Herons' Preschool
Waterbeach

Registration Form

Child's Surname					
First Name					
Other names					
Known as (if different from above)					
Date of Birth		M	F	U	
Does your child attend another setting	Yes	No			
If yes, please give the Setting Name:					
Permission to contact other setting	Yes	No			
Home Language/s					
Sibling Names and ages (if applicable)					

What date do you wish your child to start (Children can attend when they reach 2 years of age)	

Please indicate desired sessions below-

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Full day 9am-3pm					
Morning 9-12pm					
Morning with lunch session 9am-1pm					
Afternoon 12-3pm					
Early Morning session 8.30-9am					

1 Parent/Guardian Name			
Parental Responsibility?	Yes / No		
Address	Relation to child		
	Tele No.		
	Mobile No.		
	Work No.		
	Occupation		
	Company		
E-mail Address			
2 Parent/Guardian Name			
Parental Responsibility?	Yes / No		
Address (if different from above)	Relation to child		
	Tele No.		
	Mobile No.		
	Work No.		
	Occupation		
	Company		
E-mail Address			

I/we give permission for my/our child to be taken on village walks	Yes	No
I/we give permission for my/our child to view and listen to age appropriate media related to a theme or topic in the setting	Yes	No

I/we give permission for sensitive factor 50 child's sun cream to be applied if necessary	Yes	No
I/we give permission for photographs to be taken of my/our child for the following purposes-		
Learning and Development Records	Yes	No
Displays/Registration within the setting	Yes	No
Special Events (eg. Christmas show, Graduation Ceremony)	Yes	No
Media Coverage (newspaper/local beach news magazine/)	Yes	No
Social Media (Facebook/Website)	Yes	No

Emergency Contacts Please give the details of 2 people we can contacted in case of emergency or who may collect your child from the setting.			
Name			
Address		Relation to child	
		Tele No.	
		Mobile No.	
Name			
Address		Relation to child	
		Tele No.	
		Mobile No.	

Medical information			
Doctors Name			
Doctors Address		Tele. No.	
Does your child have any on-going medical conditions?		Yes	No
If yes, please give details			
Does your child have any allergies, food intolerances or special dietary requirements?		Yes	No
If yes, please give details			
Has your child had all the relevant childhood vaccinations?		Yes	No
Please give details of vaccinations received-			
Does your child have a CAF (Common Assessment Framework) Form?		Yes	No
If yes, please give details (if applicable)			
Does your child have an Early Help Assessment in place?			
If yes, please give details (if applicable)		Yes	No
Please give details of the agencies involved (if applicable)		Yes	No
Does your child have any distinguishing marks anywhere on their bodies?		Yes	No
If yes, please give further details (location, size, description), eg birth mark			

I/We give permission for staff to administer first aid as required	Yes	No
I/We give permission for staff to apply a plaster to my child if required	Yes	No
I give permission for staff to seek medical advice and my child to be taken to an Accident and Emergency Department for assessment and treatment as necessary.	Yes	No
I give permission for a staff member to administer a paracetamol-based medicine if my child has a raised temperature (this will also be clarified with you when a staff member calls you to ask you to collect your child)	Yes	No

General Information			
Child's ethnicity and/or cultural background			
Religion			
Please indicate festivals or occasions that are special to your family and that you would like to see celebrated in the setting.			
Where did you hear about Herons' Preschool?			
Are Social Care involved with your child and family?		Yes	No
If yes, please give details (if applicable)			
Please give details of the agencies involved (if applicable)			

Special Educational Needs and Disabilities		
Does your child have any special educational needs or disabilities? If so please specify:	Yes	No
Are any of the following in place for the child? SEN Action Plan Education, Health and Care Plan (EHCP)	 Yes Yes	 No No
What Special support will they require in our setting?		

Two year old Progress Check – Children aged 22-36 Months		
Has your child attended any other early year's settings? (If no, then we will carry one out on your child if they're aged 22-36 months)	YES	No
If yes, which setting and do they still attend?	YES	No
Has your child had a 2 year development check carried out at an early year's setting?	YES	No

Policies and Procedures

The Policies and Procedures of Herons' Preschool are available for reading on our website, www.heronspreschoolwaterbeach.org (please speak to a member of staff if you would like a paper copy). We do have an Information Sharing Policy, which means that there may be circumstances where information is shared with other professions and agencies without my prior consent. By signing this registration form, you are aware of our policies and procedures and accept the content of them.

Herons' Preschool fully recognises their responsibility and duty of care and have arrangements in place to safeguard and promote the welfare of children attending the setting. We have a duty to report suspected child abuse or neglect. The designated members of staff for child Protection are Wayne Badcock (Manager) and Angela Impey (Deputy Manager).

The information you have supplied on this form is a legal requirement of Ofsted and for insurance purposes. By signing you are confirming you are the person/persons named on page 1 (Parent/Guardian) and agree that the information you have supplied is correct.		
(1 Parent/Guardian)	Print:	Date
	Sign:	
(2 Parent/Guardian)	Print:	Date
	Sign:	

If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).

Address	Herons' Preschool, Building 2 (Former Barracks Site), Off Denny End Road, Waterbeach, Cambridge, CB25 9PA				
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Email	info@heronspreschoolwaterbeach.org				
Website	www.heronspreschoolwaterbeach.org				