

**Coalway Early Years**

Coalway Road, Coalway, Coleford, Glos GL16 7HL

Tel: 01594 839436

Registered Charity No: 900365

Email: bcplaygroup@btinternet.com

Website: www.coalwayearlyyears.co.uk

**REGISTRATION FORM**

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| *For Admin use only:* |
| Birth Certificate seen [ ] | Paperwork checked [ ] | Start Date: DD/MM/YYYY |

 I**f you have any queries or require assistance completing this form please contact the office.**

Child’s full name:….……..…………………………............................ **M/F** Date of birth:DD/MM/YYYY

Address:.................................................................................................................................................

…………………………………...................................................Postcode: ............................................

Ethnic Origin/Religion.......................................................Languages spoken ………………………………….

Siblings (names/ages)……………………………………………………………………………………………………

Other setting attended (previously and/or current) ………………….………….……………………………………..

**Parents/Guardians:**

PRIMARY CARER : SECONDARY CARER:

Name:.........................................[Mr/Mrs/Miss/Ms] Name:................................................[Mr/Mrs/Miss/Ms]

Relationship to child: ……………………………….. Relationship to child:……………………………………..

Address: ................................................................ Address:.....................................................................

………………………............................................... ...............................:...................................................

Tel Home:.............................................................. Tel Home:.............................................................…

Tel Work/Mobile..................................................... Tel Work/Mobile..........................................................

Email:……………………………………................. Email...........................................................................

National Insurance Number:……………………… National Insurance Number: …………………………..

Date of birth: DD/MM/YYYY Date of birth: DD/MM/YYYY

*(These are required so that we can check funding eligibility)*

Parental responsibility? YES/NO Parental responsibility? YES/NO

Authorised to collect? YES/NO Authorised to collect? YES/NO

Emergency Contact? YES/NO Emergency Contact? YES/NO

**Are there any issues we should be aware of concerning parental access for this child?** *If yes, please provide details below. Please be aware that we cannot deny access to any parent with parental responsibility without a court order. …………………………………………………………………………………………………………………………………………………………..*

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**EMERGENCY CONTACT/PERMISSION TO COLLECT**: (if parents/guardians cannot be contacted).

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| --- | --- |
| Name: ...................................................................Relationship to child: ……………………………….Address: ……………………………………………..………………………………………………………...………………………………………………………..Tel Home: ……………………………………………Tel Mobile: ………………………………………….. | Name: ...................................................................Relationship to child: ……………………………….Address: ……………………………………………..………………………………………………………...………………………………………………………..Tel Home: ……………………………………………Tel Mobile: ………………………………………….. |
| Name: ...................................................................Relationship to child: ……………………………….Address: ……………………………………………..………………………………………………………...………………………………………………………..Tel Home: ……………………………………………Tel Mobile: ………………………………………….. | Name: ...................................................................Relationship to child: ……………………………….Address: ……………………………………………..………………………………………………………...………………………………………………………..Tel Home: ……………………………………………Tel Mobile: ………………………………………….. |

*Please note that wherever possible parents/carers should introduce any person authorised to collect their child to nursery staff in advance. In the event of this not being possible please provide your emergency contacts with a secure password to give to nursery staff when collecting:*

*PASSWORD: ………………………………………*

*We WILL NOT release your child into the care of an unauthorised contact even if they are known to the child and/or nursery staff.*

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| **Medical details:**Name of doctor: …………………………………. Practice telephone number: ………………………..Address: ………………………………………………………………………………………………………………………………………………………………………………………………………………………….Has your child been registered with a dentist? [Yes/No] Has your child received infant inoculations? [Yes/No]Does your child have a current tetanus vaccination? [Yes/No]Please provide details or any allergies, medical conditions or current medication (*please note that if your child requires medication during their time at nursery we will require you to complete a medical permission form and provide the nursery will full information, including any specialist training required)* *…………………………………………………………………………………………………………………………**………………………………………………………………………………………………………………………….**………………………………………………………………………………………………………………………….*Special dietary requirements: …………………………………………………………………………………………………………………………………………………………………………………………………………………. |

**Emergency Medical Permission:**

*All staff at Coalway Early Years are trained in paediatric first aid. If your child has an accident while at nursery we require your permission to administer first aid and, in the unlikely event of a serious incident, seek professional emergency assistance. In the event of an accident we will require you to read and sign an accident form. If your child arrives at nursery with an injury we will require you to complete a ‘prior accident’ form. Please note that any medication your child requires whilst at nursery must be prescribed by a medical professional (including Calpol, creams for nappy rash etc), be in the original container with prescription label intact and you will be asked to complete and sign a permission form.*

Declaration:

‘I …………………… [print name], the parent/carer of ……………………………….…[print child’s full name]

give my permission for the staff of ‘Coalway Early Years’ to administer first aid to my child in the event of an accident, and in the event of a serious incident I give my permission for them to seek professional emergency assistance. I understand that in the event of a serious incident every attempt will be made to contact me or my child’s secondary carer or emergency contacts. I agree that if multiple attempts to contact me or my child’s secondary carer or other emergency contacts have failed, to give my permission for ‘Coalway Early Years’ staff to sign any consent forms required for emergency medical treatment. I agree to ensure that all of my contact details are kept fully up to date and inform the nursery of any changes at the earliest opportunity.

Signed: ………………………………………….. Date: …………………………………

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| **Additional needs:***At Coalway Early Years we provide an inclusive environment where all children can participate fully in the activities and experiences provided. If your child has a special educational need and/or disability please can you provide information: ……………………………………………………………………………………….**…………………………………………………………………………………………………………………………**…………………………………………………………………………………………………………………………*Details of other agencies currently involved with your child (for example, health visitor, speech and language therapist, occupational therapist, family support worker, children’s services):………………….……………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………….. |

**Permission:** *(please circle your response to the following statements – if you have answered NO to any of these statements please can you discuss your reasons with nursery staff).*

|  |  |  |
| --- | --- | --- |
| I give permission for staff to apply sun-cream to my child from the nursery supply when deemed necessary (NB: A bottle of named sun-cream must be provided by parent/carer). | YES | NO |
| I give permission for staff to use wet wipes and apply plasters when deemed necessary. | YES | NO |
| I give permission for staff to use face paints on my child (if my child is receptive to this) as part of occasional planned activities.  | YES | NO |
| I give permission for my child’s photograph to be used for their Learning Journey (see also ‘Tapestry’ consent form) and for internal displays within the nursery. NB: On occasions, for the purpose of an accurate observation, your child may be included in photographs in other children’s Learning Journeys. | YES | NO |
| I give permission for my child’s photograph to be used anonymously on the nursery’s website. | YES | NO |
| I give my permission for my child’s photograph to be used in occasional press releases. NB: This may also include your child’s name. | YES | NO |
| I give permission for staff, on occasions, to take my child for short group walking outings to the local area (for example, the school grounds and facilities, local shops).  | YES | NO |
| I give my permission for information to be shared with other agencies (such as partnership settings, school, speech and language therapists, health visitors) in respect of my child’s development. | YES | NO |
| I give permission for data relevant to my child’s registration at nursery and development to be stored confidentially by the nursery in files or on the setting computer. Please refer to our Data Privacy Notice and Data Protection policy for full information in respect of this. | YES | NO |

**Data Protection**

*‘Coalway Early Years’ comply with ‘General Data Protection Regulations’ (which take effect from May 25th 2018). The ‘Data Privacy Notice’ supplied in your registration pack explains our lawful reasons for collecting personal data, an explanation of what we use this data for, and other aspects of how we will comply with these new regulations. It is very important that you read this notice.*

**Parent Declaration**

*I declare that the information provided above is correct. I agree to notify staff of ‘Coalway Early Years’ immediately of any changes. I agree to abide by rules and policies of ‘Coalway Early Years’, and have signed the ‘Home to Nursery’ agreement for the setting. I confirm that I have read and understood the ‘Data Privacy Notice’ provided in my registration pack.*

Signed:……………………………………………….. Print name: ………………………………….. Date: …………………………….

