



Little Friends Nursery

REGISTRATION FORM

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM

Child's details

Child's first name(s) _____ Surname _____

Name known as _____

Child's full address _____

Gender _____ Date of birth _____

30 hours code: _____

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 telephone _____ Mobil e _____

Email _____

Home address _____

Work address _____ Tel _____

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

Date of Birth _____ NI No _____

This information is required to enable us to find out whether your child qualifies for Early Years Pupil Premium

Contact details 2 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime telephone _____ Email _____

Home address _____

Work address _____

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

Parent's Date of Birth: _____ NI No _____

This information is required to enable us to find out whether your child qualifies for Early Years Pi Premium.

Other person(s) with legal contact

To be completed where those persons with parental responsibility are separated and an S8 Order is in place.

Name _____

Address _____

Contact telephone numbers _____

Relationship to child _____

Are the contact arrangements that we 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 _____

Mobile _____ Password _____

Contact 2 –

Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Mobile _____ Password _____

Persons other than parent(s) authorised to collect the child *Must be 16 years of age or over with written permission from the parent / carer. 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 telephone _____
Mobile _____ Password _____

Person 2 - Name _____
Relationship to _____
Address _____
Daytime telephone _____
Mobile _____ Password _____

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

Has your child received immunisations? Yes No

Please confirm and provide date of immunisations given or the child's red book or any other record.

For internal use: Has the child's health record book been seen to confirm immunisation dates?
Yes No

Does your child have any on-going medical conditions? If so, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

Does your child require a health care plan? Yes No

Is your child known to have any allergies or food intolerances or preferred dietary requirements?

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"/>	N	<input type="checkbox"/>
			O	
Early Years Action Plus	Yes	<input type="checkbox"/>	N	<input type="checkbox"/>
			O	
Statement of special educational need	Yes	<input type="checkbox"/>	N	<input type="checkbox"/>
			O	

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	<input type="checkbox"/>	N	<input type="checkbox"/>
		O	

Does your child need a bilingual support plan?

Yes	<input type="checkbox"/>	N	<input type="checkbox"/>
		O	

If so, discuss and agree with the key person how we can work together to support your child when settling-in:

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 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 _____

Family App

Little Friends Nursery uses the Family system to keep you and your family updated. You will be able to receive pictures of your child, important notices, information about events, and much more. You will also be able to register if your child has the day off or is ill.

Please detailed below who do you wants to have access to your child family account, and who is allowed to pick up your child:

Family App Users Access Details

Parents

With the parent role you have access to everything regarding the child. Both photos, posts, private messages, invitations and the profile of the child.

Parents/Carers Name (Print).....
Email address

Parents/Carers Name (Print).....
Email address

Family Member/Emergency Contacts with access Family

With the Family role you're allowed to pick up the child as well as view photos and posts sent to the child. This is recommended for grandparents and other family members.

Parents/Carers Name (Print).....
Email address

Parents/Carers Name (Print).....
Email address

Emergency Contacts without access Family

Emergency contact detail, these members allowed to pick up the child but has no access to family app

Parents/Carers Name (Print).....
Email address

Parents/Carers Name (Print).....
Email address

Parents/Carers Name (Print).....
Email address

We will create a Family account, for you. You will receive a welcome email from family app. Follow the steps how to activate your account.

After you log in, if you have forgotten your password, you can always reset it.

You can access Family using: app.family.co

If you have an iPhone or iPad we recommend that you download Family's iPhone/iPad app:

<https://apps.apple.com/gb/app/family/id807454588>

If you have an Android device we recommend that you download Family's Android app:
<https://play.google.com/store/apps/details?id=com.family.family&hl=gb>

FOR OFFICE USE ONLY

Date starting _____

Days and times of attendance _____

Are any fees payable? Yes No

- 15 hours funding
- 30 hours funding
- Confirmation letter
- Registration Fee

If so, note here _____

Has the settling-in process been agreed? Yes No

If so, please specify:

Key persons - Information for parents

Child's key person will be _____

Child's 'back up' person will be _____

Child's Name.....Date.....

Parents/Carers Name (Print).....Signature.....

Parents/Carers Name (Print).....Signature.....

Little Friends Nursery Bank Details*

Account Name: LFN Limited
Bank name: SANTANDER
SORT CODE: 09-01-29
BANK ACCOUNT NUMBER: 18280913

*Please write your child name for the references section