

## Registration form

THE BARNA-BUS PRE SCHOOL

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### Basic details

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_

Name known as \_\_\_\_\_

Name of parent(s) with whom the child lives

1 \_\_\_\_\_

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

2 \_\_\_\_\_

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

Address \_\_\_\_\_

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Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Name of parent with whom the child does not live

\_\_\_\_\_

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

Address \_\_\_\_\_

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Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

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

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### Emergency contact details

Parent 1 - Work/daytime contact number \_\_\_\_\_

Parent 2 - Work/daytime contact number \_\_\_\_\_

Any other emergency contact numbers \_\_\_\_\_

Name

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Telephone

Mobile

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Name

---

Telephone

Mobile

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**Persons authorised to collect the child (must be over 16 years of age)**

Name

Relationship to child

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Telephone

Mobile

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Name

Relationship to child

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Telephone

Mobile

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**Personal details of child**

Does your child have any 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?

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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?

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What language(s) is/ are spoken at home

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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 you will support your child when settling-in:

Does your child have any special needs or disabilities? Yes/No (delete)

Details \_\_\_\_\_

Does your child have any allergies? Yes/No (delete)

Details \_\_\_\_\_

What special support will he/she require in our setting?

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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 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 a social care worker for any reason? Yes/No (delete)

Name: \_\_\_\_\_ Based at: \_\_\_\_\_

Tel: \_\_\_\_\_

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

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

**To be completed by the key person/manager**

Date starting at THE BARNA-BUS PRE SCHOOL \_\_\_\_\_

Days and times of attendance

Are any fees payable? If so, note here \_\_\_\_\_

Name of key person \_\_\_\_\_

Name of back up key person \_\_\_\_\_

Has the settling-in process been agreed? Yes / No (delete)

If so, detail

Signed by

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Key person \_\_\_\_\_ Manager \_\_\_\_\_

Date \_\_\_\_\_ Date or first review \_\_\_\_\_

**Do you give consent in an emergency to us administering First Aid and if necessary calling for an ambulance for Hospital Treatment?**

**Signature of parents/carers**

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**Do you give permission/consent for photographs and videos (including press) to be used for advertising purposes and/or in and around The Barna-Bus Pre-school?**

**Signature of parents/carers**

.....

**YOUR CHILD'S FULL NAME**

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