|  |  |
| --- | --- |
| Full Name of child: |  |
| Date of Birth: |  |
| Gender: | **MALE FEMALE** |
| Name known as: |  |
| Address where child lives: Postcode:Home telephone number: |

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 |
| Name of **PARENT 1**: |  |
| Does **Parent 1** have parental responsibility & legal access to the child? | **YES NO** |
| *HOME* Address if different from child’s address: |  |
| Home telephone & mobile numbers: |  |
| *WORK Employer &* Address: |  |
| Work telephone & mobile numbers: |  |
| Name of **PARENT 2:** |  |
| Does **Parent 2** have parental responsibility & legal access to the child? | **YES NO** |
| *HOME* Address if different from child’s address: |  |
| Telephone & mobile numbers: |  |
| *WORK* Employer & Address: |  |
| Work telephone & mobile numbers: |  |

Please provide details of any person(s) who **do not have LEGAL ACCESS** to your child:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| E-mail address(s): |

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| **Child’s GP**Name:Address:Telephone number: |  |
| **Child’s Health Visitor**Name:Telephone number: |  | I give permission for St Mary’s to liaise with the 0-19 HV Team:**YES NO** |
| **Child’s Dentist**Name:Telephone number: |  |
| Has your child had their 27 month Health Check? | **YES NO** | Is your child registered at The Children’s Centre? | **YES NO** |

 **EMERGENCY CONTACTS -** Details & persons authorised to collect your child *(must be over 16 years of age)*

**You must seek permission from the person(s) below before supplying their personal information.**

|  |  |
| --- | --- |
| **Name 1:** |  |
| *Telephone number:* |  |
| *Mobile number:* |  |
| *Relationship to child:* |  |
| **Name 2:** |  |
| *Telephone number:* |  |
| *Mobile number:* |  |
| *Relationship to child:* |  |
| **Name 3:** |  |
| *Telephone number:* |  |
| *Mobile number:* |  |
| *Relationship to child:* |  |
| **Name 4:** |  |
| *Telephone number:* |  |
| *Mobile number:* |  |
| *Relationship to child:* |  |

**PERSONAL DETAILS of child**

|  |  |
| --- | --- |
| Does your child have any of the following: 1. known medical conditions
2. allergies/intolerances (including suncream)
3. Have any special dietary needs or preferences
4. Birth marks including Mongolian blue spots
 |  |
| 1. |
| 2. |
| 3. |
| 4. |
| If required for any known medical conditions, has a risk assessment/care plan been completed? |  |

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| --- | --- |
| How would you describe your child’s ethnicity or cultural background? |  |

|  |  |
| --- | --- |
| What is the main religion of your family? |  |
| Are there any festivals or special occasions 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? |  |
| What language(s) is/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?  |  |

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| --- | --- |
| Does your child have any special needs or disabilities? |  |
| Is your child receiving any support for their learning and development? Please give brief details. |  |
| Does your child have an ECHP (previously called Statement of Special Educational Need)? If yes, what support do they require? |  |

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| Has/does your child attended/attend another setting(s)? |  |
| If yes, please give name of setting(s): |  |
| Do you give consent for us to request any information about your child from this/these setting(s)? | **YES NO** |

**Details of any professionals involved with your child**

|  |  |
| --- | --- |
| Name: |  |
| Role: |  |
| Agency name:Address:Telephone number: |  |
| Name: |  |
| Role: |  |
| Agency name:Address:Telephone number: |  |

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| Does your family have a social care worker for any reason? | **YES NO** |
| If yes, name of worker:Address:Telephone number: |  |
| What is the reason for the involvement of the social care department with your family? |  |

**INFORMATION SHARING**

**MOVING ON TO SCHOOL**

To fully support your child’s transition to school we like to share information about your child with their new school. This will include the following:

* *A Transition to School form*
* *One page profile (includes a photo of your child) which outlines the things that are important to your child and how best to support them*
* *Early Years Foundation Stage progress tracker (if required)*
* *The Early Language Monitoring Tool (if required)*

You will be given copies of all the above documents, together with an online link informing you how to download your child’s learning journey from ‘Tapestry Online Learning Journal’s’ website **(due to data regulation protection this comes with a limited timeframe for downloading, after which time your child’s data will irretrievably deleted by the service provider)***. By signing this Registration Form you will be agreeing to us sharing this information*. If, for any reason you **do not** agree, please speak to one of the Managers.

**DATA COLLECTION AND NON-CONSENTUAL INFORMATION SHARING**

As Parents you have a right to know that information you share will be regarded as confidential, and that you will be informed about the circumstances and reasons when we are obliged to share information.

We have a duty to share confidential information, including any welfare or safeguarding information held, without consent from the person who provided it or to whom it relates, if it is in the public interest. Please refer to our Noticeboard and our Policies and Procedures file *(10.8 Transfer of records to school)* for further information and details of our Privacy Notice (General Data Protection Regulations) policy *(10.10 Information sharing)* or, speak to one of the Managers. *By signing this Registration Form you will be agreeing that you have understood this and obtained permission to provide personal data belonging to any other person you have included on this form, i.e. Emergency Contacts.*

**PAYMENT OF FEES**

Fees are invoiced half-termly. If you would like to pay by monthly Direct Debit, please speak to Louise Harrington *(this can be altered at any time to suit your requirements).*

|  |  |
| --- | --- |
| **Do you regard any of the above information to be confidential?***(We operate a strict confidentiality policy and procedure)* | **YES NO** |
| If **YES,** please give details. |  |
| How did you hear of us? |  |

**\*\***Please show your child’s **birth certificate** or **passport**, Tina Hillson or Louise Harrington**\*\***

*(Original documents only acceptable)*

**Parent/Guardian signature:**

**Date:**

**The Parish Room, Betchets Green Road, South Holmwood, Dorking, Surrey RH5 4JX *Tel:* 01306 740135 *Mob:* 07557 198867**

The St Mary’s Pre-School is a Charitable Incorporated Organisation – Reg. No. 1171309

***Website:*** [**www.southholmwoodpreschool.org.uk**](http://www.southholmwoodpreschool.org.uk) ***Email:*** **southholmwood@btinternet.com**