

For office use:

Date enquiry rec'd

Tel Email Post

CONFIDENTIAL



09.01b Registration, Sessions Requested and Permission Form

Full name of child: _____ Gender: M / F / O

Preferred name: _____ Date of birth: _____

This form needs to be completed and returned to Little Doves before your child can start at the pre-school. You cannot leave your child with us unless this has been done.

Names of parent/carer with whom child lives:

Parent/carer 1/ _____ Emergency contact no: _____

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

Email address _____

Parent/carer 2/ _____ Emergency contact no: _____

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

Email address _____

Home address: _____

Postcode: _____ Home Tel no: _____

Name of parent with whom the child does not live: _____

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

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

Home address: _____

Postcode: _____ Tel no: _____ Mobile no: _____

NO ACCESS - relating to the security of the child/anyone that must not collect your child.
(See manager for more details)

Name _____

Full address _____

Postcode: _____ Tel no: _____ Mobile no: _____

Relationship to the child _____

Reason e.g. court order or other _____

Evidence seen: **Yes / No** (please delete)

Copy provided: **Yes / No** (please delete)

EMERGENCY CONTACT DETAILS

Please provide additional contact details in case the parent/carer(s) are not contactable

We must have a total of 3 contact telephone numbers (including parent/carer(s))

Only those over the age of 16 years can be named as emergency contacts.

(Please ensure emergency contacts are local and their consent has been given).

Emergency contact Name: _____ Tel no. _____

Address:

Relationship to child e.g. Granny/friend etc _____

Consent has been given by the above contact to be phoned in an emergency and for LDCP to hold and process their data during the child's time at LDCP (please tick).

Emergency contact Name: _____ Tel no. _____

Address:

Relationship to child e.g. Granny/friend etc _____

Consent has been given by the above contact to be phoned in an emergency and for LDCP to hold and process their data during the child's time at LDCP (please tick).

COLLECTION PERMISSION AUTHORISATION (other than parent/s)

If someone, other than a parent, will be collecting your child please complete the below.

Only those over the age of 16 years can be named as authorised persons.

Password for the collection of your child by authorised persons _____

Authorised person's Name: _____ Tel no. _____

Address:

Relationship to child e.g. Granny/friend etc _____

Consent has been given by the above contact for LDCP to hold and process their data during the child's time at LDCP (please tick).

Authorised person's Name: _____ Tel no. _____

Address:

Relationship to child e.g. Granny/friend etc _____

Consent has been given by the above contact for LDCP to hold and process their data during the child's time at LDCP (please tick).

HEALTH AND DEVELOPMENT

Name of child _____

Is your child allergic to anything or has any food intolerances? **Yes / No** (please delete)

If yes, please specify

Does your child have allergies or aversions to animals?. **Yes / No** (please delete)

Risk assessments will be carried out for visiting animals and are available to parents on request.

If Yes, please give details

Does your child follow a special diet? **Yes / No** (please delete)

If yes, please specify

Was your child born prematurely? **Yes / No** (please delete) If yes, No. of weeks _____

Please give further details if you think useful

Do you have any concerns about your child's learning or development? **Yes / No** (please delete)

If yes, please specify

Does your child have any on-going medical conditions? **Yes / No** (please delete)

If yes, please specify

If yes, please specify which professionals are involved e.g. paediatrician, consultant, dietician, therapists etc:

Does your child require a health care plan? **Yes / No** (please delete)

If yes, please see Pam and complete the health care plan/medical record.

Has a Health Section 23 Notification form been initiated for your child? **Yes / No** (please delete)

Does your child have care or mobility needs **Yes / No** (please delete)

If yes, are they in receipt of Disability Living Allowance? **Yes / No** (please delete)

If yes, please state the rate awarded

DETAILS OF PROFESSIONALS INVOLVED WITH YOUR CHILD

Doctor's name: _____ Tel no: _____

Address:

Has your child visited a dentist? **Yes / No** (please delete)

If yes, please give

Dentist's name: _____ Tel no: _____

Address:

Does your child have a health visitor? **Yes / No** (please delete)

If yes, please their name and telephone number:

Does your family have a social worker for any reason? **Yes / No** (please delete)

If yes, please provide the name and telephone number:

ABOUT YOUR CHILD

Name of child _____

Does your child attend another pre-school/nursery/childminder? **Yes / No** (please delete)

If yes, please give details: Name of setting: _____

Address:

Tel no:

Email address:

I give permission for the carer/childminder named above to collect my child from Little Doves Christian Pre-School.

I give permission for the carer/childminder named above to be contacted in an emergency whilst my child is at the pre-school.

I give permission for Little Doves CP to liaise with the carer/childminder named above on any matter relating to my child including EYFS 2024 matters.

When is your child due to start school? **September** _____

What is the main language spoken at home? _____

Does your family follow a religion? If so, please specify _____

How would you describe your family's cultural background _____

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in?

Is there anything else we should know about your child in order to help and understand him/her? e.g. Does he/she have any particular fears/dislikes, any special words (for toilet perhaps) or any recent family events which may have affected your child? **NB All this information will be kept confidential.**

I wish to discuss my child with the manager **Yes / No** (please delete)

TWO YEAR OLD PROGRESS CHECK/INTEGRATED HEALTH CHECK

As per 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** (please delete)

If yes, name of setting _____ Date _____

IMMUNISATION HISTORY ** We are required to see your child's red book**

Please complete the table below using your child's Personal Child Health Record Book (Red Book).

Age	Vaccine	Yes	No	Date of Vaccine
8 weeks	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenza type b (Hib) and hepatitis B - DTaP/IPV/Hib/HepB	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Meningococcal group B (MenB) - Men B	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Rotavirus gastroenteritis - Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	Date
12 weeks	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B - DTaP/IPV/Hib/HepB	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Pneumococcal (13 serotypes) – PCV	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Rotavirus - Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	Date
16 weeks	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B - DTaP/IPV/Hib/HepB	<input type="checkbox"/>	<input type="checkbox"/>	Date
	MenB - MenB	<input type="checkbox"/>	<input type="checkbox"/>	Date
One year old (on or after child's first birthday)	Hib and Meningococcal group C – (MenC)	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Pneumococcal - PCV booster	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Measles, mumps, and rubella (German Measles) – MMR	<input type="checkbox"/>	<input type="checkbox"/>	Date
	MenB – MenB booster	<input type="checkbox"/>	<input type="checkbox"/>	Date
Eligible age groups	Influenza (each year from September) – LAIV	<input type="checkbox"/>	<input type="checkbox"/>	Date
3 years and 4 months or soon after	Diphtheria, tetanus, pertussis, and polio – dTaP/IPV	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Measles, mumps, and rubella – MMR (check first dose given)	<input type="checkbox"/>	<input type="checkbox"/>	Date
*Additional childhood immunisations				

*Additional childhood immunisations as per the selective childhood immunisation programme (www.gov.uk/government/publications/routine-childhood-immunisation-schedule)

SESSIONS REQUESTED AT LITTLE DOVES - FEES ARE AVAILABLE ON ENQUIRY

To enable Pam to plan, please indicate below how many sessions/days you would like your child to attend. We will do our best to accommodate your request but cannot guarantee everyone will get their choice. Places can always be renegotiated for the next term.

Please clearly tick the days and times you prefer and delete those which are totally unacceptable.

Number of sessions requested:

Tuesday

all day session - 6hrs

morning - 3hrs

afternoon - 3hrs

Wednesday

all day session - 6hrs

morning - 3hrs

afternoon - 3hrs

Thursday

all day session - 6hrs

morning - 3hrs

afternoon - 3hrs

Friday

all day session - 6hrs

morning - 3hrs

afternoon - 3hrs

Will your child be:

Self-paying Government funded 2 yr old funding Working parent 2 yr old funding (30hrs)

3&4 yr old universal funding (15hrs) Working parent 3&4 yr old funding (30hrs)

Any comments:

PARENT PERMISSIONS

We would like to send you information about your child and our pre-school by but we need to be sure we have your permission to do so. You can of course unsubscribe/ask us not to contact you by any of these means at any time. You will need to put this in writing to Pam Biddulph, manager.

I give consent to be contacted regarding Little Doves by (please tick):

Email – This includes a monthly newsletter with dates for diaries

Telephone – Emergencies or requesting information

Post – Starting information/forms

Text

WhatsApp - Pam uses WhatsApp to circulate everyday information for current children, as this is an encrypted service. By ticking this box, you give consent to be included in a Little Doves WhatsApp group to receive messages from the manager which means your telephone number will be visible to other parents/carers.

Signed _____ Date _____

CORRESPONDANCE FROM ST PAUL'S BENTLEY CHURCH

I am happy to receive information from St Paul's Bentley Church about special events/activities whilst my child is at Little Doves Christian Pre-school.

Signed _____ Date _____

OBSERVATIONS AND ASSESSMENTS

Name of child _____

As part of the Early Years Foundation Stage, we are required to observe, by continual assessment, a child's progress throughout their time at the pre-school developing a "Big book of me" learning journal. This ensures that all children progress in their development and we can assist and help where necessary. The "Big book of me" learning journal is given to you when your child leaves the setting.

I give permission for my child to be observed and assessed during session times by the pre-school staff and for their 'Big book of me' learning journal (including photographs) to be worked on off-site by their key person at their home.

Signed _____ Date _____

E-SAFETY (STAFF AND CHILDREN)

In some instances, children will use ICT equipment to promote their learning and development under the supervision of staff. Children do not normally have access to the internet and never have unsupervised access to the internet. See 06.09 E-safety procedure on our website for more details.

I give permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures and risk assessments in place to govern its use and that staff and visitors may also use ICT equipment to record and monitor children's learning and development.

Signed _____ Date _____

FIRST AID MEDICAL TREATMENT AND PLASTER PERMISSION

Name of child _____

I give permission for First Aid medical treatment to be given to the named child above and for a plaster to be applied if deemed necessary by a member of the Little Doves Pre-school team.

Following the already established procedure, the accident book will be completed, and the collecting adult will be notified of the injury. If there is any change to this arrangement, I will inform a member of the Little Doves team.

Signed _____ Date _____

EMERGENCY MEDICAL TREATMENT

In the event of an accident or emergency, involving my named child above, I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary, and I understand my child may be taken to hospital accompanied by the manager or authorised senior member of staff for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed _____ Date _____

ONLY COMPLETE IF YOUR CHILD HAS AN INHALER/AUTO-INJECTOR (e.g. EPIPEN)

I give permission for a named member of staff, who has been trained, to administer the inhaler, EpiPen or Anapen (supplied by me).

Signed _____ Date _____

Printed name _____

OUTSIDE PLAY AREA AND SHORT WALK PERMISSION

I give permission for my child to play in the fenced outside play area and to go for short walks in the adjacent field with suitable and safe staff: child ratios during their time at Little Doves CP.

Signed _____ Date _____

APPLICATION OF CREAM

Name of child _____

SUN CREAM

I give permission for hypoallergenic sun protection cream to be applied, to my child named above, when necessary and to record its use.

Signed _____ Date _____

NAPPY CREAM

I give permission for non-medicated nappy cream (supplied by me) to be administered to my child, named above, when required in accordance with manufacturer's instructions. If medicated nappy cream is supplied by me, I give permission for it to be applied as above and to record its use and inform me of when it was administered. (04.02a Parental consent form for administration of medicine to a child whilst at Little Doves).

Signed _____ Date _____

PHOTOGRAPHS

Name of child _____

Photos taken are used as evidence to show topics and activities covered. These will be added in to your child's "Big book of me" learning journal and may be displayed at Little Doves Christian Pre-School for parents/carers to view. Only cameras supplied by Little Doves are used for this purpose. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use. Sometimes photographs show a group activity and therefore include more than one child. Photographs are stored securely and are destroyed after 3 years following your child leaving the pre-school.

I give permission for my child to be included in photographs taken during Little Doves sessions to be used as stated above and for my child to appear in group photos in other children's folders.

Signed _____ Date _____

PHOTOGRAPHS TAKEN AT A PARENT INVITED EVENT

Some parents/carers like to take photographs or make video recordings at parent invited events. Any photographs taken will be in full view of all attending.

I am happy for my child to appear in other parents/carers photographs/video recordings.

Signed _____ Date _____

PERMISSION FOR YOUR CHILD TO BE INCLUDED IN PHOTOGRAPHS THAT ARE UPLOADED ONTO THE LITTLE DOVES CHRISTIAN PRE-SCHOOL CLOSED GROUP FACEBOOK PAGE

I give permission for photographs of my child taken at Little Doves to be uploaded onto the Little Doves Christian Pre-school Closed Group Facebook page and I agree to the terms and conditions of Facebook, being aware that the data (including photos) can be stored outside the EU.

Signed _____ Date _____

PERMISSION FOR YOUR CHILD TO BE INCLUDED IN PHOTOGRAPHS THAT ARE UPLOADED ONTO THE LITTLE DOVES CHRISTIAN PRE-SCHOOL WEBSITE

We would also like to put some of the photographs we have taken at Little Doves onto the website to show parents/carers and other potential families some of the activities that have taken place in the pre-school.

I give permission for photographs of my child taken at Little Doves to be uploaded onto the Little Doves Christian Pre-school website.

Signed _____ Date _____

PERMISSION FOR YOUR CHILD TO BE INCLUDED IN VIDEOS TAKEN AT LITTLE DOVES CP THAT MAYBE UPLOADED ONTO A CLOUD STORAGE SYSTEM OR SHARED USING AN ENCRYPTED MESSAGING SERVICE

We would like to be able to take videos to share with the parents/carers (and staff/trustees) of their children taking part in particular activities in the pre-school, for example, the nativity. To enable sharing, a cloud storage system (e.g. Dropbox) or an encrypted messaging service (e.g. WhatsApp) may be used. We would like to bring to your attention that this data (videos) can be stored outside the EU. (These videos will only be shared for the purpose as stated above unless it is a legal requirement to share with an official organisation).

I give permission for my child to be included in videos taken at Little Doves CP which maybe uploaded onto a cloud storage system or encrypted messaging service to share with the other parents/carers (and staff/trustees) currently at the pre-school, being aware that this data can be stored outside of the EU.

Signed _____ Date _____

TRANSFER OF INFORMATION

Name of child _____

With your consent we will transfer your child's information to the receiving school/setting during the transition process and when they leave our setting. This will enable the school/setting to continue to effectively manage any special education, health or medical needs and to continue with your child's development.

I agree for my child's records to be transferred to their receiving school/setting.

Signed _____ Date _____

SHARING INFORMATION WITH AUTHORISED CHILDCARE PROFESSIONALS

Occasionally authorised childcare professionals will ask us for information regarding your child.

I agree to allow information to be shared with other authorised childcare professionals.

Signed _____ Date _____

INFORMATION SHARING

Information that parents share with the pre-school will be regarded as confidential, however, there are certain circumstances when we are obliged to share information. This is when sharing information will help to prevent a crime being committed or intervene where one may have been committed, to prevent harm to a child or adult or where not sharing it could be worse than the outcome of having shared it. For further details please refer to our 07.06 Data protection and privacy notice, 07.04 Transfer of records and 06 Safeguarding children, young people and vulnerable adults which can be viewed on our website www.littledovescp.org.uk/about/policies

I understand the circumstances when information may be shared without my consent. (This will only be when it is a matter of safeguarding a child or vulnerable adult).

Signed _____ Date _____

GENERAL DATA PROTECTION REGULATION 2018

Permission for your and your child's details to be held by Little Doves Christian Pre-School.

We will only use your and your child's personal information to provide a childcare service to you. We keep your information so you can receive important updates about your child and the pre-school. We will keep your information secure and will never share it, except if required to do so by law. The pre-school is required by law to pass on some of these details to, for example, Essex County Council, the Department of Education, the Charity Commission, HMRC and the pre-school auditors: for further details please see our 07.06 Data protection and privacy notice in the policies and procedures file and on our website [Data Privacy | Little Doves Christian Pre-School](#)

After your child has left, we will continue to hold your and your child's data in line with our 07.12 Data retention document which is available to read on our website [Data Privacy | Little Doves Christian Pre-School](#)

Should you decide you no longer require the place we will not retain the details on this application form - see our 07.06 Data protection and privacy notice & our 07.12 Data retention document on our website [Data Privacy | Little Doves Christian Pre-School](#)

I give consent to Little Doves Christian Pre-school holding and processing my data and my child's data and sending me information about my child and the pre-school.

Signed _____ Date _____

FURTHER INFORMATION & DECLARATION

I confirm that information about the pre-school's policies and procedures has been made available www.littledovescp.org.uk/about/policies and explained to me and I understand I can find more information as to how my personal data is handled through Little Doves CP 07.06 Data protection and privacy notice and 07.12 Data retention document on our website [Data Privacy | Little Doves Christian Pre-School](#)

For parent(s)/guardian(s) under the age of 18, a guarantor aged over 18, must also sign this form on your behalf. The agreement would therefore be between the setting, you and the guarantor.

- I have read and agree to the terms and conditions of the Little Doves 09.01c Parent contract. [Parent contract | Info | Little Doves Christian Pre-School](#)
- I have read, understood and signed the 09.01f Parent payment agreement (available on request).
- I confirm that I have read and understood Little Doves Christian Pre-School Safeguarding Children Overview available to read on [Safeguarding & Internet Safety | Info | Little Doves Christian Pre-School](#)
- I confirm that I have read the 07.06 Data protection and privacy notice on our website [Data Privacy | Little Doves Christian Pre-School](#) and give my consent to the processing of special category data when completing the ethnic category data on the next page.
- I confirm that I have reviewed form and verify that all information provided is accurate and I you will notify Little Doves CP of any changes as they arise.

Signed _____ Date _____

Printed name _____

Please note that the information on this form is always stored and maintained confidentially.

If you find that you no longer need the place, please inform us as soon as possible.

We will not retain the details on this application form, please see 07.12 Data retention document on our website [Data Privacy | Little Doves Christian Pre-School](#)

For children receiving any form of Funded Early Education Entitlement, Essex County Council require us to verify the postcode where your child lives and your child's date of birth. Therefore, please show the manager some form of postcode identification (e.g. driving licence, utilities bill) and your child's birth certificate.

Little Doves CP Child Application Checklist of things to give to manager

- Completed Registration Form
- Proof of postcode, such as a utility bill
- Child's birth certificate
- Child's Personal Child Health Record book (red book)

Please complete the Ethnic Category Data on the next page.

Ethnic Category (special category data, please consent above to us processing it)

This is required by Essex County Council to “highlight inequalities, investigate their underlying causes and remove any unfairness or disadvantage.” **(Please tick one box only)**

<p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Traveller of Irish Heritage</p> <p><input type="checkbox"/> Gypsy/Roma</p> <p><input type="checkbox"/> Albanian (excluding Kosovan)</p> <p><input type="checkbox"/> Italian</p> <p><input type="checkbox"/> Kosovan</p> <p><input type="checkbox"/> Greek/Greek Cypriot</p> <p><input type="checkbox"/> Turkish/Turkish Cypriot</p> <p><input type="checkbox"/> White Eastern European (including Bulgarian, Czech, Latvian, Lithuanian, Polish, Romanian, Russian, Slovak, Ukrainian,)</p> <p><input type="checkbox"/> White Western European (including French, German, Spanish, Portuguese, Scandinavian)</p> <p><input type="checkbox"/> White other (Other children of White background not represented in the categories above)</p> <p>Black or Black British</p> <p><input type="checkbox"/> Caribbean (including Antigua and Barbuda, Bahamas, Barbados, Dominica, Grenada, Guyana, Jamaica, St Kitts and Nevis, St Lucia, St Vincent & Grenadines, Trinidad and Tobago)</p> <p><input type="checkbox"/> Angolan</p> <p><input type="checkbox"/> Congolese</p> <p><input type="checkbox"/> Ghanaian</p> <p><input type="checkbox"/> Nigerian</p> <p><input type="checkbox"/> Sierra Leonian</p> <p><input type="checkbox"/> Somali</p> <p><input type="checkbox"/> Sudanese</p> <p><input type="checkbox"/> Black Other African (including Black South African, Ethiopian, Rwandan, Ugandan, Zimbabwean)</p> <p><input type="checkbox"/> Black any other background (Other children of Black background not represented in the categories above, including Black Canadian, Black European, Black North American)</p>	<p>Mixed/dual background</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian (including White and Bangladeshi, White and Pakistani, White and any other Asian background)</p> <p><input type="checkbox"/> White and any other ethnic group</p> <p><input type="checkbox"/> Mixed any other background (Other mixed race children not represented in the categories above, including Asian and Black, Asian and Chinese, Asian and other ethnic group, Black and Chinese, Black and other ethnic group, Chinese and other ethnic group)</p> <p>Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani (including Mirpuri Pakistani, Kashmiri Pakistani and other Pakistani)</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Nepali</p> <p><input type="checkbox"/> African Asian (including East and South African Asians)</p> <p><input type="checkbox"/> Asian Other Asian (Other Asian children not represented in the categories above, including Kashmiri Other, Sinhalese, Sri Lankan Tamil)</p> <p>Chinese</p> <p><input type="checkbox"/> Hong Kong Chinese</p> <p><input type="checkbox"/> Other Chinese (Other Chinese children not represented in the category above including Malaysian Chinese, Singaporean Chinese, Taiwanese)</p> <p>Any other ethnic background</p> <p><input type="checkbox"/> Afghanistan</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Thai</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Any other ethnic group* (see below)</p> <p><input type="checkbox"/> I do not wish an ethnic background category to be recorded.</p>
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*Any other ethnic group:(children of ethnic backgrounds not represented in the categories above including, Palestinian, Kuwaiti, Jordanian, Saudi Arabian, Egyptian, Iranian, Iraqi, Japanese, Korean, Kurdish (from Iran, Iraq, Turkey), Central American, South American, Cuban, Belize, Lebanese, Malaysian, (other than Malaysian Chinese), Moroccan, Polynesian, Fijian, Tongan, Samoan, Tahitian, Yemen)