



9.01c Stepping Stones Pre-school Registration form

The Annexe, Avonway Community Centre
 36 Shaftsbury Street
 Fordingbridge, Hampshire SP6 1JF
 Tel: 01425 653517
 Email: manager@steppingstonesfordingbridge.co.uk
 Registered Charity number: 10304 Ofsted: 511673

Name of child:	M / F	Date of birth:
Birth certificate seen by:		

1. Name of parent/carer who your child lives with:		
Relation to child:		
Telephone:	Mobile:	
Does this parent/ carer have parental responsibility? Please circle	Yes	No
NI number (for funding purposes only)		

2. Name of parent/carer who your child lives with:		
Relation to child:		
Telephone:	Mobile:	
Does this parent/ carer have parental responsibility? Please circle	Yes	No
NI number (for funding purposes only)		

Address:	
Postcode:	
Telephone:	Email: Please tick if you wish to receive newsletters, letters etc. by email <input type="checkbox"/>

Details of parent (if any) that the child does not live with:		
Name:	Relation to child:	
Address:		
Postcode:		
Telephone:	Mobile:	
Does this parent have legal access to your child? Please circle	Yes	No
Would you like us to send correspondence such as newsletters and arrange for them to view learning Journals?	Yes	No
Please give details of any legal contact arrangements that we need to be aware of		

Please provide name and age of any siblings:
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What date would you like your child to start?

All children are entitled to government funding for 15 hours childcare per week from the term after their 3rd birthday. **Some** children may be entitled to funding from the term after their 2nd birthday. **Some** children may be entitled to funding for 30 hours childcare. (To check eligibility, please see appropriate section in the prospectus)

Please complete the table below indicating which sessions you would like?

Day of the week	Start Time	End time	Number of hours attending	Total hours per week
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Invoices are issued twice a term in advance of attendance. We ask that all invoices are paid in advance. Please indicate if you would prefer to pay weekly Weekly please

Please note that all sessions must be paid for even if your child is absent unless you are able to give 4 weeks notice. This is because we have to plan each term to ensure we have the correct number of staff in for the number of children. Please refer to our Fees Policy which can be found in the Policies folder in the reception area or can be found on our website.

Has your child attended any other pre-schools/ playgroups / toddler groups etc. in the past? Please circle	Yes	No
If so, which:		
Does your child currently attend any other setting which may share the funding?		
If so, please provide name of setting, address and telephone number:		
No of hours:		

Which Infant school do you intend your child to attend? (Please note that there is a separate application procedure to enrol your child at school)	
Name of School:	Date due to start: Sept 20_____

Doctors name:
Surgery address:
Postcode:
Telephone:
Health visitors name:

Has your child received the following immunisations? Please confirm and provide date of immunisations given. (www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them) Please circle

Two Months old	- 6-in-1 (DTaP/IPV/Hib) vaccine- diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib).	Yes	No	Date:
	- Meningitis B	Yes	No	Date:
	- Rotavirus vaccine	Yes	No	Date:
Three months old	- 6-in-1 (DTaP/IPV/Hib) vaccine- diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib)	Yes	No	Date:
	- Rotavirus	Yes	No	Date:

	- Pneumoccal (PCV)	Yes	No	Date:
Four months old	- 6-in-1 (DTaP/IPV/Hib) vaccine- diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib)	Yes	No	Date:
	- Meningitis B	Yes	No	Date:
Between 12 and 13 months old	- Hib/Men C booster- Haemophilus influenzae type b (Hib) and meningitis C	Yes	No	Date:
	- MMR vaccine- mumps, measles and rubella	Yes	No	Date:
	- Pneumococcal (PCV) vaccine	Yes	No	Date:
	- Meningitis B	Yes	No	Date:
Two to three years	- Flu vaccine	Yes	No	Date:
Three years and four months or soon after	- MMR vaccine, second dose- mumps, measles and rubella	Yes	No	Date:
	- 4-in-1 (DTaP/IPV) pre-school booster- diphtheria, tetanus, pertussis (whooping cough) and polio	Yes	No	Date:

Please bring in your child's red health book in their first week		
Staff to tick to say they have seen	Yes	No
Was your child born prematurely? Please circle If so, how many weeks?	Yes	No
Is your child receiving any medication or have any on-going medical conditions? Please circle	Yes	No
If yes, please give details:		
Does your child require a health care plan? Please circle		
Yes		
No		
Does your child have any allergies or food intolerances? Please circle		
Yes		
No		
If yes, please give details:		
Children help themselves to water or milk at snack times. Snack comprises a selection of foods. For example, fruit, vegetables, cheese, ham, breadsticks. Please indicate below if there is anything they can't have or if they have any other dietary requirements		
A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.		
Does your child require an Inhaler/ Epipen or Anapen? Please circle If yes, please give details:	Yes	No
A separate permission slip will need to be completed giving permission to staff who are trained to administer.		
Does your child suffer from Please circle -Asthma -Eczema	Yes	No

Two year old progress check/ integrated health check
As per the requirements of the Early Years Foundation Stage, we will complete a progress check on your child between 24 and 36 months. We will ask you to be involved in completing the check and to share with your child's health visitor. Please note that where a local authority has arrangements in place, we complete an integrated check with you and your child's health visitor.

Has a two year old progress check already been completed for your child? Please circle	Yes	No
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If your child is aged three years or over, does he or she have difficulty with any of the following?

Speaking and communicating	Yes	No
Listening and attending	Yes	No
Understanding simple instructions	Yes	No
Eating and drinking	Yes	No
Sitting and sharing a book	Yes	No
Walking and climbing	Yes	No
Rolling a ball	Yes	No
Holding a crayon	Yes	No
Socialising with adults and other children	Yes	No
Using the toilet	Yes	No
Putting on their shoes and socks	Yes	No
Any other concerns?		

Does your child have any special needs or disabilities? Please circle	Yes	No
If yes, please give details:		
Are there any of the following in place?		
SEN action plan	Yes	No
Education, Health and Care Plan	Yes	No
Is your child eligible or in receipt of Disability Living Allowance?	Yes	No
What special support will he/ she require in our setting?		

Is there any other information concerning your child, that you feel would be helpful to us?

If your child is aged between 24- 36 months, has a two year old progress check already been completed? Please circle	Yes	No
Check completed by:	Date:	

If a check has not been completed already, we will complete a progress check on your child between the ages of 24- 36 months as per the requirements of the Early Years Foundation Stage. We will ask you to be involved in the check and will discuss it with you

How would you describe your child's cultural background?		
What is the main religion in your family if any?		
What language(s) is/ are spoken at home?		
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 at Stepping Stones?		
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? Please circle	Yes	No

If the answer is yes we will discuss and agree with you how we will support your child when settling in.		
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Names and details of any other professionals involved with your child

Social Care Worker (If applicable)

1. Name:	Agency:
Address:	
Postcode:	
Telephone:	

What is the reason for the involvement? Please note, if the child has a child protection plan, make a note here but do not include any details. We will ensure that details are obtained from the social care worker named above and keep these securely in the child's file.

Any other professional who has regular contact with your child

2. Name:	Agency:
Role:	
Address:	
Postcode:	
Telephone:	

Equalities monitoring form

Ethnicity- Gathered monitoring purposes only. Parents are not obliged to complete this data

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>	Black British	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Black other	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
Black other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White & Black Asian	<input type="checkbox"/>	Other, please state	<input type="text"/>				

A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need	<input type="checkbox"/>
SEN action plan	<input type="checkbox"/>
Education, Health and Care Plan	<input type="checkbox"/>

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.

Stepping Stones Pre-school Permission form

During the time your child attends Stepping Stones there will be occasions where we will need permission for your child to take part in certain activities. Listed below are some of these occasions; please indicate that you are aware and give permission. Please circle as appropriate and sign at the bottom.

Childs name: _____

Terms & Conditions I have read Stepping Stones Terms and Conditions which include our fee policy	Y	N
Photographs for development records As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs or videos 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 records within the setting. We are happy to provide duplicate photo's of your child to you if requested, (although this might incur a small charge to cover our costs). Photos are stored on the settings computer only; we only store images during the period your child is with us. If we would like to us 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.	Y	N
Photographs for publicity May the photographs taken be used for reporting/ promotional purposes to promote the preschool? E.g in places such as the newspaper, library, our web page or Avonway.	Y	N
Animals in the setting We may occasionally have supervised visits of animals to our setting. Risk assessments will be carried out for visiting animals and made available to parents on request. May we have permission for your child to touch them (with adult supervision)? Please indicate any known allergies below	Y	N
Local trips and outings May we have your permission to take your child on short trips, such as to the library, the co-op or on a nature walk? A risk assessment will be carried out for each trip and made available to parents on request.	Y	N
ICT equipment In some instances, children will use ICT equipment to promote their learning and development under the supervision of staff. Children never have unsupervised access to the internet. There are procedures and risk assessments in place to govern its use. Staff and visitors such as Ofsted may also use ICT equipment to record and monitor children's learning and development but are advised of the procedure and must seek prior permission from the Lead Pre-school Practitioner. May we have your permission for your child to use ICT equipment for the purposes stated above?	Y	N
Professionals Periodically we have visits from other professionals such as Health Visitors and Teachers from Fordingbridge Infant School, may we have your permission to talk to them regarding care/education issues for your child?	Y	N
Transfer of records to school With your consent, we will transfer your child's records to the receiving school when they leave our setting. This will enable the school to continue to effectively manage any special education, health or medicinal needs, and to continue with their development	Y	N
Sharing of information for safeguarding purposes	Y	N

In a matter of safeguarding a child there may be certain circumstances when information will be shared without parental consent. More information can be found in our Safeguarding Children policy. Please indicate that you are aware of this.		
Stepping Stones Policies More information regarding these instances can be found in our policies. Copies of these are kept on the notice board for you to refer to or if you would prefer a copy of them to keep please ask a member of staff. Please indicate that you are aware that copies of the policies are available to you.	Y	N
Privacy Policy Please indicate that you have read Stepping Stones Privacy Notice and Hampshire County Council's Privacy Notice. This is enclosed with your registration pack.	Y	N
Learning journals are on-line through an application called Famly. This a secure website that allows staff to record day to day observations. Parents are able to view these on-line and also to comment. You will be shown how to access and use Famly and will be able to allocate a password so that it is secure. Are you happy for your child's progress to be recorded in this way?	Y	N
In warm weather we ask parents/ carers to provide their children with: <ul style="list-style-type: none"> • a sun hat covering as much of the face and neck as possible • suitable footwear to enable the children to move freely and safely outside (no flip flops or sandals) • suitable clothing for outdoor play (remembering hard surfaces) • sun cream applied before the children start, strong enough to protect their child for their session. If children are staying over 5 hours we will re-apply sun cream. Please can parents/ carers provide the child's own sun cream to be applied. This must be marked with the child's name. Please indicate the whether you give permission for Stepping Stones staff to apply sun cream	Y	N
Nappy Cream- I give permission for nappy cream (such as Sudacream) to be administered if required in accordance with manufacturer's instructions. Parents can provide their own. Please mark with child's name.	Y	N
I confirm I am over the age of 18 (A guarantor will be required if not)	Y	N

The information given on this form is correct and I will inform you of any changes as they arise.

Parent/ Guardian name: _____

Signed: _____ Date: _____

Stepping Stones Pre-school Emergency Contacts

Name of child: _____

Please put your daytime contact numbers in case of emergency. Please include contacts if you are not available. Only those over the age of 16 years can be named as an emergency contact. Please ensure contacts are local if possible and consent has been given.

Name:	
Relationship to child:	
Daytime/ work telephone:	
Mobile:	
Home telephone:	
Home address:	Work address:
Name:	
Relationship to child:	
Daytime/ work telephone:	
Mobile:	
Home telephone:	
Home address:	Work address:

In addition, please give two other contacts in case of emergency. This includes someone we can contact if parents/ carers are unavailable.

Name:	
Relationship to child:	
Daytime/ work telephone:	
Mobile:	
Home telephone:	
Home address:	Work address:
Name:	
Relationship to child:	
Daytime/ work telephone:	
Mobile:	
Home telephone:	
Home address:	Work address:

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 Supervisor or authorised Deputy for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed: _____ Date: _____

Name of parent/ guardian: _____ Signature: _____

Stepping Stones child collection form

Stepping Stones will NEVER let your child leave the premises with anyone who does not have your written permission to collect them. You may like to let us know of a password that can be used to identify the person collecting.

If you or someone from your collection form appears to be under the influence of alcohol or drugs when they collect, we will endeavour to contact you or someone on your emergency contacts list. If we cannot get hold of you/ them, we will need to contact the police or social services for advice.

Please list below anyone who has your permission to collect your child in your absence.
(Persons must be over 16 years of age)

Name of child: _____

1. Name:	Relationship to child:
Address:	
Postcode:	
Tel no:	
2. Name:	Relationship to child:
Address:	
Postcode:	
Tel no:	
3. Name:	Relationship to child:
Address:	
Postcode:	
Tel no:	

Password for collection is: _____

Is there anyone who is not allowed access to your child?	Pls circle	Yes	No
If yes please provide Name:	Relationship to child :		
Address:			
Reason: E.g court order		Yes	No

Name of parent/ guardian: _____

Signature: _____