



## REGISTRATION FORM

Full Name of child:										
Date of Birth:										
Gender:	<b>MALE</b>	<b>FEMALE</b>								
Name known as:										
Address where child lives:										
Postcode:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
Home telephone number:										
Name of <b>PARENT 1</b> :										
Does <b>PARENT 1</b> have parental responsibility & legal access to the child?	<b>YES</b>	<b>NO</b>								
<i>HOME</i> Address if different from child's address:										
Home telephone & mobile numbers:										
<i>WORK</i> Employer & Address:										
Work telephone & mobile numbers:										
Name of <b>PARENT 2</b> :										
Does <b>PARENT 2</b> have parental responsibility & legal access to the child?	<b>YES</b>	<b>NO</b>								
<i>HOME</i> Address if different from child's address:										
Telephone & mobile numbers:										
<i>WORK</i> Employer & Address:										
Work telephone & mobile numbers:										



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

E-mail address(s):

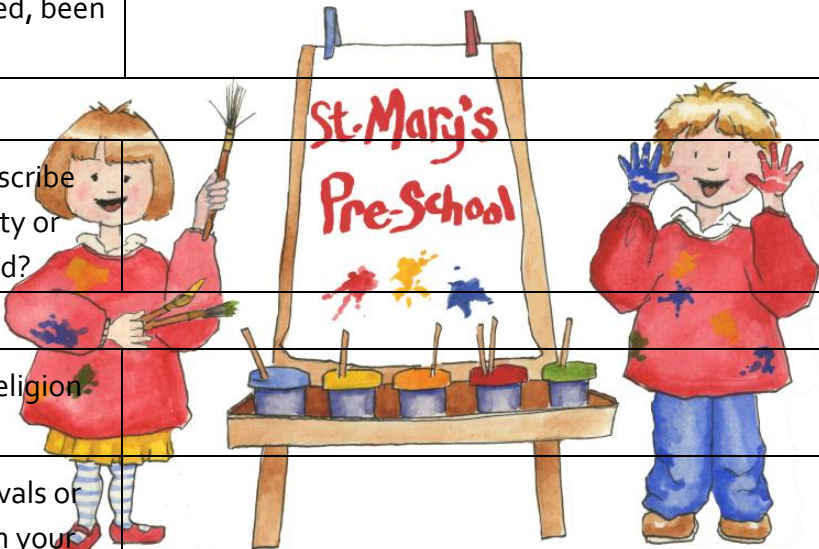

<b>Child's GP</b> Name: Address: Telephone number:	
<b>Child's Health Visitor</b> Name: Telephone number:	
Has your child had their 27 month Health Check?	YES NO
Is your child registered at The Children's Centre?	YES NO




**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

<b>Name 1:</b>	<b>South Holmwood</b>
Telephone number:	
Mobile number:	
Relationship to child:	
<b>Name 2:</b>	
Telephone number:	
Mobile number:	
Relationship to child:	
<b>Name 3:</b>	
Telephone number:	
Mobile number:	
Relationship to child:	
<b>Name 4:</b>	
Telephone number:	
Mobile number:	
Relationship to child:	

**PERSONAL DETAILS of child**

<p>Does your child suffer from any:</p> <ol style="list-style-type: none"> <li>1. known medical conditions</li> <li>2. allergies/intolerances (including suncream)</li> <li>3. or have any special dietary needs or preferences</li> </ol>	<p>1.</p> <p>2.</p> <p>3.</p>
<p>Has a risk assessment, if required, been completed?</p>	
<p>Has a health care plan and agreement to administer medicine, if required, been completed?</p>	
<p>How would you describe your child's ethnicity or cultural background?</p>	
<p>What is the main religion of your family?</p>	
<p>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?</p>	<p style="text-align: center;"><b>South Holmwood</b></p>
<p>What language(s) is/are spoken at home?</p>	
<p>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?</p>	

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?	

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)?		<input type="checkbox"/> YES <input type="checkbox"/> NO

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

Name:	<b>South Holmwood</b>
Role:	
Agency name:	
Address:	
Telephone number:	
Name:	
Role:	
Agency name:	
Address:	
Telephone number:	

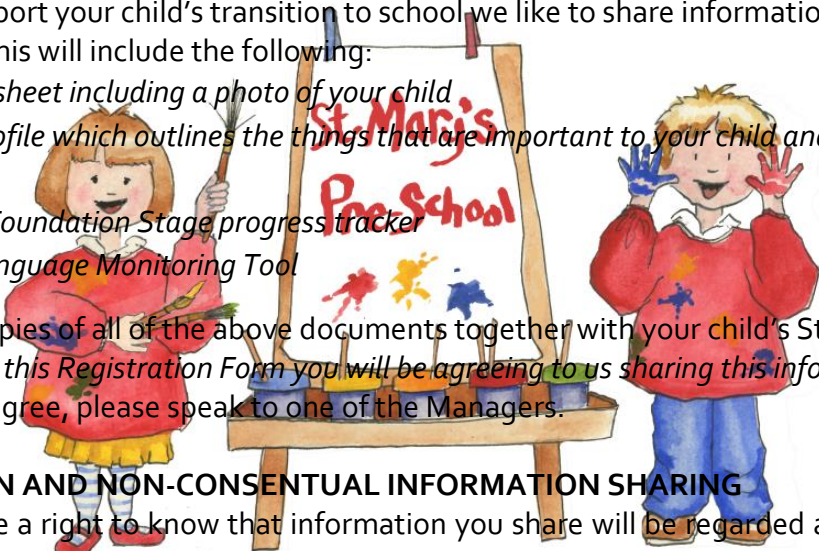
Does your family have a social care worker for any reason?		YES	NO
If yes, name of worker:			
Address:			
Telephone number:			
What is the reason for the involvement of the social care department with your family?			

**INFORMATION SHARING**

**MOVING ON TO SCHOOL**

In order 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:

- *Information sheet including a photo of your child*
- *One page profile which outlines the things that are important to your child and how best to support them*
- *Early Years Foundation Stage progress tracker*
- *The Early Language Monitoring Tool*



You will be given copies of all of the above documents together with your child’s St Mary’s Learning Journey. *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.

**South Holmwood**

We have a duty to share confidential information, 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 for further information and details of our Privacy Notice (General Data Protection) policy, 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, ie. Emergency Contacts.*



**Preferred payment of fees** *(this can be altered at anytime to suit your requirements)*

Please tick your preference:

Half termly	<input type="checkbox"/>
-------------	--------------------------

Monthly	<input type="checkbox"/>
---------	--------------------------

Weekly	<input type="checkbox"/>
--------	--------------------------

<b>Do you regard any of the above information to be confidential?</b> <i>(we operate a strict confidentiality policy and procedure)</i>		<b>YES</b>	<b>NO</b>
If <b>YES</b> please give details.			
How did you hear of us?			

**\*\* Please show your child's birth certificate or passport to Annette Poultney, Tina Hillson or Louise Harrington. (Sorry, copies are not acceptable)**



Parent's/Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**South Holmwood**

**OFFICE USE**

**Passport / Birth Certificate**

Date of Birth shown \_\_\_\_\_

Date seen: \_\_\_\_\_ Signature of staff: \_\_\_\_\_

*To be completed by supervisor*

Date starting

Key Person