



REGISTRATION & RECORD FORM

1. CHILD'S DETAILS

Child's Full Name _____ Date of Birth _____
Home Address _____ Home Language _____
_____ Ethnicity _____
Postcode _____ Religion _____

2. PARENT'S DETAILS

Mother's Name _____ Phone Number _____
Mother's Address _____ Mobile number _____
_____ Email address _____
Mother's Date of Birth _____ N.I Number _____
Father's Name _____ Phone Number _____
Father's Address _____ Mobile number _____
_____ Email address _____
Father's Date of Birth _____ N.I Number _____

Name of person/persons with parental responsibility _____

1st Emergency Contact Number _____

2nd Emergency Contact Number _____

Name of people able to pick up your child;
1 _____
2 _____
3 _____
4 _____

PASSWORD _____

3. MEDICAL & HEALTH VISITOR DETAILS

Doctor's name _____

Doctor's Address _____

Doctor's Tel Number _____

Health Visitor's Name _____

Is your child's immunisation record

up to date and complete

Yes No

If not, please provide details _____

Does your child suffer from or has he/she suffered from any of the following:

Asthma Eczema Any Known Allergies Food Allergies

Hayfever Heart Condition Other

If you have ticked any of the above boxes please give details, also please give details of any medication your child may require whilst in the care of Little Spinnakers Pre-school, or special instructions to be followed in an emergency

4. GENERAL INFORMATION

General health/behaviour of your child (e.g. prone to tantrums)

Activities that you child does/does not like doing (e.g. painting, role play etc)

Any language/communication difficulties, home language spoken (e.g. Bengali)

Is there a SAF in place for your child/family? Yes No

Please tick if the child is: A looked after child

Adopted

Under a guardianship order

Any further information you would like to provide about your child

Preferred Pre-school Sessions (Please tick all sessions you would like your child to attend and a member of the committee or staff will discuss availability with you)

Mon am Mon pm Tues am Tues pm Weds am Weds pm Thurs am
Thurs pm Fri am Fri pm

Name of any other pre-school/nursery your child attends _____

Name of intended Infant School _____

Date due to Start _____

5. CONSENT REQUIRED

I do/do not give permission for the following to be used on my child should the need arise:

Hypo-allergenic plasters	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sun Cream (to be provided by parent)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nappy rash cream	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hypo-allergenic children's hand wash	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Head Lice check	Yes <input type="checkbox"/>	No <input type="checkbox"/>	As detailed in Medicine's book	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I understand that in cases of extreme emergency, Pre-school staff may be required to contact a doctor or call an ambulance on behalf of my child. I also understand that should this situation occur every effort will be made to make contact with the parent/carer responsible for the child.

Please delete as necessary;

I do/do not give permission for Pre-school to take photographs of my child

I do/do not give permission for photographs of my child to be used in Pre-school exhibitions*/on Pre-school website**

I do/do not give permission for my child to leave the Pre-school for purposes of accompanied visits to the park etc

Please note that in order to register your child we must have a copy of their birth certificate and proof of address as well as the agreed deposit. By signing this form you are agreeing to the terms and conditions set out in the information pack including the required notice period.

Signature _____ Date _____

PLEASE REPORT ANY CHANGES IMMEDIATELY – Thank you

*Exhibition photographs will be used for our Portfolio of Evidence for OFSTED Inspections, for display purposes during Open days and Community Networking Events in Portsmouth

**Sensitivity will be used in selecting appropriate photographs for the website.

Parental consent form to share information

Little Spinnakers Pre-School

This is issued in conjunction with the attached privacy notice which is available on request and to view on our parent's notice board.

Name of child:

Also known as:

Date of Birth:

Name of Parent or Guardian:

Relationship to Child:

Address:

Home telephone number:

Work telephone number:

Mobile telephone number:

From time to time it may be necessary to share information regarding your child in order to offer the best support available from a range of agencies.

'I give permission for information to be shared with relevant professionals, which may include: General Practitioners, Health Visitor, School, School Nurse, Educational Psychologist Service, Early Years and Childcare Service (including advisory teachers, Nursery Education Grant Administrator), CAFÉ, Portage Service, Speech and Language Therapy service and the Ethnic Minority Achievement, and any other agency according to statutory requirements.'

Signed:

Date:

Relationship to Child:

NB: Portsmouth City Council as data controller will process your personal information in accordance with the Data Protection Act 1998. The personal details provided by you will be held on a database, and will on occasion be passed to third party agencies where there is a statutory requirement. The council may also be required to disclose personal information to other Local Authority departments and third parties (such as the police, Audit Commission or Department for Work and Pensions) for the purposes of preventing or detecting crime, fraud or apprehending or prosecuting offenders. Further details are outlined in the Privacy Notices which can be found by contacting your setting or online at:

<http://www.portsmouth.gov.uk/learning/11877.html>

PRIVACY NOTICE
for
Pupils in Schools, Alternative Provision and Pupil Referral Units
and Children in Early Years Settings

Privacy Notice - Data Protection Act 1998

We at Little Spinnakers Pre-School are a data controller for the purposes of the Data Protection Act. We collect information from you and may receive information about you from your previous school and the Learning Records Service. We hold this personal data and use it to:

- Support your child's teaching and learning;
- Monitor and report on your child's progress;
- Provide appropriate pastoral care, and
- Assess how well your child's early years setting is doing.

This information includes your contact details, periodic progress and foundation stage profile results (where collated), attendance information and personal characteristics such as your child's ethnic group, any special educational needs and relevant medical information.

We will not give information about you to anyone outside the school without your consent unless the law and our rules allow us to.

We are required by law to pass some information about you to the Local Authority and the Department for Education (DfE). The Local Authority transfers some of the information we pass to them into the Portsmouth Children's Hub which is shared by partners in the Portsmouth Children's Trust. Details of the Children's Trust can be found at this link. <http://www.portsmouthchildrenstrust.org/> If you wish to opt out of this arrangement please send a written request to the Local Authority using the Information Services postal address or email address given below. We also pass information to G.P's, Health Visitors, Speech and Language Therapists, Children's Services, Early Years Services and other Health professionals. If you wish to opt out of this please contact the Administration Manager.

If you want to see a copy of the information about you that we hold and/or share, please contact Debbie Van Den Broek (Administration Manager). If you require more information about how the Local Authority (LA) and/or DfE store and use your information, then please go to the following websites: <http://www.portsmouth.gov.uk/learning/11877.html>

If you are unable to access these websites we can send you a copy of this information. Please contact the LA or DfE as follows:

- Portsmouth City Council:
Information Services
Education Department
Civic Offices
Guildhall Square
Portsmouth PO1 2EA
tel. 023 9284 1465
email: lea_info@portsmouthcc.gov.uk

Corporate Information Governance Officer
FOI Team
Democratic and Community Engagement
Civic Offices
Guildhall Square
Portsmouth PO1 2BQ
tel. 023 9268 8482
email: foi@portsmouthcc.gov.uk
- Public Communications Unit
Department for Education
Sanctuary Buildings
Great Smith Street
London
SW1P 3BT
Website: www.education.gov.uk
email: <http://www.education.gov.uk/help/contactus>
Telephone: 0370 000 2288



Late collection of children parental agreement

At Little Spinnakers Pre-School we are committed to the well-being of the children in our care.

We understand that on occasions parents/carers may have unforeseen circumstances that may delay them from collecting their child on time, in this event the pre-school staff must be notified.

In the event that we receive no notification and or fifteen minutes has elapsed from the end of the session, the child's parent/carer will be required to pay a £5.00 late collection fee. This is to cover the cost of two members of staff staying behind to look after your child.

Parents should also be aware that after fifteen minutes, social services must be contacted.

I the parent/carer of (child's name).....

Agree to pay the sum of £5.00 in the event that I am fifteen minutes or more late in collecting my child from Pre-School.

Signed (parent/carer).....

Date.....