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| Pgp logo**Wheathampstead Playgroup** **Registration Form**Wheathampstead Playgroup is a registered educational charity, no 1118728. It is incorporated as a company, Wheathampstead Playgroup Limited, no. 5958735, whose registered office is at Wheathampstead Playgroup, Nurseries Road, Wheathampstead, Herts AL4 8TP |

|  |  |
| --- | --- |
| Child’s Full Name: |  |
| Name to be used at Playgroup: |  |
| Date of Birth: |  | NHS Number: |  |
| Ethnic Origin: |  | Religion: |  |
| Child’s First Language |  | Gender: |  |
| Names of Parents/Carers who have Parental Responsibility: |  |
|  |
| Address at which child lives *See note below* |  |  |
|  |
| Post Code: |  |  |  |

**Note:** If you have given more than one parent/carer address, please tell us at which address and with which parent or carer the child normally lives during the Playgroup week (Monday to Friday). This is the address at which the child spends the majority of his or her time from Monday to Friday. Please also supply a copy of the Parental Responsibility Order or Residence Order.

If the child lives at more than one address during the working week, please tell us who has responsibility for the child on each day.

If you need more space to provide the details we have requested, please use the back of this form. We consider that it is important, and it is also a legal requirement, to know who has responsibility for the children in our care. If you need any advice in completing this form, please ask the Playgroup Supervisor.

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| **PARENT/CARER INFORMATION** |
|  | Parent/Carer 1 |  | Parent/Carer 2 |
| Title: |  |  |  |
| Surname: |  |  |  |
| Forenames: |  |  |  |
| Home Address: |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Post Code: |  |  |  |
| Email Address: |  |  |  |
| Home Tel No: |  |  |  |
| Work Tel No: |  |  |  |
| Mobile No: |  |  |  |

Emergency contact (should we need to contact somebody and there is nobody at the above address or answering the telephone from the numbers above)

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| **WHO IS AUTHORISED TO COLLECT YOUR CHILD?** Names and contact numbers of at least **2** other persons authorised to collect your child from Playgroup (These will be used if none of the people mentioned above can be contacted in an emergency. They may include friends or family who could collect your child if you are unable to do so yourself.): |
| Name: |  |  |  |
| Relationship to child: |  |  |  |
| Mobile No: |  |  |  |
|  |  |  |  |
| Name: |  |  |  |
| Relationship to child: |  |  |  |
| Mobile No: |  |  |  |

**Security Password** (to be used by family members or persons authorised to collect your child, please write clearly in BLOCK CAPITALS):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

Before being able to offer your child a place, the playgroup must have all information relating to any allergies or intolerance. This information must include all paperwork from appropriate health and other professionals, e.g. GP or other specialist. This form contains all the information currently known to us regarding any allergies or intolerance.

We undertake to inform Wheathampstead Playgroup immediately, verbally and confirmed in writing of any changes to treatment, intolerance or allergy, within 24 hours of establishing the change.

Wheathampstead Playgroup has the right to refuse admission for any child where required medical information has not been provided.

Food labels are increasingly including a risk disclaimer stating that the product may contain traces of nuts or be produced in an environment where products containing nuts are manufactured. This is out of our direct control, and hence such products inevitably will be used. Your signature below confirms your acceptance of this. Children with a medically advised allergy by their GP will be given alternative snacks.

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| **Parent/Carer Signature** |  | **Date** |
|  |  |  |
| **Parent/Carer Name**  *Capitals*  |  |  |

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| **HEALTHCARE PROVIDERS:** |
|  | **Family Doctor** |  | **Health Visitor** |
| Name: |  |  |  |
| Address: |  |  |  |
|  |  |  |  |
| Post Code: |  |  |  |
| Work Tel No: |  |  |  |
|  |  |  |  |
|  | **Family Dentist** |  |  |
| Name: |  |  |  |
| Address: |  |  |  |
|  |  |  |  |
| Post Code: |  |  |  |
| Work Tel No: |  |  |  |

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| Is your child up to date with their immunisations? | Yes |  | No |  |
| Has your child had or suffer from any of the following illnesses/ailments |
| Measles |  | Chicken Pox |  | Mumps |  | Epilepsy |  |
|  |
| Asthma |  | Diabetes |  | Other *please specify* |  |
| Please give details of any regular medication your child is taking |  |
|  |
| Has your child had any operations/illnesses |  |
|  |
| Does your child have any on-going health problems |  |
|  |
|  |  |  |  |  |
| Does your child have any allergies | Yes |  | No |  |
|  |
| If yes, to what? |  |
| What is the reaction? |  |

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| **SESSION REQUIRMENTS** |
| What are your childcare needs? Please indicate clearly which sessions you wish your child to attend.  |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning  | 08:40 – 11:40 |  |  |  |  |  |
| Lunch  | 11:40 – 12:10 |  |  |  |  |  |
| Afternoon | 12:10 – 15:10 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Please circle if your child is in receipt of funding:** |
|  | 2+ Funding |  | 3+ Funding |  |
| If your child is in receipt of 2+ funding the setting must have a copy of the reference number. |
|  |  |  |  |  |  |  |
| We require a copy a copy of every child’s Birth Certificate. |

**OTHER INFORMATION:**

Does your child/family have a CAF or Early Support in place?

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Are you receiving any form of benefits e.g. Income Support? (This is only applicable if your child is still two years old.)

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Wheathampstead Playgroup has a special needs policy. Does your child have any special need which you would like to discuss with staff? Y/N

(If “Y” please give details).

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Please give details of any special dietary requirements and significant food and drink preferences:

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Special requests/requirements about religious observance, clothing or other matters which we should observe at Playgroup:

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Background information on your child which may help us to understand his/her – e.g. special fears, any brothers or sisters, pets, any special words, any recent family events which have affected your child:

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Does your child attend another pre-school/nursery or spend time with a childminder? Y/N

If “Y” please give details: Name of setting/childminder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEES**

All Fees where applicable are to be paid as stated in your invoice. All fees are reviewed annually (or sooner subject to a rent increase). The payment of fees are due the first two weeks of each half term. There is no refund of fees in the event of illness or other absence.

**Late payment and non-payment of fees**

Please note that late or non-payment of fees may, at the discretion of the Trustees, result in your child losing their place at Playgroup until such time as all outstanding fees (including any due in advance) are paid.

**Notice period**

If you wish to withdraw your child from Playgroup, you must give a half-term's notice.  This means for example that you should give notice no later than the first day of the last full half-term in which you wish your child to attend Playgroup.  If you fail to give such notice, you will be liable to pay for an additional half term, although this may be reduced pro rata in the absolute discretion of the trustees, in accordance with the length of notice actually given.

**Temporary closure of Playgroup**

In certain circumstances, it may be necessary to close Playgroup. Such circumstances include fire, flood, storm, disease, natural disaster, or any event beyond the reasonable control of Playgroup, especially those affecting local transport or utilities. In such circumstances, Playgroup will generally follow the advice of the local education authority and/or the decisions of our local primary school head teachers, where relevant. The safety of our children, parents and staff is the first concern in these circumstances. Where the Playgroup Supervisor decides in his or her discretion to close Playgroup, we regret that it will not be possible to make any refund of fees unless the closure continues for more than 4 working days, in which case a refund will be made for the fifth and each subsequent day of closure. These provisions are necessary because the charity must continue to meet substantial overheads even if it is compelled to close.

**I confirm that the information given above is correct; that I have read and understood the contents of this document and agree to abide by the policies and procedures of Wheathampstead Playgroup in force from time to time. Copies of our policies and procedures are available at Playgroup.**

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| **Parent/Carer Signature** |  | **Date** |
|  |  |  |
| **Parent/Carer Name**  *Capitals*  |  |  |

**WHEATHAMPSTEAD PLAYGROUP CONSENT FORMS**

Please could you read through the following forms carefully, giving your consent as appropriate. Should you wish to discuss any of the content please speak to the Playgroup Manager.

**Photographs and video**

During your child’s time at Playgroup we may take photographs or video of them during play activities or on outings. These are used for display purposes on screens, notice boards and the children’s computers at Playgroup and in their own personal scrapbooks. The photographs are normally used only within the Playgroup environment. However, we may use them to promote Playgroup within the village, e.g. Village Day. Video will only be used in Playgroup.

Please sign below if you are willing for your child to be photographed/filmed.

**I agree to my child being photographed/filmed.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Parent/Carer Signature** |  | **Date** |

**Photographs For Website**

We update our website on a regular basis and like to include photographs of the children participating in various activities, thereby providing a good representation of the activities that we encourage the children to partake of whilst in our care.

Please sign below if you are happy for photographs of your child to be used on the Wheathampstead Playgroup website – no child will be identified by name.

**I agree to photographs of my child being used on the website.**

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| --- | --- | --- |
|  |  |  |
| **Parent/Carer Signature** |  | **Date** |

**Outings**

Occasionally to support our curriculum work we take the children on visits to our local environment. Parents are given prior notice of these outings and are encouraged to help accompany the children. Such outings only take place if there is a ratio of at least 1 adult to 2 children.

Please sign below if you agree to your child taking part in outings.

**I agree to my child taking part in outings.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Parent/Carer Signature** |  | **Date** |

**Plasters**

Please sign below if you are willing to allow us to use plasters on your child for minor cuts or grazes. We only use hypo-allergenic plasters.

**I agree to plasters being used on my child.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Parent/Carer Signature** |  | **Date** |

**Working with other agencies and settings**

After consultation with you it may be necessary to work with other agencies (e.g. Health Visitors, Speech Therapists, other settings your child attends, child minders) for the benefit of your child. All information shared will be confidential and parents/carers will have access to this at all times.

Please sign below if you are willing for other agencies/settings to be involved.

**I give my consent to other agencies/settings working with Playgroup if required.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Parent/Carer Signature** |  | **Date** |

**Passing on paperwork from Wheathampstead Playgroup to your child’s next nursery/school setting**

At Wheathampstead Playgroup records based on your child’s development and achievements are kept. Parents are encouraged to view these records with their child’s keyworker at any time. In order to achieve continuity, these records will be passed on to your child’s next setting where appropriate.

Please sign below if you agree to your child’s records being passed on to their next nursery/school setting.

**I agree that the records relating to my child’s development and achievements will be passed onto their next nursery/school setting.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Parent/Carer Signature** |  | **Date** |

**Contact**

In line with the GDRP legislation, we need your express permission to contact you whilst you child attends playgroup.

Please sign below if you agree to our contacting you both via telephone and email, during the time that your child attends Wheathampstead Playgroup.

**I agree that I consent to Wheathampstead Playgroup contacting me either by telephone or email whilst my child attends the setting.**

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| --- | --- | --- |
|  |  |  |
| **Parent/Carer Signature** |  | **Date** |

**Parental Consent for Emergency Medical Advice or Treatment**

We believe that it is important for you to be fully informed about your child's health and to have control over any treatment they may need. We also want to ensure that if your child needs urgent medical attention, they should receive it as quickly as possible.

In the unlikely event that your child is involved in an accident or is taken ill suddenly while at Playgroup, and our staff believe that he or she requires immediate attention, this procedure will be followed:

1. The urgent medical needs of your child come first. First Aid will be administered where possible. A doctor or ambulance will be called or your child may be taken to hospital by a member of staff if it is considered advisable. If your child is taken to hospital in an ambulance, one member of staff will accompany him or her. If your child is taken to hospital by the staff, two members of staff will accompany him or her.
2. Once any urgent action has been taken, Playgroup staff will attempt to contact you using the details which you have provided.
3. Whenever possible, Playgroup staff will not permit any further medical examination, treatment or admission to hospital without your consent, but:
4. If a doctor, paramedic or other qualified medical practitioner advises that immediate action is necessary in the interests of your child, then your agreement to the contents of this form indicated below will be treated as constituting consent to such treatment.

**I agree with the contents of this form and with the procedure to be followed in the event that my child is involved in an accident or is taken ill suddenly while at Playgroup.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Parent/Carer Signature** |  | **Date** |

**Please note that if you are returning this via email, all typed signatures in this document will be taken as your written consent for the relevant sections. You will be asked to sign the front sheet of this document in person when your child starts at Playgroup in order to confirm this.**