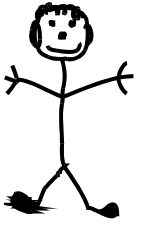




FIRST STEP PLAYGROUP



The Scout Hut, Parkhall Road, Somersham, Cambridgeshire PE28 3HE
Tel: 01487 843358 (9am to 3pm) email@firststepplaygroup.co.uk

REGISTRATION FORM

If you require help to complete this form a member of staff would be happy to assist you

Name of Child	Date of birth		
Name known as	Gender	Male	Female

Mother's name	
Address	
Telephone number	
Email address	

Father's name	
Address	
Telephone number	
Email address	

Who does the child live with	
Who has parental responsibility	

Mother daytime contact number	
Father daytime contact number	
Other emergency contact name and number	

Collection Password	
---------------------	--

PEOPLE AUTHORISED TO COLLECT YOUR CHILD (must be over 16 years of age)

-
-

CHILD'S PERSONAL DETAILS

Does your child have any food allergies, special dietary needs or preferences?

Does your child have any fears of special comforters?

Please 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

Does your child attend any other settings?

MEDICAL DETAILS

Name of doctor

Telephone number

Surgery address

Name of dentist

Telephone number

Address

Are your child's vaccinations up to date?

If no, which immunisations are outstanding?	
Is your child allergic to anything? i.e. plasters If yes please give details	
Does your child have any distinguishing marks? If yes please give details	
Does your child have any health problems? (anytime since birth) If yes please give details	

MEDICAL ACCIDENT AND EMERGENCY PERMISSION

We require your permission to contact a doctor in case of an emergency and/or for your child to be given emergency medical treatment as prescribed by a medical practitioner. In an emergency it may be necessary for us to take your child to the nearest Accident and Emergency unit to be examined or treated. In the event of an emergency you would be contacted immediately, you will always be informed if we need to take your child to hospital so that you can also make your way there. Please sign to give your permission

Signed

Print Name

ADDITIONAL SUPPORT

[Please tick]

Does your child have any Special Educational Needs or Disabilities?	YES	NO
An Early Help Assessment?	YES	NO
SEN Inclusion Funding of an EHC Plan?	YES	NO
What extra support will he/she require in our setting?	YES	NO
Does your family have locality or social care involvement for any reason?	YES	NO
NB if your child has a child protection plan, make a note here but do not include any details.		

PERMISSIONS

To comply with General Data Protection Regulations, we require your permissions for the following;

I **DO/DO NOT** give permission for my child's image to be included in setting displays

I **DO/DO NOT** give permission for my child's image to be published in printed media e.g. local newspapers.

I **DO/DO NOT** give permission for my child's image to be published on the Internet (our own website only)

I **DO/DO NOT** give permission for my child's image to be included on playgroup's **closed** Facebook page

I **DO/DO NOT** give permission for my child's image to be included playgroup's **public** Facebook page

I confirm that I have read, understand and accept the policies and procedures of First Step Playgroup which can be accessed at http://www.firststepplaygroup.co.uk/policies.html	
Signed	Print Name

FOREST SCHOOL PERMISSION	
During the pre-school year we offer a weekly Forest School session led by qualified practitioners on Wednesday's. The sessions are usually held at Somersham School site, which also supports transition to primary school. Forest School sessions are outdoor and children will have the opportunity to use tools, take risks and develop vital senses such as vestibular and proprioception, which help with balance and core strength. Please also see our Forest School Handbook http://www.firststepplaygroup.co.uk/policies.html Please give permission for your child to attend.	
Signed	Print Name

LOCAL OUTINGS PERMISSION	
From time to time we may take the children on a local outing around the village. During these outings we strictly follow our policies and procedures (please refer to policy 1.8) to ensure that the children will remain safe at all times. We will endeavor to advise you of when a walk is taking place via our notice board, but small impromptu walks may also take place. Please sign below to give your permission.	
Signed	Print Name

SUN CREAM PERMISSION			
First Step Playgroup will provide a supermarket factor 50 sun cream and with your permission will apply it to your child after lunch if they are staying all day in the setting. We do ask that sun cream is applied before they attend their first session of the day. Should you prefer to provide your own sun cream please pass it to a member of staff clearly labeled.			
I give permission for playgroup to apply sun cream	[Please tick]	YES	NO
I do give permission to use the setting sun cream	[Please tick]	YES	NO
I do not give permission and have provided my own sun cream	[Please tick]	YES	NO

Do you as a parent require any additional support, such as translation of documents, additional support to understand our procedures?	Please tick	
	YES	NO
If yes please give details.		

A manager will be in touch to arrange a home visit to support your child's transition into the setting. At the home visit we will require to see proof of your child's name and birthdate.

[We are looking forward to beginning our journey with you and your child.](#)

Type of document seen:	Birth Certificate	Passport	Staff Initial
------------------------	-------------------	----------	---------------