

# The Children's Workshop

## Registration Form

Thank you for taking the time to fill in this registration form. Please complete one per child.

This registration form requires information classed as 'sensitive personal data' for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child's needs.

### Child's details

Child's First name(s) Surname Boy  Girl

Known as:

Date of Birth

Child's address Postcode

Nationality Religion

First language Other languages spoken

### Parents details 1

Relationship to Child (please tick) Mother  Father  Guardian

Title First Name Surname

Address Postcode

Mobile Phone Home telephone

Work telephone

Email address

Nationality Religion

First language Other languages spoken

Do you have parental responsibility for this child? **Yes/No** (please indicate as appropriate)

If no, do you have legal contact? **Yes/No** (please indicate as appropriate)

Do you have legal access to this child? **Yes/No** (please indicate as appropriate)

### Parents details 2

Relationship to Child (please tick) Mother  Father  Guardian

Title First Name Surname

Address Postcode

Mobile Phone Home telephone

Work telephone

Email address

Nationality Religion

First language Other languages spoken

Do you have parental responsibility for this child? **Yes/No** (please indicate as appropriate)

If no, do you have legal contact? **Yes/No** (please indicate as appropriate)

Do you have legal access to this child? **Yes/No** (please indicate as appropriate)

Please give details of any siblings already attending The Children's Workshop

# The Children's Workshop

<b>Health Information</b>			
Does your child suffer from any of the following <i>(please tick those which apply)</i>			
Asthma		Epilepsy	
Heart Condition		Kidney/Bladder problems	
Diabetes		Bee Sting Allergy	
Sight Impairment		Deafness	
Wears Glasses		Other	
If you have ticked any of the boxes above please give details here:			
Does your child require medication, either long term for existing conditions or life saving drugs such as Ventolin? <i>(Please give details of the medication and dosage)</i>			
Does your child have any special dietary needs or preferences?		<b>Yes/No</b> <i>(Please delete as applicable)</i> If YES please give details below	
Does your child have known allergies?		<b>Yes/No</b> <i>(Please delete as applicable)</i> If YES please give details below	
Is your child up to date with all immunisations?		<b>Yes/No</b> <i>(Please delete as applicable)</i> If NO please state immunisation/s not up to date	
Any other medical conditions or areas of your child's development that cause concern <i>(See below for Special Education Needs and Disabilities)</i>			
Name of GP:			
Surgery:			
Address:			
Telephone number:			

# The Children's Workshop

## Safeguarding Children

Does your family have a social worker for any reason?

Name Telephone number

Based at

What is the reason for the involvement of Social Services with your family?

**FOR OFFICE USE** - 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 worker named above and keep these securely in the child's named Child Protection file.

The following information is voluntary and you do not have to complete it. However, we have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and to allow us to monitor and assess their development.

Health Visitor

Name Telephone number

Based at

Has your child had their two year old progress check? **Yes/No** (Please delete as applicable)

If so, on what date was this completed?

Are you able to share this information with the setting? **Yes/No** (Please delete as applicable)

The following section requires information classed as 'sensitive personal data' for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child's needs.

## Ethnicity and Cultural background

Are there any social/cultural/religious factors of which we should be aware?

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 s/he is in our setting?

What is/are the main language(s) spoken at home?

If English is an additional language, will this be your child's first experience of being in an English-speaking environment?  
**Yes/No** (Please delete as applicable)

# The Children's Workshop

<b>Special Educational Needs and Disabilities</b>	
Does your child have any special needs or disabilities?	<b>Yes/No</b> <i>(Please delete as applicable)</i>
What (if any) special support will your child require in our setting?	

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance.

<b>Permissions and Consent</b>	
<b>Permission for the setting to act in loco parentis</b>	
<p>If emergency treatment is required whilst your child is on the premises (for the duration of your child's time with us) and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers the settings management to exercise their own judgement in calling the doctor indicated above or to transport the child to a hospital casualty department by ambulance. Please read and fill in the declaration below, cross out the statement/wording that does not apply and sign and date this section.</p>	
<p>I / We parent(s)/guardian(s) _____ do / do not give consent on my / our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.</p> <p>I / We do not agree to this statement and indicate our wishes as follows</p>	
<p>Signatures of parent(s)</p> <p>Date</p>	
<b>For Data Protection Purposes please tick the statements below if you consent to the following:</b>	
	I consent to my child having their photograph taken for use in displays, for name pegs, etc within the setting
	I consent to my child having their photograph taken to be used for publicity purposes – website, flyers.
	I consent to my child's artwork (with their name) being displayed in the setting
	I consent to my child's photograph being used in learning journeys of other children within the setting
	I consent to my child being photographed and/or videoed for use by the setting staff only with regards to observational purposes for use in their individual learning journey
	I consent to my child being videoed for use by the setting staff only with regards to observational purposes either assessment of children, an activity or for monitoring children's behaviour
	I consent to the video, as mentioned above, to be shared with other professionals visiting the group such as Early Years Advisors, SENCO, Health Visitor etc if necessary
	I consent to my child's learning journey being shared with Ofsted inspectors and/or as part of audits by the local authority

# The Children's Workshop

As part of our Foundation Stage Curriculum, we monitor each child's progress and plan for his/her next developmental stages. If your child is cared for by an additional Childcare Setting / Registered Child-minder they will probably be doing something similar. There is bound to be a little duplication but there will also be differing perspectives. We would like to have your permission to liaise with them to ensure that we are providing the best opportunities for your child to progress. This is part of the 'Shared Care' requirements of the Early Years Foundation Stage.

YES/NO	I would like the Children's Workshop to liaise and share information relevant to my child's development.
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Name of Childcare Setting/Childminder		Telephone no:	
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Address:		Email:	
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Please sign below to confirm your consent for the indicated statements above:

Signature of Parent(s)/Guardian:

Preferred starting date	<b><u>SEPTEMBER / JANUARY / APRIL</u></b>	Year	20_____
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Note: This is normally the TERM of the child's 3<sup>rd</sup> birthday, but may be earlier or later depending on circumstances, child's readiness and availability of places\*.

This registration form together with the **Registration Fee (£75.00)** should be returned to:  
**Jacky Brown, Business Manager at the Children's Workshop.**

Please indicate your method of payment:

**Bacs:**  
**Lloyds Bank. The Children's Workshop.**  
**Sort Code: 30-94-42 Account: 20352663**

Cash / Cheque / Bacs

In requesting/accepting a place for your child at the Children's Workshop, you are indicating that

1. You understand and are willing to accept the conditions necessitated by the factors explained in the 'Important Information about Fees' document.
2. You have read, understood and accept our policies, with especial reference to payment of fees.

Name of child.....Parent's signature.....date.....

To help us care for your child, you will be asked to provide further information during practice sessions. Please note that your first practice session will be complimentary. Additional practice sessions will be charged at £10.00/session.

\* Children are eligible to start at the Children's Workshop in the **TERM** of their **THIRD** birthday. Earlier admissions can sometimes be accepted depending upon the social readiness of the child or other particular circumstances, and starting dates can be postponed. Places that are postponed will normally re-join the Registration List\*/Waiting List\*\* at the appropriate position relevant to the date of registration. We offer places and allocate sessions to new children through our Registration\* and Waiting\*\* Lists. Names can be registered at any time and places are offered on a first come/first served basis after the Registration Fee has been paid. The Registration list for term is based on birth dates within the term, September 1<sup>st</sup> to December 31<sup>st</sup>, January 1<sup>st</sup> to March 31<sup>st</sup> and April 1<sup>st</sup> to August 31<sup>st</sup>. A completed Registration Form, including Registration Fee must be received in order to add a child to our Registration or Waiting List.

For further information please refer to our Admissions policy which can be found on our website.

# The Children's Workshop

OFFICE USE ONLY	Date registered	Registration fee paid	Cash/Cheque/Bacs
Register/Waiting list	Sept/Jan/Apr 20_____	Registration acknowledgement sent	
Offer letter sent		Start date	
Any other relevant info			
Particular requests			
Group			