**Lichfield Little Learners**

**Registration Form**

**Safeguarding Statement**

SS Peter & Paul Nursery and Kidsclub are committed to safeguarding and promoting the welfare of children and expect all staff and volunteers to share this commitment. Anyone using SS Peter & Paul Nursery and Kidsclub will accept these principles. In the event of any concerns, advice from appropriate agencies will be sought.

**Please complete all sections of this form, failure to provide all relevant information may lead to your child’s start date being delayed.**

Date to start Nursery………………………………………….……… D.O.B………………………………………………….

I will provide a copy of my child’s birth certificate

**Sessions Required (Please tick)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |

Child’s full name: …………………………………………………………………………………..……..… Boy… Girl…

Child’s preferred family name: ……………………………………………………………………………………………….

Child’s first language: ………………………………………………………………………………………………………………

Child’s religion: …………………………………………………………………………………………………………………………

Child’s ethnicity: ………………………………………………………………………………………………………………………

Parents’/Carers’ Details

Mother/Carer’s full name: Miss/Mrs/Ms…………………………………………………………………D.O.B………………………………

Mobile Telephone Number: ………………………………………………………………………

Home Telephone Number: ………………………………………………………………………

National Insurance Number: ………………………………………………………………………

Email: ………………………………………………………………………………………………..

Full address: ……………………………………………………………………………………………………………………………………………………….

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

Postcode: ………………………………………………………………

Is this your child’s main address? YES / NO (Please circle)

Father/Carer’s full name: ………………………………………………………………………………… D.O.B………………………………

National Insurance Number: ………………………………………………………………………

Full address: ……………………………………………………………………………………………………………………………………………………….

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

Postcode: ……………………………………………………………………………………………………………………………………………………………

Email:………………………………………………………………………………………………………………………………………………………………….

Is this your child’s main address? YES / No (please circle)

Mobile Telephone Number: ………………………………………………………………………

Home Telephone Number: ………………………………………………………………………

Parental responsibility

Who has parental responsibility? …………………………………………………………………………………………………………………..

Who has legal contact? …………………………………………………………………………………………………………………………………….

Please provide 2 or more different Emergency contacts.

Emergency contact details No 1

Full name: ……………………………………………………………Relationship to child…………………………………………………………………

Mobile Telephone Number: ………………………………………………………………………

Home Telephone Number: ………………………………………………………………………

Emergency contact details No 2

Full name: ……………………………………………………………Relationship to child…………………………………………………………………

Mobile Telephone Number: ………………………………………………………………………

Home Telephone Number: ………………………………………………………………………

Collection details

Please name all adults authorised to collect your child and their relationship to the child

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

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

Please provide a password to use in the event of someone new collecting your child. (Please always inform us if someone different will be collecting your child)

Password: ……………………………………………………………………

Doctor’s details

G.P. Name: ……………………………………………………………………………………………………………………………………………………………

G.P. Address: ………………………………………………………………………………………………………………………………………………………

Telephone number: ……………………………………………………………………………………………………………………………………………

Dentist details Is your children registered with a dentist Yes/No, if yes please complete below:

Name & Address: ………………………………………………………………………………………………………………………………………………

Telephone number: ……………………………………………………………………………………………………………………………………………

Medical Conditions

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

*Are you or have you ever had any support from Social Services or family support in regards to your child*? Yes / No

Details …………………………………………………………………………………………………………………………………………………………….

Health Visitor Details

H.V. Name: …………………………………………………………………………………………………………………………………………………………

H.V. Address: ……………………………………………………………………………………………………………………………………………………

Telephone number: ……………………………………………………………………………………………………………………………………………

Do you give permission for us to contact your health visitor? Yes/No

Do any of the following apply to your family? Please tick relevant boxes.

|  |  |  |  |
| --- | --- | --- | --- |
| Tick |  | Tick |  |
|  | Income Support |  | The Working Tax Credit 4 week run on (the payment you get when stop qualifying for Working Tax Credit) |
|  | Income-relate Employment & Support Allowance (ESA) |  | Support through Part 6 of the Immigration & Asylum Act. |
|  | Income-based Job Seekers Allowance (JSA) |  | Child has current statement of SEN or an Education, Health & Care Plan (EHC) |
|  | Child Tax Credit & have an annual income not over £16,190 |  | Child attracts Disability Living Allowance (DLA) |
|  | Working Tax Credit & have an annual income not over £16,190 |  | Child is looked after by the Local Authority |
|  | The guaranteed element of State Pension Credit. |  | Child has left care through special guardianship or through an adoption or residence order. |

Has your child ever attended another setting? If so, please provide details.

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

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

Do you give permission for us to contact the setting? Yes/No

**Food & Drink Choices**

Please list any likes / dislikes of food that your child has

|  |  |
| --- | --- |
| **Likes** | **Dislikes** |
|  |  |

**Parental Permission and agreement Form**

Please read carefully the following statements and sign the agreement below.

**If you do not wish to give your permission to some of these statements, please delete the appropriate ones. This can be done by tick to agree and cross to disagree.**

**Table of consent**

Please complete the following table of consent

|  |  |  |
| --- | --- | --- |
| **I give permission or agree to the following:**  | **Please Tick** | **Comments** |
|  I give permission for plasters to be used on my child. |  |  |
| I give permission for photographs to be taken and used in school, for displays. (no images will be stored after the end of the term in which they are taken). |  |  |
| I give permission for **photographs** to be taken and used on the school website (no names will be printed) |  |  |
| I give permission for **work** to be published on school website. |  |  |
| I give permission for photographs to be published in the local paper (no names will be printed) |  |  |
| I give permission for taking part in food tasting activities at school. (Please list any food your child has an allergy to – clarification from GP required) |  |  |
| I give permission for my child to walk around the school grounds. |  |  |
| I give permission for staff to assist with toileting. |  |  |
| I give permission for staff to change my child due to a toilet accident. |  |  |
| I give permission for staff to change my child’s nappy if required. |  |  |
| I give permission for nappy cream to be applied by staff, should it be required. (cream to be supplied by parent). |  |  |
| I give permission for staff to lift a child as and when required. |  |  |
| I give permission for staff to share information with other/new settings. |  |  |
| I give permission for the staff to administer basic first aid to my child. |  |  |
| I give permission for the staff to access emergency medical treatment for my child if it is necessary.  |  |  |
| I give permission for Little Learners / Teenie Weenie’s to share my child’s developmental & welfare information with other professionals. |  |  |
| I give permission for the staff to make written observations of my child to assist with planning for his/her individual needs. |  |  |
| I give permission for the staff to make written observations of my child for use in their ongoing training programmes. |  |  |
| I give permission for my child to take part in festivals that celebrate a variety of different cultures and religions. |  |  |
| I give permission for my child to have his/her face/hands/feet painted. |  |  |
| I give permission for my child to be photographed and videoed by other parents in events such as plays, sporting events etc. |  |  |
| I agree that in situations where my child may hurt themselves or other children, staff have my permission to remove my child by picking them up or by holding their hand. |  |  |
| Children must have sun cream applied before coming to school during sunny weather. I give permission that during sunny weather a member of staff can apply my child’s named sun cream during the afternoon session. |  |  |

**Allergies**

During your child’s time in Nursery a wide variety of play and learning opportunities will be on offer. Some of these will involve tasting, handling food and contact with animals. It is vitally important for your child’s safety that we have up to date information regarding any allergies.

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

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

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**Special Educational Needs**

Does your child have any special educational needs? If so please share your information with us on the lines below:

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

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

**Terms and Conditions**

All parents / carers **must** read and abide by our policies and procedures.

All chargeable sessions **must** be paid for including holidays and illness.

All fees **must** be paid in advance of the paid sessions being taken. A monthly invoice will be provided.

Parents **must** give written notice of four weeks if they wish to withdraw their child from our nursery or cancel booked sessions.

If you fall behind with your fees payment, sessions may/will be suspended until payments are brought up to date. Persistence in non-payment may result in the loss of sessions permanently.

Parents **must** contact nursery if their child will be absent. If no contact can be made, it may be necessary for staff to carry out a safe and well check at the home address.

I fully understand that I need to apply for funding if my child is between the age of 2 & 4 years and eligible for think 2 or extended funding, by obtaining and providing the relevant code to the school office. Please tick…

I fully understand that it is my responsibility to re-confirm my extended funding details, every 3 months on the HMRC gateway website, in order for my funding to continue. I understand that if I fail to do this, I will be charged for any non-funded sessions. Please tick…

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**All information on this permission form is kept confidential in line with our Child safeguarding and Confidentiality Policies.**

***For office use only***

I confirm that all details have been provided on the form as requested

Staff name: …………………………………………………………………………………………………………

Staff signature: ……………………………………………………………………………………………

Date: ………………………………………….

Copy of child’s birth certificate seen & retained staff initials: ………………

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

2 year working parents code

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

30hr Code (Nursery only)

Child added to Parentpay Ref No:

Activation letter issued:

Think 2 funded children only

Free sweatshirt

Free cardigan

Date given: ………………………………

Parent/Carer Signature: ………………………………………………………………