

10.4 CHILD REGISTRATION FORM

(parent/carer to fully complete and return)

Child's information:

First name(s):	Home address:
Surname:	
Preferred name:	
Date of birth:	
Gender:	
Key person (office use only):	Start date (office use only):

Parent/carer's information: (at least one parent/carer must reside with above child)

First name(s):	Home address (if different to child's):
Surname:	
Relationship to child:	
Mobile number:	
Home number:	
Work number:	
Email address:	
Do you have parental responsibility for the above mentioned child?	YES / NO

First name(s):	Home address (if different to child's):
Surname:	
Relationship to child:	
Mobile number:	
Home number:	
Work number:	
Email address:	
Do you have parental responsibility for the above mentioned child?	YES / NO

Password:

In the event of your emergency contact(s) (see overleaf) needing to collect your child, please state the password which this contact will use:	PASSWORD:
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Emergency contact information: (parent/carer to ensure emergency contacts know your password and that they live/work locally, in the event of them needing to collect your child)

First name(s):	Address:
Surname:	
Relationship to child:	
Mobile number:	
Home number:	
Work number:	
Email address:	
Do you have parental responsibility for the above mentioned child?	YES / NO

First name(s):	Address:
Surname:	
Relationship to child:	
Mobile number:	
Home number:	
Work number:	
Email address:	
Do you have parental responsibility for the above mentioned child?	YES / NO

Other persons with legal contact: (to be completed where those persons with parental responsibility are separated and an S8 Order is in place)

First name(s):	Address:
Surname:	
Relationship to child:	
Mobile number:	
Home number:	
Work number:	
What are the contact arrangements that we need to be aware of:	

Siblings:

Please state full name(s) and DOB(s) of any siblings:

Health related questions:

Is your child up to date with all immunisations? If no, please specify which are outstanding:	YES / NO
Does your child have any on-going medical conditions? If yes, please specify:	YES / NO
Are any external agencies involved with your child? If yes, please specify: e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist etc:	YES / NO
Does your child have any known allergies (food, animals, environmental etc.) or food intolerances? If yes, please specify: <i>(a risk assessment will be completed and kept on the child's file for any known allergies or food intolerances as mentioned above)</i>	YES / NO
Does your child have any dietary requirements? If yes, please specify:	YES / NO
Please state your child's NHS number:	

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?	
What language(s) is/are spoken at home?	
If English is not the main language spoken at home, does your child need bilingual support?	YES / NO

Developmental related questions:

Does your child have any communication, developmental, socialising difficulties/concerns etc? If yes, please specify:	YES / NO
Is your child potty trained? If no, please sign 'Nappy Changing Agreement' located on page 6.	YES / NO
Does your child have any additional needs or disabilities? If yes, is an Education, Health and Care Plan (EHCP) in place?	YES / NO YES / NO N/A
If yes to the above, please specify and state what additional support he/she will require in our setting:	YES / NO N/A
Does your child have previous experience of attending a childcare setting? If yes, please specify:	YES / NO
If answered 'yes' above, please state whether a 2-year old progress check has already been completed for your child and date of the progress check: If answered 'no' above, in line with the requirements of the Early Years Foundation Stage, we will complete a progress check on your child between the ages of 24-36 months.	YES / NO

General information:

What is your child's usual sleep pattern? Please specify:
Please specify whether your child has any food preferences:
Please specify whether your child has any kind of pacifier i.e. dummy, special toy etc.
What activities does your child enjoy doing at home?
What other information is important for us to know about your child? e.g. what they like, any fears, special words they use etc.

Professionals:

Please state name, address and contact numbers of the following (if applicable):

G.P:

Health visitor:

Social Care Worker:

What is the reason for the involvement of the social care department with your family?

(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).

Please state name, address, role and contact number of any other professionals who have regular contact with your child:

Nappy Changing Agreement

Bizzy Bees Pre-School CIO have a responsibility of care while your child is at our setting.

As well as our routine nappy changing times your child's nappy will be monitored throughout their time at Bizzy Bees and changed as necessary.

As a parent/carer you are responsible for providing all the necessary items for your child in a named bag:

- Spare clothing (named)
- Nappies
- Nappy sacks
- Wipes
- Nappy cream (if required)

We do hold some spares but must stress that the parent/carer is responsible for providing the above mentioned items for each of their child's sessions.

Please sign below to state that you have read and understood the above Nappy Changing Agreement.

Child's name.....

Signed (parent/carer).....

Print name.....

Dated.....



Bizzy Bees Pre-School CIO
Memorial Hall Bedford Road
Wootton
Bedford
MK43 9JB

Tel: 01234 767785

Website: www.bizzybeespreschool.org

Email: bizzybeespre_school@btconnect.com

Charity Number: 1172751

Ofsted: EY556019

13.2 Privacy notice

At Bizzy Bees Pre-School CIO we respect the privacy of the children attending and the privacy of their parents or carers, emergency contacts, staff and committee. The personal information that we collect for each individual is used only to provide appropriate care for each child, maintain our service and communicate effectively. Our legal basis for processing the personal information relating to each individual is so that we can fulfil our contract.

Any information that you provide is kept secure in accordance with the General Data Protection Regulations (GDPR). Data that is no longer required* is erased after your child has ceased attending our setting, committee member / staff member has left.

We will use the contact details you give us to contact you via phone, email, post and text (via the new Teachers to Parents text messaging service) so that we can send you information about your child, our setting and other relevant news, and also so that we can communicate with you regarding payment of our fees.

We will only share personal information about you or your child with another organisation if we:

- have a safeguarding concern about your child
- are required to by government bodies or law enforcement agencies
- engage a supplier to process data on our behalf (e.g. to take online bookings or to issue invoices)
- have obtained your prior permission

You have the right to ask to see the data that we hold about yourself or your child, and to ask for any errors to be corrected. We will respond to all such requests within one month. You can also ask for the data to be deleted by contacting our office on 01234 767785, but note that:

- we will not be able to continue to care for your child if we do not have sufficient information about them
- even after your child has left our care, we have a statutory duty to retain some types of data for specific periods of time* so can't delete everything immediately.

If you have a complaint about how we have kept your information secure, or how we have responded to a request to access, update or erase your data, you can refer us to the Information Commissioner's Office (ICO). The ICO can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or ico.org.uk/

Please sign, print name and date below to confirm that you have read this Privacy Notice and that you give your permission for us to contact you (and to contact your designated contacts i.e. emergency contacts, professionals, other legal contacts, and that they have been informed and freely given their contact details for use at Bizzy Bees Pre-School CIO) regarding relevant matters.

Signature.....

Print name.....

Date.....

**We do need to retain certain types of data (such as records or complaints, accidents and attendance) for set periods of time after your child ceases to be in our care, but we delete as much personal data as we can as soon as possible.*

Parental permissions: (please carefully read, select yes or no as necessary and sign below)

<p><u>IDENTIFICATION</u> I attach a copy of my child's birth certificate, to be held securely on file.</p>	YES / NO
<p><u>EMERGENCIES</u> 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 Manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.</p>	YES / NO
<p><u>INHALERS / AUTO-INJECTORS</u> I give permission for an appropriately trained member of staff to administer an inhaler / Epipen / Anapen (any of which supplied by me) to my child.</p>	YES / NO N/A
<p><u>MEDICATION</u> In the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible, in accordance with the setting's procedures on the administration of medicines, I give permission for management to administer paracetamol-based products (e.g. Calpol) to my child.</p>	YES / NO
<p><u>PRESCRIBED MEDICINES</u> I understand that as the child's parent/carer, I am to give my child's medication to my child's key person or the manager in their absence. I will then be asked to complete an Administration of Medication Consent form.</p>	YES / NO
<p><u>SUN BLOCK</u> I give permission for staff to administer hypoallergenic sun block (supplied by me) onto my child when necessary and will ensure it's applied (during hot weather spells) before my child attends their session.</p>	YES / NO
<p><u>GENERAL OUTINGS</u> I give permission for my child to be taken out of the setting to attend short general outings, as part of daily activities. Locations would be; the park behind Bizzy Bees, the fields opposite Bizzy Bees, the library, the Post Office, the Lower School, Keeley Lane etc. I understand that individual risk assessments are carried out for each type of outing and these are available for me to see as required. Children will always be accompanied on a staff ratio of 1:3 children and 1:1 where necessary. For any planned outings, I understand I will be informed and my specific consent obtained.</p>	YES / NO
<p><u>LIBRARY SERVICE</u> Every child is invited to take a book home every week and return it to swap for a new one the following week (a set library day for swapping their book will be allocated). By agreeing for your child to be included you commit to returning the Bizzy Bees book each week. Books are all labelled to ensure they don't get mixed up with your own books from home. In the unfortunate event of a book becoming lost, we ask that you either pay the value of the book back to Bizzy Bees or replace it, to ensure our library service can continue.</p>	YES / NO
<p><u>BEDFORD BOROUGH COUNCIL – DATA PROTECTION PRIVACY STATEMENT</u> A copy of Bedford Borough Council's Data Protection Privacy Statement is located on the window of our foyer door, for all parents/carers to read. This document is updated quarterly. Please confirm that you have/will read this document.</p>	YES / NO
<p><u>PRIVACY NOTICE (GDPR)</u> I have read, completed and signed the Bizzy Bees Privacy Notice located on page 7.</p>	YES / NO
<p><u>LIFT OFF TO LANGUAGE</u> I hereby give consent for my child to take part in the Lift off to Language programme. This programme supports children with language, speech, literacy and personal social wellbeing over a period of six weeks and within a group of no more than six children.</p>	YES / NO

<p><u>PHOTOGRAPHS</u></p> <p>As part of the on-going recording of our curriculum and for children’s individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child’s observation records within the setting. We are happy to provide duplicate photos of your child to you if requested, we may also record events and activities on video. Photos/videos are stored on the setting’s computer only; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use. Please note that in line with GDPR, photos and video recordings must not be taken by any parents, carers, family members, friends etc. within our setting or at any of our events.</p>	YES / NO
<p><u>ANIMALS</u></p> <p>I give permission for my child to be in supervised contact with animals that may occasionally visit the setting (e.g. chicks/hens, lambs, birds, reptiles etc.). I have also completed the allergy section under ‘Health Related Questions’ on page 3.</p>	YES / NO
<p><u>CCTV</u></p> <p>As you may be aware, Memorial Hall has been subject to vandalism in the past and linked to spates of low level anti-social behaviour. This has had an impact on the running of Bizzy Bees, with staff having to daily check, and occasionally clear the grounds to ensure all children can play and learn safely. Therefore, on Monday 24th October 2016 CCTV was installed by arrangement of Wootton Parish Council to cover the external surroundings of the hall to act as a deterrent to such behaviour. There are six cameras in total; two in the front entrance way, two in the undercover play area facing out to the park, one in the Bizzy Bees garden area and one to left of the front of the building looking down the side of the building. There are no cameras inside the hall. As a result of this, your child will be on camera during the day as they enter and exit the building and as they play outside. The film can only be accessed by the Data Controller for the Wootton Parish Council (Parish Clerk) who is also data controller for all the other Parish run CCTC in the village. Please confirm you have been informed of our CCTV arrangements.</p>	YES / NO
<p><u>FUNDING</u></p> <p>I am aware that Parent Declaration forms will be left in my child’s drawer towards the end of the <u>previous</u> term (this includes 15 hour 2 year funding, 3-4year 15 hours and where I have applied and been granted 3-4 year 30 hour funding). To enable Bizzy Bees to claim funding for my child <u>each term</u>, I must return the completed and signed Parent Declaration form (including my given Eligibility Code if applicable). If this form is not received by the office by the set deadline, it will result in Bizzy Bees Pre-School being unable to claim funding from the Borough Council for that <u>term</u>. If Bizzy Bees do not receive my funding forms on time, or my funding application is not accepted at Borough Hall, it is with regret that <u>Bizzy Bees will have no choice but to invoice me for all fee’s due for the whole of that term</u>. By selecting ‘Yes’ and signing below, I confirm I have received and understand this notification.</p>	YES / NO
<p><u>POLICIES & PROCEDURES</u></p> <p>I am aware that I can view the setting’s Policies & Procedures at any time and that they are also located on Bizzy Bee’s website.</p>	YES / NO
<p><u>LATE COLLECTION</u></p> <p>I am aware that pick-up times for my child must be adhered to and that I may be subject to a fine of £1 per minute due to late collection.</p>	YES / NO

<p><u>INFORMATION SHARING (other settings)</u> My child also attends another setting (Nursery/Pre-School/Childminder). I hereby give my permission for information to be shared with the below-mentioned setting:</p> <p>Name of setting.....</p> <p>Address.....</p> <p>Contact name.....</p> <p>Contact number.....</p>	YES / NO N/A
<p><u>INFORMATION SHARING (professionals)</u> I hereby give permission with regards to my child for the sharing of information with professional agencies/agents such as; Social Worker, Health Visitor, Children’s Centre etc. and that Bizzy Bees will contact me where necessary.</p>	YES / NO
<p><u>TEACHERS2PARENTS (text messaging service)</u> This is a cost effective and efficient way of contacting parents by text regarding upcoming events, closure due to bad weather / staff shortages, general reminders, sicknesses going around the setting and any other relevant information. I hereby give consent for the following mobile number(s) (preferably enter <u>both</u> parent’s / carer’s mobile numbers) to be used by Bizzy Bees Pre-School CIO for Teachers2Parents:</p> <p>Name..... Mobile.....</p> <p>Name..... Mobile.....</p>	YES / NO
<p><u>NEWSLETTERS</u> I acknowledge that Bizzy Bee’s have a Facebook page that I can request to be a member of (Bizzy Bees Preschool CLOSED group) and that I can find the latest newsletters and other general information on there. Newsletters are also displayed around the setting, emailed to all parents/carers and posted on our website.</p>	YES / NO
<p><u>HOME VISIT</u> I would like a 30-40 minute home visit from my child’s Key Person and a Manager as part of my child’s settling in process.</p>	YES / NO
<p><u>CHANGES TO INFORMATION</u> I will inform Bizzy Bee’s Pre-School CIO of any changes to contact information or circumstances of those (aforementioned child and adults) in this registration form.</p>	YES / NO

I hereby sign in relation to all of the above parental permissions and confirm that all information completed in the Registration Form is accurate and correct, and that I will notify Bizzy Bees Pre-School CIO of any changes as they arise:

Print name (parent / carer).....

Signed (parent / carer)..... Date.....

OFFICE USE ONLY – completed form to be reviewed by a Manager

Print name (Manager)..... Signed (Manager).....

Date reviewed.....