _____

Relationship to child _____

Full address _____

Daytime/work telephone _____
 Home telephone _____ Mobile _____

Authorised person 2 (other family member) -

Name _____
 Relationship to child _____
 Full address _____
 Daytime/work telephone _____
 Home telephone _____ Mobile _____

Authorised person 3 (other family member)-

Name _____
 Relationship to child _____
 Full address _____
 Daytime/work telephone _____
 Home telephone _____ Mobile _____

Password for the collection of child by authorised persons:.....

Medical details

Doctor's Name	
Surgery Address	
Surgery phone Number	
Health Visitors Name	
Health Visitor Phone Number	

Please list your child's immunisations to date, (as recorded in the Red Book).

Date(s)	Immunisation	Dates(s)	Immunisation

Please could you give us details of:-

Any Allergies your child has.
Any medical conditions your child has
Any additional/special needs your child has

Please could you complete the following details

Child's Ethnicity	
Child's Religion	
How did you hear about Cricklade Pre-school Playgroup?	

Please could you give us details is any person(s) who are NOT allowed contact with your child (banned by court order)

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Please could you give us details of any other pre-schools or nurseries your child is/has attended.

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Please could you give us any other details about your child that you think may be relevant to your child. (i.e. bereavement or new child due etc)

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Two year old progress check/Integrated health check

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and to share it with your child’s health visitor. Please note that where a local authority has arrangements in place we complete an integrated check with you and your child’s health visitor.

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes No

Setting completing check _____ Date completed _____

Transfer of records

With your consent we will transfer your child’s records to the receiving school when they leave our setting. This will enable the school to continue to effectively manage any special education, health or medical needs, and to continue with their development.

I agree for my child’s records to be transferred to their receiving school

Name of child:

Signed _____ Date _____

Please sign to consent to the sharing of your registration details with the Children’s Centre

Name..... Signature.....

The local Authority require us to verify children’s identity.

Please bring your child’s birth certificate or passport so that we can record their date of birth

Document seen.....

Date.....

Please note that the information on this form is stored and maintained confidentially at all times.