



09.01b Registration, Sessions Requested and Permission Form Sept 2024

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

Preferred name: _____ Date of birth: _____

NB – 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/ _____ Mobile no: _____

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

Parent/carer 2/ _____ Mobile no: _____

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

Home address: _____

Postcode: _____ Home Tel no: _____

Email address for correspondence _____

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 **emergency contact details for one or two named contacts in case the parent/s are not available. We need a total of 3 contact telephone numbers (including parent/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).

Contact 1: **(if parent/s are not available)**

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).

Contact 2: **(if parent/s are not available)**

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)**

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

Password for the collection of child by authorised persons _____

Authorised person 1: (other than parent)

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 2: (other than parent)

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

Was your child born prematurely? Yes / No (please delete)

If yes, how many weeks early? _____

Please give further details if you think useful _____

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

If yes, please give details _____

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

If yes, please specify _____

If yes, please specify which external agencies are involved e.g. paediatrician, consultant, dietician, speech and language therapist etc: _____

Does your child have difficulty with walking, talking or socialising? Yes / No (please delete)

If yes, please give details _____

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

If yes, please give details _____

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 that may mean they are eligible for, or are in receipt of Disability Living allowance? Yes / No (please delete)

If yes, please give details _____

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

If yes, please give details _____

Has your child been in hospital recently? _____

If yes, please give details _____

DETAILS OF PROFESSIONALS INVOLVED WITH YOUR CHILD

Doctor's name, address and telephone number: _____

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

If yes, please give dentist's name, address and telephone number: _____

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

If yes, please provide the name, address and telephone number: _____

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

If yes, please provide the name, address and telephone number: _____

ABOUT YOUR CHILD

Does your child attend another preschool? _____

If yes, please give details _____

When will he/she probably start school? _____

Does your child follow a special diet? _____

If yes, please give details _____

What is the main language spoken at home? _____

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

How would you describe your child's ethnicity or 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 _____

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

We have been advised to include your child's immunisation history in our records. Children attend our setting from 2 years old and may have lower immunity than the older children and it is important to us at Little Doves to keep all our child safe and as healthy as possible.

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

Age	Vaccine	Yes	No	Please enter date here
8 weeks	Six-in-one vaccine	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Meningitis B vaccine	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Rotavirus vaccine	<input type="checkbox"/>	<input type="checkbox"/>	Date
12 weeks	Six-in-one vaccine (2nd dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Rotavirus vaccine (2nd dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Pneumococcal vaccine	<input type="checkbox"/>	<input type="checkbox"/>	Date
16 weeks	Six-in-one vaccine (3rd dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Meningitis B vaccine (2nd dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
Between 12 and 13 months old	Hib/Meningitis C (1 st dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
	MMR vaccine - Mumps, Measles and Rubella (1st dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Pneumococcal vaccine (2 nd dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Meningitis B vaccine (3rd dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
Every year from 2 years up to 10 years old	Children's flu vaccine	<input type="checkbox"/>	<input type="checkbox"/>	Date
3 years and 4 months or soon after	MMR (second dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
	4-in-one pre-school booster	<input type="checkbox"/>	<input type="checkbox"/>	Date

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 _____

SESSIONS REQUESTED AT LITTLE DOVES

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	Wednesday	Thursday	Friday
<input type="checkbox"/> all day session (5hrs)	<input type="checkbox"/> all day session (5hrs)	<input type="checkbox"/> all day session (5hrs)	<input type="checkbox"/> all day session (5hrs)
<input type="checkbox"/> morning session (3hrs)	<input type="checkbox"/> morning session (3hrs)	<input type="checkbox"/> morning session (3hrs)	<input type="checkbox"/> morning session (3hrs)
<input type="checkbox"/> lunch club (0.5hrs)	<input type="checkbox"/> lunch club (0.5hrs)	<input type="checkbox"/> lunch club (0.5hrs)	<input type="checkbox"/> lunch club (0.5hrs)
<input type="checkbox"/> afternoon session (2hrs)	<input type="checkbox"/> afternoon session (2hrs)	<input type="checkbox"/> afternoon session (2hrs)	<input type="checkbox"/> afternoon session (2hrs)

Any comments: _____

ALL FEES ARE AVAILABLE ON ENQUIRY AND ARE DETAILED IN THE PARENT PAYMENT AGREEMENT.

Non-refundable registration fee - this covers your child's "build up" visit and administrative set up prior to starting and your child's learning folder which will be passed on to you when they leave.

2 yr old self-paying children	fee
2 yr old funded children (FEEE2)	no fee
3 & 4 yr old universal funded children using only their funded hours (FEEE)	no fee
3 & 4 yr old funded children with additional self-paying hours* (FEEE)	fee
Working Parents Funding - 2 yr old children using only their funded hrs (FEEE2W)	no fee
Working Parents Funding - 2 yr old children with additional self-paying hrs* (FEEE2W)	fee
Working Parents Funding - 3 & 4 yr old children using only their funded hrs (FEEE 30hrs)	no fee

(*additional self-paying hours i.e. extra hours/lunch club)

- I enclose a non-refundable registration fee (if applicable).
- 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 \(littledovescp.org.uk\)](#)
- I have read, understood and signed the 09.01e Parent payment agreement.

Signature _____ Name _____
(Parent/ Guardian with parental responsibility)
Date _____

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.

PARENTAL PERMISSIONS

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 \(littledovescp.org.uk\)](http://www.littledovescp.org.uk/Data-Privacy)

We would like to send you information about your child and our pre-school by email/Facebook/phone/text/post but we need to be sure we have your permission to do so. By signing below, you are consenting for us to hold and process your data and send you information. You can of course unsubscribe/ask us not to contact you by email/Facebook/phone/text/post at any time. You will need to put this in writing to Pam Biddulph, manager.

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 in the policies and procedures file and on our website www.littledovescp.org.uk

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 \(littledovescp.org.uk\)](http://www.littledovescp.org.uk/Data-Privacy)

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.

Signature _____ Date _____

Printed name _____

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

Email Telephone Post Text Facebook

I give consent to be included in a Little Doves WhatsApp group to receive messages from the manager acknowledging that in doing so my telephone number will be visible to other parents/carers (please tick).

Signature _____ Date _____

Printed name _____

EMAIL NEWSLETTERS

I am happy to receive email newsletters whilst my child is at Little Doves CP.

Signature _____ Date _____

Printed name _____

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.

Signature _____ Date _____

Printed name _____

TRANSFER OF INFORMATION

With your consent we will discuss/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.

Signature _____ Date _____

Printed name _____

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.

Signature _____ Date _____

Printed name _____

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 in the policies & procedures file or on our website.

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).

Signature _____ Date _____

OBSERVATIONS AND ASSESSMENTS

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

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.

Signature _____ Date _____

Printed name _____

PHOTOGRAPHS

Photographs taken are used as evidence to show topics and activities covered. These will be included in your child's special journal and may be displayed at Little Doves Christian Pre-School for parents/carers to view. Only cameras supplied by the setting 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 2 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 other children's photos/folders.

Signature _____ Date _____

Printed name _____

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.

Signature _____ Date _____

Printed name _____

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 _____

Printed name _____

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 _____

Printed name _____

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 _____

Printed name _____

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.

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.

Signature _____ Date _____

Printed name _____

POLICY FOR SAFEGUARDING CHILDREN

I have read and understood Little Doves Christian Pre-School Safeguarding Children Overview on the website [Safeguarding & Internet Safety | Info | Little Doves Christian Pre-School \(littledovescp.org.uk\)](http://www.littledovescp.org.uk) All other Safeguarding policies & procedures are available to read in our Policies & Procedures File.

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 _____

Printed name _____

FIRST AID MEDICAL TREATMENT AND PLASTER PERMISSION

I give permission for First Aid medical treatment to be given to my child if necessary 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 _____

Printed name _____

EMERGENCY MEDICAL TREATMENT

In the event of an accident or emergency involving my child 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 _____

Printed name _____

FOR INHALERS/AUTO-INJECTORS (e.g. EPIPENS ONLY)

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

to _____ (name of child).

Signed _____ Date _____

Printed name _____

SUN CREAM

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

Signed _____ Date _____

Printed name _____

NAPPY CREAM

I give permission for non-medicated nappy cream (supplied by me) to be administered to my child 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 _____

Printed name _____

ANIMALS

We may occasionally have supervised visits of animals to our setting. Please state below any known allergies or aversions. Risk assessments will be carried out for visiting animals and will be made available to parents on request.

Signed _____ Date _____

Printed name _____

FURTHER INFORMATION

I confirm that information about the pre-school's policies and procedures has been made available 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 \(littledovescp.org.uk\)](http://littledovescp.org.uk)

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.

Please sign below to indicate that the information on this form is accurate and that you will notify us of any changes as they arise.

Signed _____ Date _____

Printed name _____

If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see 07.12 Data retention document on our website (About-Data Privacy)).

Please remember to bring in and show to the manager your:

- **Proof of postcode**
- **Child's birth certificate**
- **Child's Personal Child Health Record book (red book)**

Please complete the Ethnic Category Form on the next page.

Ethnic Category Form – please tick one box only

Ethnicity: This is required by Essex County Council to “highlight inequalities, investigate their underlying causes and remove any unfairness or disadvantage.”

<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>
---	---

*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)

For office use only:

	Yes	N/A
Registration, Sessions Requested and Permission Form		
Postcode verification seen		
Birth certificate seen		
Child's Personal Child Health Record book (red book) seen & checked		
Build up session organised		
Emergency contact details obtained		
SEND/Medical/Allergies noted		
Key person allocated		
Name badge starter pack requested		
Permission to share with another pre-school/childminder		
Uniform discussed		
Initial child profile given		
2 or 3/4 year old Parental questionnaire given		
EYFS 2021 2 year old starting check started		
2 or 3/4 starting check started		
Contact Book given		