

**CONFIDENTIAL**

## Salvation Army Pre-School Registration Form

Barrack Street  
Heckmondwike  
WF16 0EJ



### Child's details

Child's first name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Name known as \_\_\_\_\_

Child's full address \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Birth certificate seen and copy made Yes ☐ No ☐

### Family details

Name of parent(s)/carer(s) with whom the child lives: \_\_\_\_\_

#### *Contact details 1 (including emergency information):*

Parent/carer full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Does this parent have parental responsibility for the child? Yes ☐ No ☐

#### *Contact details 2 (including emergency information):*

Parent/carer full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Does this parent have parental responsibility for the child? Yes ☐ No ☐

#### *Contact details 3 (including emergency information):*

Parent/carer full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Home telephone \_\_\_\_\_ Email \_\_\_\_\_  
Home address \_\_\_\_\_  
Work address \_\_\_\_\_  
Does this parent have parental responsibility for the child? Yes ☐ No ☐

**Other person(s) with legal contact** *To be completed where those persons with parental responsibility are separated and a Section 8 Order (Children's Act 1989) is in place.*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact telephone numbers \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
What are the contact arrangements that [we/I] need to be aware of?

**Emergency contact details if parents are not available** *Emergency contacts must be local.*

*Contact 1* - Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_  
Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

*Contact 2* - Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_  
Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, staff will check before releasing the child.*

*Person 1* – Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

*Person 2* - Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

*Person 3* - Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Password for the collection of child by authorised persons \_\_\_\_\_

### About your child

The following information will tell us a little more about your child. As your child settles with us we will establish their starting points through observation and further conversation with you.

Does your child have previous experience of attending a childcare setting? If so, please specify:

### Health and development

Does your child have any on-going medical conditions? If so, please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, Health Visitor, etc:

Does your child require a health care plan? Yes ☐ No ☐

Is your child known to have any allergies or food intolerances? If so, please specify:

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*A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.*

What are your child's dietary requirements? Please specify:

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*It is our usual practice to provide a vegetarian menu. If this is not in-keeping with your child's dietary requirements, please discuss this with our Pre-School leader to ensure that we are working in partnership to meet your child's needs.*

If your child is aged three years or over, does he or she have difficulty with any of the following:

Speaking and communicating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Listening and attention	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Understanding simple instructions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eating and drinking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sitting and sharing a book	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walking and climbing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rolling a ball	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Holding a crayon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Socialising with adults and other children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Putting on their shoes and socks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any other concerns:

Does your child have any special needs or disabilities? If so, please specify:

Are any of the following in place for the child?

Early Years Action	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Early Years Action Plus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Statement of special educational need	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

What special support will he/she require in our setting?

*Two year old progress check – children aged 24 – 36 months*

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes ☐ No ☐

Setting completing check \_\_\_\_\_ Date completed \_\_\_\_\_

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you.

*Cultural background*

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family (if applicable)? \_\_\_\_\_

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 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? Yes ☐ No ☐

## General information

What is your child's usual sleep pattern?

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, or any special words they use.

## Details of professionals involved with your child

*GP*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

*Health Visitor (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

*Social Care Worker (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. [We/I] will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.*

*Any other professional who has regular contact with the child*

Name 1 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name 3 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

### **General parental permissions**

#### *Emergency treatment declaration*

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the leader/deputy for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Printed name \_\_\_\_\_

I give permission for a member of staff who has been appropriately trained to administer the inhaler Epipen or Anapen (supplied by me) to \_\_\_\_\_ (name of child)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Printed name \_\_\_\_\_

#### *Sun cream*

I will administer sun cream to my child before sending him/her to Pre-School during periods of hot sunny weather

\_\_\_\_\_ (name of child)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Printed name \_\_\_\_\_

## Photographs

*In view of the legislation regarding children it is not our policy to photograph and display pictures of children in our care unless we have the parents/guardians permission.*

- Photographs provide important evidence of your child's development and provide a record that supports Kirklees Early Years recommendations.
- Photographs are used in Record Books and provide evidence of learning and activity.
- Photographic evidence is also required by OFSTED enabling them to confirm that we are fulfilling their requirements.
- Photographs of special events help to promote and help publicise the work of the Pre School.
- Photographs and video can be used for on-going training purposes.
- Photographs and video will only be taken on 'Official' Pre-School cameras or occasionally specialist camera equipment where permission has been granted by the Commanding Officer (Church leader)  
For more information please refer to our policies and procedures 1.16 'Use of mobile phones and cameras'
- All material will remain the property of the Pre-School and kept in a secure environment.
- PLEASE NOTE – The use of camera's/camera phones by parents is prohibited in the Pre-School.

*I give permission for \_\_\_\_\_ (child's name) to be photographed and videoed and the pictures/video used for ONLY for the above mentioned purposes.*

*I hereby give all consents necessary for my child to be photographed and for the reproduction, and exhibition of photos without liability or acknowledgement to me.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

## SHARING OF INFORMATION

All records held by the Pre-school ascertaining to your child are confidential and governed by the Data Protection Act 1998. Occasionally other statutory bodies such as educational, government and health care professionals share information.

I give permission as required for you to share information about my child

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

Printed name \_\_\_\_\_



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## Policies and procedures

I have been provided with details of Salvation Army Pre-School parent's handbook which contain details about our policies and procedures and how we can access these.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

Parent name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Member of staff  
accepting form

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of manager \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE NOTE:

**ALL absences must be notified by phone to the Pre-School on the day of absence.**

**Children are registered for the whole term, and unless an arrangement is made parents are liable for all sessions to the end of term. If a session is missed payment is still required, as we still have to pay staff. Payment is required in advance for the days required, unless your child is funded.**

**Please be aware that all children both funded and unfunded must attend their agreed sessions.**

**If a child's absence is unknown for two consecutive sessions/weeks, contact will be made by the provider.**

**If the attendance does not improve within two weeks (i.e. four weeks after non-attendance began) the child's place could be terminated**

Equalities monitoring form

*Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.*

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>
Other please state	<hr/>		

A child’s learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need	<input type="checkbox"/>
Early Years Action	<input type="checkbox"/>
Early Years Action Plus	<input type="checkbox"/>
Statement	<input type="checkbox"/>

Providers should refer to the SEN Code of Practice for an explanation of the terms above.