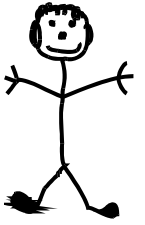




FIRST STEP PLAYGROUP



The Scout Hut, Parkhall Road, Somersham, Cambridgeshire PE28 3HE
Tel: 07855 035212 (8am to 3pm) email@firststepplaygroup.co.uk

Registration Form

Name of Child _____ Date of birth _____

Name known as _____ Gender (male /female) _____

Name of parent(s) with whom the child lives

Who has parental responsibility?

Address _____

Telephone number _____ Mobile _____

Email address _____

Name of parent with whom the child does not live

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

Address _____

Phone _____ Mobile _____

Does this parent have legal access to the child? Yes/ No (please delete)

Emergency contact details:

Parent 1 - work / daytime contact number _____

Parent 2 - Work / daytime contact number _____

Any other emergency contact numbers _____

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 _____

Collection Password _____

Personal details of child

Does your child have any food allergies, 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 spoke 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 we/you will support your child when settling-in:

Has your child had the following vaccinations?

8/12/16 weeks DtaP/IPV/Hib and PCV

Yes / no (delete)

12 months Hib/MenC

Yes / no (delete)

13 months MMR(1st) and PCV

Yes / no (delete)

3-5 years Dta/IVP

Yes / no (delete)

3-5 years MMR(2nd)

Yes / no (delete)

Is your child allergic to anything? i.e. plasters

Yes / no (delete)

Details

Has your child got any distinguishing marks?

Yes / no (delete)

Details

Has your child had any major health problems (any time since birth)?

Yes / no (delete)

Details

Has your child been in hospital recently?

Yes / no (delete)

Details

Does your child have any ongoing health problems?

Yes / no (delete)

Details

Does your child have any special needs or disabilities?

Yes / no (delete)

Details

Name, address and telephone number of your child's doctor

Name, address and telephone number of your child's dentist

Are you/your child registered with the local children's centre?

Yes / no (delete)

Are any of the following in place for your child?

An Early Health Assessment (previously a CAF)

Yes / no (delete)

Statement of Special Educational Need or EHC Plan

Yes / no (delete)

What extra 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 that 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 locality or social care involvement for any reason? Yes / no (delete)

Name _____ Based at _____

Telephone _____

What is the reason for the involvement of locality or social care department with your family?

NB if the child has a child protection plan, make a note here but do not include any details. (Ensure these are obtained from the social care worker named above and kept securely in the child's file).

Has your child attended/attending any of the following?

Another playgroup Yes / no (delete)

Parent and Toddler group Yes / no (delete)

Preschool Yes / no (delete)

Nursery Yes / no (delete)

Childminder Yes / no (delete)

When is your child due to start school? _____

Please bring proof of birth date when returning this form, such as birth certificate, passport etc.

Date of birth seen? Yes / No Type of document seen _____ Staff Int _____