

Registration, Sessions Requested and Permission Form Jan 2021



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.

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

Preferred name: _____ Date of birth: _____

Names of Parent/Carer with whom child lives:

Parent/Carer 1/ _____

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

Parent/Carer 2/ _____

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

Home address: _____

Postcode: _____ Tel no: _____ Mobile 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: _____

Contact name in emergency: _____

Address: _____ Tel No. _____

Relationship eg. Granny/friend etc _____

Names and phone numbers of other authorised/ introduced people to collect the child (over 16):

Doctor's name, address and telephone number: _____

Any other information we ought to know eg. Relating to the security of the child / anyone that must not collect your child. Please keep us up-to-date. _____

Religion: _____

Does your child have any health or medical conditions? _____

Does your child have any special needs or disabilities? _____

Is your child allergic to anything? (Please be specific) _____

Does your child follow a special diet? _____

Has your child been in hospital recently? _____

Does your child attend another preschool? _____

When will he/she probably start school? _____

What is the main language spoken at home? _____

Does your child have a health visitor? Yes / No Name: _____

Does your family have a social worker for any reason? Yes / No Name: _____

Has a Health Section 23 Notification form been initiated for your child? Yes / No

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 and that you would like to see acknowledged and celebrated while he/she is in our setting?

Is there anything else we should know about your child in order to help and understand him/her? Eg. Does he/she have any special fears, 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 _____

Fees

For fees please go to www.littledovescp.org.uk/info/sessions-and-fees

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

Immunisation History:

We have been advised to include in our records your child's immunisation history. 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). Please also bring in your child's Personal Child Health Record Book (Red Book) for Pam to see as well.

Age	Vaccine	Yes	No	Please enter date here
Two months	Six-in-one vaccine	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Pneumococcal vaccine	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Rotavirus vaccine	<input type="checkbox"/>	<input type="checkbox"/>	Date
Three months	Six-in-one vaccine (second dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Rotavirus vaccine (second dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Meningitis C vaccine	<input type="checkbox"/>	<input type="checkbox"/>	Date
Four months	Six-in-one vaccine (third dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Pneumococcal vaccine (second dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
Between 12 and 13 months old	Hib/Men C booster vaccine – (Men C second dose and Hib fourth dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
	MMR vaccine - Mumps, Measles and Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Date
	Pneumococcal vaccine (third dose)	<input type="checkbox"/>	<input type="checkbox"/>	Date
Every year from two years up to eight years old	Children's flu vaccine	<input type="checkbox"/>	<input type="checkbox"/>	Date
Three years and four 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

Sessions Requested

To enable Pam to plan please indicate below how many sessions/days you would like your child to attend. Pam will do her best to accommodate you but cannot guarantee everyone will get their choice.

2, 3 & 4 yr old funded children will take priority. Places can be renegotiated for the next term.

Number of sessions requested _____

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

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 (£3)	<input type="checkbox"/> lunch club (£3)	<input type="checkbox"/> lunch club (£3)	<input type="checkbox"/> lunch club (£3)
<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 other comments:

I enclose a non-returnable registration fee of £30 (£25 for siblings) This includes a name card, named lunchbox label, peg badge and a complimentary 'build-up' session prior to your child starting to help your child feel 'welcome and secure' at Little Doves Christian Pre-School. There is no registration fee for funded children.

I have read and agree to the terms and conditions of the Little Doves Parent Contract.
www.littledovescp.org.uk/info/parent-contract

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

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 Learning Journal. This ensures that all children progress in their development and we can assist and help where necessary. The Learning Journal is given you when your child leaves the pre-school.

OBSERVATIONS AND ASSESSMENTS

I give permission for my child to be observed and assessed during session times by the pre-school staff and for their 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 folder 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 on an encrypted hard drive and are destroyed after 6 months 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 _____

GENERAL DATA PROTECTION REGULATION 2018

Permission for you 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 Data Protection and Privacy Notice in the Policies and Procedures File and on our website.

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 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 Data Protection and Privacy Notice & our Data Retention Document on our website www.littledovescp.org.uk

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

Signature _____ Date _____

Printed name _____

SHARING INFORMATION WITH AUTHORISED CHILDCARE PROFESSIONALS

Occasionally authorised childcare professionals e.g. reception teachers 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 Data Protection and Privacy Notice, Information Sharing Policy, Safeguarding Children Policy and Child Protection Policy in the Policies and Procedures File.

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 _____

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 _____

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 _____

FIRST AID PLASTER PERMISSION

I give permission for a First Aid Plaster to be applied to my child 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 _____

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 nappy cream, supplied and labelled by me, to be applied to my child when required, in accordance with manufacturer's instructions and to record its use.

Signed _____ Date _____

Printed name _____

ANIMALS

We may occasionally have supervised visits of animals to our setting. Please state below any known allergies or aversion.

Signed _____ Date _____

Printed name _____

POLICY FOR SAFEGUARDING CHILDREN

I have read and understood Little Doves Christian Pre-School Safeguarding Children Policy on the website (www.littledovescp.org.uk/info/safeguarding-policy)

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 _____

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 CP 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 CP 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 _____

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.

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

Ethnic Category Form – 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, Ukranian,)</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)

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		
2 year old assessment booklet started		
2 or 3/4 starting check started		
Contact Book given		