



Early Learners Centre

Registration Form

Version: 1.0

This form can be completed either by hand or electronically. (ELCPreschool@yahoo.co.uk)

On completion of this form, please return it to Early Learner Pre-School with:

1. A cheque for £15 made out to "Early Learners Centre Ltd" to secure the place for your child
2. A copy of your child's immunisation records

Many thanks!



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Basic Details

Child's full name _____
Date of birth (dd/mm/yyyy) _____ Name your child prefers to be called _____

Name of parent/s or guardians with whom the child lives

1. _____
2. _____

Does this person have parental responsibility?
yes / no (delete one)
Does this person have parental responsibility?
yes / no (delete one)

Address line 1 _____
Address line 2 _____
Town & Postcode _____
Telephone _____
Mobile _____
Email _____

Note: please provide an email address you would like us to use for regular communications from Early Learners Pre-School.

Name of parent with whom the child does not live, if applicable

3. _____

Does this person have parental responsibility?
yes / no (delete one)
Does this person have legal access to the child?
yes / no (delete one)

Parent's address _____
Address line 1 _____
Address line 2 _____
Town & Postcode _____
Telephone _____
Mobile _____



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Emergency Contact Information

Parent 1 – Work/daytime contact number _____

Parent 2 – Work/daytime contact number _____

Any other emergency contact number _____

Additional emergency contacts

In the event of an emergency, should the parents not be available, we will use these in the order given below.

Name of emergency contact #1 _____

Relationship to child _____

Telephone for contact #1 _____

Mobile for contact #1 _____

Name of emergency contact #2 _____

Relationship to child _____

Telephone for contact #2 _____

Mobile for contact #2 _____

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

We ask this is limited to the two named people below in the interest of your child's safety.

If additional people are required, please notify us during the registration process and attach their details separately.

Authorized person #1 _____

Relationship to child _____

Telephone _____

Mobile _____

Authorized person #2 _____

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 one)

If yes, please specify: _____

Does your child have any allergies? yes / no (delete one)

If yes, please specify: _____

Does your child have any special needs or disability? yes / no (delete one)

If yes, please specify: _____

Will your child need special support in our setting? yes / no (delete one)

If yes, please specify: _____

Please attach a list of your child's immunisations to date – either photocopy of the red book or obtained from your GP

What is the main religion in your child's family? (optional) _____

How would you describe your child's ethnicity or cultural background? (optional)

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 your child is in our setting? (optional)

What languages are spoken at home? _____

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 one)

Note: if yes, we will discuss and agree with you how you will work with us to support the child when settling-in.



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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.



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Outside Involvement with Child

Does your child have a health visitor? yes / no (delete one)

Name _____

Based at _____

Telephone _____

GP's Details

Practice and/or GP's Name _____

Telephone _____

Names of any other professionals regularly involved with child

Name _____ Name _____

Role _____ Role _____

Agency _____ Agency _____

Telephone _____ Telephone _____

If additional lines are required, please attach a page to the end of the registration form with the additional information.

Does your family have a social worker for any reason? yes / no (delete one)

Name _____

Based at _____

Telephone _____

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



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Is your child on the child protection register? yes / no (delete one)

If yes, please do not include details here. These details will be obtained by the social worker listed above and kept securely in the child's file.



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Permissions

Permission to take your child off-premises for local walks

I give permission for my child to be taken out of the Pre-School premises for walks during Pre-School hours and without prior notice. (There will be one adult to every three children.)

Signature of Parent/Guardian: _____

Permission for Emergency Medical Treatment

I give permission for Early Learners Centre Pre-School staff to seek Emergency Medical Treatment (e.g A&E) for my child when necessary. Parents will be informed (where possible) before a child is taken to hospital.

Signature of Parent/Guardian: _____

Permission to make Observation Records

We are required by OFSTED per the requirements of the Early Years Foundation Stage (EYFS) to make observation records to evidence your child's learning and to help us keep track of their progress and plan for their individual needs. These records are sometimes handwritten on "observation sheets" and are sometimes in the form of photographs.

The written records will be kept in a confidential file and will only be seen by the staff and OFSTED inspectors. They will be available at any time for you as the parent/carer to see and will be handed to you when your child leaves.

The photographs taken will be put in an album in the book corner for the children to look at as they wish. As the children are often together in small groups when the photographs are taken it is not always possible to separate them for the individual file. This does, however, give the OFSTED inspector good visual evidence of the activities and the number of children participating. In order to make these records, we require parent's permission. We would therefore appreciate your agreement.

I give my permission for my child to be observed yes / no (delete one)

I give my permission for my child to be photographed yes / no (delete one)

Signature of Parent/Guardian: _____



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Permission to Use Photographs for Publicity

We are continually improving the pre-school website and we like to use photos to illustrate what we do. It's beneficial for current and prospective parents to visually see what we do. We do not use names to identify children on the website.

Every now and then, we also send press releases, including a photo, to the local newspapers to raise awareness of the pre-school. As with the website, any children featured in photos for publicity are not named.

I give my permission for my child's image to appear on the pre-school website anonymously yes / no (delete one)

I give my permission for my child's image to appear in a local newspaper anonymously yes / no (delete one)

Signature of Parent/Guardian: _____



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Day Carers and Child Protection

As a provider of day care registered with Ofsted, Early Learners Centre Pre-School is required to follow the Child Protection plan through the Quality Assurance Service procedures agreed through the Area Child Protection Committee in Waltham Forest.

As a provider involved in the care of your child, we will try at all times to share with you any concerns we may have. However, we have a duty to refer to Social Services/Quality Assurance Services if we suspect that child abuse may be an issue. Our first concern will always be the welfare of your child.

We have a copy of the Child Protection Plan through the Quality Assurance Services in Waltham Forest Procedures and Guidance for you to see if you wish. You may also refer to the Early Learners Centre Pre-School Child Protection Policy and Procedures.

Our local Safeguarding Advisor Early Years & Education office address and telephone number is: -

Quality Assurance Service
Juniper House
221 Hoe Street
Walthamstow
E17 9PH
Tel: 020 8496 8277 or 020 8496 6310

Please sign below to show that you understand and accept this statement.

Signature of Parent/Guardian: _____

Date: _____



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To be completed by Early Learners Centre Pre-School

Starting date

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
