Registered Charity Number 1060518



 **Peter Pan Pre-School & Nursery**

**Registration form**

|  |  |
| --- | --- |
| For Parents employed by M.O.D. only: No: Rank:  |  |
|  Name Unit. Sqdrn: Bldg: Office tel.No.: |  |
|  |  |

**Basic details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child |  | Date of birth |  |
| Name known as  |  | Gender (male or female) |  |
| Name of parent(s) with whom the child lives  |
| 1 |  |
| Does this parent have parental responsibility? Yes/No (delete) |
| 2 |  |
| Does this parent have parental responsibility? Yes/No (delete) |
| Address including post code:- |  |
|  |
| Telephone |  | Mobile |  |
| Name of parent with whom the child does not live |
|  |  |
| Does this parent have parental responsibility? Yes/No (delete) |
| Address  |  |
|  |
| Telephone |  | Mobile |  |
| Does this parent have legal access to the child? Yes/No (delete) |
|  |
| **Emergency contact details** |
| Parent 1 - Work/daytime contact number |  |
| Parent 2 - Work/daytime contact number |  |
| Any other emergency contact numbers |  |
| Name |  |
| Telephone |  | Mobile |  |
| Name |  |
| Telephone |  | Mobile |  |

**Persons authorised to collect the child (must be over 16 years of age)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Relationship to child |  |
| Telephone |  | Mobile |  |
| Name  |  | Relationship to child |  |
| Telephone |  | Mobile |  |

**Personal details of child**

Does your child have any special dietary needs or preferences? Yes/No (delete)

|  |
| --- |
|  |

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

|  |
| --- |
|  |

|  |  |
| --- | --- |
| What is the main religion in your family?  |  |

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 (delete)

If so, discuss and agree with the key person how you will support your child when settling-in:

|  |
| --- |
|  |

Does your child have any special needs, medical conditions or disabilities? Yes/No (delete)

|  |  |
| --- | --- |
| Details  |  |

**Childs Doctor: Name Telephone No.**

**Consent for emergency medical treatment**

Name of person to be contacted in emergency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that my child is involved in a serious incident, while at Peter Pan Nursery, I expect the Manager or a delegated member of staff to contact me on the above emergency contact number.

In the event my child required immediate medical treatment before I am able to get to the hospital I hereby authorise the Manager or a delegated member of staff who is first aid trained, consent to emergency medical treatment on my behalf.

Parent’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are any of the following in place for the child:

Early Years Action? Yes/No (delete)

Early Years Action Plus? Yes/No (delete)

Statement of special educational need Yes/No (delete)

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**Names of professionals involved with child**

|  |  |  |  |
| --- | --- | --- | --- |
| Name 1 |  | Role |  |
| Agency |  | Telephone |  |
| Name 2 |  | Role |  |
| Agency |  | Telephone |  |
| Name 3 |  | Role |  |
| Agency |  | Telephone |  |
| Do you have a health visitor? | Yes/No (delete) |
| Name |  | Based at |  |
| Telephone |  |  |  |
| Does your family have a social care worker for any reason? | Yes/No (delete) |
| Name: |  | Based at: |  |
| Tel: |  |  |  |
| What is the reason for the involvement of the social care department with your family? |
|  |

**To be completed by the key person/manager**

|  |  |  |
| --- | --- | --- |
| Date starting at  | Peter Pan Nursery & Pre-School |  |
| Days and times of attendance |  |
| Are any fees payable? If so, note herePass word in case nominated person to pick up child:  |  |
| Name of key person |  |
| Name of back up key person |  |
| Has the settling-in process been agreed? | Yes / No (delete) |
| If so, detail  |  |
|  |
| Signed by |
| Parent 1 |  | Parent 2 |  |
| Key person |  | Manager |  |
| Date |  | Date or first review |  |

**I would describe my child’s race or ethnic origin as (please tick appropriate box):**

|  |  |  |
| --- | --- | --- |
| **White** | **Black** | **Asian** |
| White British | Black British | Bangladeshi |
| White Irish | Black African | Pakistani |
| White Other | Black Caribbean | Indian |
|  | Black Other | Asian other |
| Chinese | Mixed |  |
| Chinese | White and Black Caribbean |  |
| Chinese  | White and Black African |  |
|  | White and Black Asian |  |
| **Other please state:** |