



Charity Reg. No. 1057036

**HERSDEN UNDER 5's CENTRE**  
**Shaftesbury Road**  
**Hersden**  
**Canterbury**  
**Kent CT3 4HS**

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## 2. Childcare and early education registration form

### Child's details

Child's first name(s) \_\_\_\_\_ Surname \_\_\_\_\_  
Name known by \_\_\_\_\_  
Child's full address \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Birth certificate Number: \_\_\_\_\_

### Family details

Who does the child live with? \_\_\_\_\_

*Contact details 1 (including emergency information):*

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

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

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

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

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/or an S8 Order is in place.*

Name

Address

Contact telephone numbers

Relationship to child

Please give details of the legal contact arrangements that we need to be aware of

**Ethnicity data** *gathered for monitoring purposes only. Parents are not obliged to give this information.*

Ethnic origin is classified as special category of data under data protection legislation and we require your consent in order to process and store this information. The Privacy policy explains how the data provided in this form will be processed and explains your rights with respect to the information given.

### Privacy Notice

I confirm that I have received a copy of the Privacy Notice and give my consent to the processing of special category data.

Signed

Date

White British

☐

Pakistani

☐

White Irish

☐

Indian

☐

White other

☐

Asian other

☐

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			

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**Collection permission authorisation and emergency contact details for named contacts – if parents are not available** *Please note that if we have not been notified in advance, we will check before releasing the child. Only those over the age of 16 years can be named as authorised persons and emergency contacts. Please ensure emergency contacts are local and their consent has been given.*

**Authorised Person 1 – Name**

Relationship to child

Full address

Daytime/work telephone

Home telephone

Mobile

**Authorised person 2 - Name**

Relationship to child

Full address

Daytime/work telephone

Home telephone

Mobile

**Password for the collection of child by authorised persons**

**No Access – Name**

Full address

Relationship to the child

Reason: e.g. court order or other?

Evidence seen Yes ☐ No ☐

Copy provided Yes ☐ No ☐

### Emergency treatment declaration

I understand that the qualified pre-school staff are trained in Paediatric First Aid and I consent to the pre-school staff administering first aid and seeking necessary treatment or advice for my child. In the event of an accident or emergency involving my child I understand that every effort will be made to contact me and emergency services will be called as necessary. I understand that my child may be taken hospital accompanied by the manager, supervisor or authorised member of staff for emergency treatment. I understand that health professionals will be responsible for decisions about medical treatment in my absence.

Signed

Date

Name

### Health and development

Was your child born prematurely, if so how many weeks early?

Special notes:

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

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 ☐

Special notes

Does your child have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance? Yes ☐ No ☐

Special notes:

Do you have any concerns about your child's learning and development? Yes ☐ No ☐

If yes, special  
notes:

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

Special notes:

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

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### 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

Special notes

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

Name

Role

Agency

Telephone

Address

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### Two year old progress check/Integrated health check

As required by 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 to share it with your child's health visitor.

Has a two year old progress check already been completed for your child? Yes ☐ No ☐

Has a two year old health check been completed, by the Health Visitor, for your child? Yes ☐ No ☐

Setting completing  
check

Date  
completed

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### Parental permissions

*Nappy cream*

I give permission for non-medicated nappy cream (supplied by me) to be administered to my child when required in accordance with manufacturer's instructions. If medicated nappy cream is supplied by me, I give permission for it to be applied as above and to record its use and inform me of when it was administered. (*Medication Administration Record*)

Name of child: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

#### *Suncream*

I give permission for staff to administer hypoallergenic suncream (supplied by me) to

\_\_\_\_\_ (*name of child*) when necessary.

Signed \_\_\_\_\_

Date \_\_\_\_\_

#### *Short trip - general outings*

I give permission for my child to take part in short trips or general outings.

Name of child: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

#### *Photographs and videos*

To record aspects of our curriculum and for children's individual development records, staff often take photographs or videos of children during their play. Only equipment supplied by us is used for this purpose and images taken are for display and for your child's learning records. Images are saved and stored on our equipment securely, and only kept for the period your child is with us.

I give permission for my child to be photographed/recorded as per the conditions above.

Name of child: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

#### *Photographs and videos for publicity*

We may wish to use images of your child for publicity or marketing purposes, such as pre-school leaflets, Hersden Under 5's Project website, Facebook, local newspaper or local magazines.

I give permission for my child to be photographed/recorded as per the conditions above.

Name of child: \_\_\_\_\_

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

### *Animals*

We may occasionally have supervised visits of animals to our setting or have pets on site. We will ensure that our pets are healthy and that animals showing any signs of disease are treated. Risk assessments will be carried out for visiting animals and will be made available to parents on request. Please state here any known allergies or aversion your child has to animals.

Name of child: \_\_\_\_\_

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

### **About your child**

The following information will tell us a little more about your child.

Does your child have previous experience of attending an early years setting? If so, please give details:

\_\_\_\_\_

Dose your child have difficulty with walking, talking or socialising? If so, please give details:

\_\_\_\_\_

Is your child disabled? Yes ☐ No ☐

\_\_\_\_\_

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

\_\_\_\_\_

What languages does your child speak at home?

\_\_\_\_\_

What religion does your family follow (if applicable)?

\_\_\_\_\_

How would you describe your family's cultural background?

\_\_\_\_\_

Are there any religious or cultural festivals that your child takes part in?

\_\_\_\_\_

What is your child's usual sleep pattern?

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Does your child have a pacifier i.e. dummy or thumb? Yes ☐ No ☐

Does your child have a special toy or object they might bring with them? Yes ☐ No ☐

What sort of things does your child enjoy doing at home, i.e. drawing or cooking?

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Is there any other background information about your child that may be useful for us to know? For example, how do they prefer to be comforted when they are upset?

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### Session request

Preferred start date:

*Please note we take children from age 30 months*

*Please tick the sessions you would like your child to attend:*

Morning and Lunch 8.45 – 12.45

Funding may be used for 3 hours, fees will be payable for 1 hour

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Afternoon 13.00 – 16.00

Funding may be used for 3 hours (free offer for 15 hours)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Full Day 8.45 – 16.00

Funding may be used for 6 hours, fees will be payable for 1 hour and 15 minutes.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Extended funding for 30 hours, free offer: 10.00 – 16.00

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

**Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you, and the payment of £30.00 registration fee (if applicable). By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.**

I confirm that information about the setting's policies and procedures has been made available and explained to me, and I understand I can find more information as to how my personal data is handled through the Privacy policy.



I have paid £30.00 registration fee to: Hersden Under 5's Project, Lloyds Bank, sort code: 30-91-60, account number: 01053412, using my child's name as a reference (not applicable if you have a completely free place using funded hours only).

For parent(s)/guardian(s) under the age of 18, a guarantor aged over 18, must also sign this form on your behalf. The agreement would therefore be between the setting, you, and the guarantor.

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

Parent's name:

Signed

Date

Guarantor's name (if app)

Signed

Date

Relationship to the child

Daytime/work telephone

Mobile

Email

Home address

**Please note that the information on this form is stored and maintained confidentially at all times.**

**Please return the completed form to the address, or email, on the top of the form, thank you.**