



09.1c Stepping Stones Pre-school Registration form

The Annexe, Avonway Community Centre
36 Shaftesbury Street
Fordingbridge, Hampshire SP6 1JF
Tel: 07436716189
Email: manager@steppingstonesfordingbridge.co.uk
Registered Charity number: 10304 Ofsted: 511673

Child's Name: _____ Prefers to be called: _____

Date of Birth: _____ Sex: _____ Pronouns: _____

Home Address: _____

City: _____ Post Code: _____

Parent/Guardian's Name: _____

Home Address (if different from above): _____

City: _____ Post Code: _____

Occupation: _____ Employer: _____

Mobile Phone: _____ Work Phone: _____

Email Address: _____

Does this parent/carer have parental responsibility? Please circle Yes No

NI number (for funding purposes only) _____

Parent/Guardian's Name: _____

Home Address (if different from above): _____

City: _____ Post Code: _____

Occupation: _____ Employer: _____

Mobile Phone: _____ Work Phone: _____

Email Address: _____

Does this parent/carer have parental responsibility? Please circle Yes No

NI number (for funding purposes only) _____

Details of parent (if any) that the child does not live with:

Name: _____ Relation to child: _____

Home Address: _____

City: _____ Post Code: _____

Mobile Phone: _____ Work Phone: _____

Email Address: _____

Does this parent have legal access to your child? Please circle Yes No

Would you like us to send correspondence such as newsletters and tapestry notifications? Yes No

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

What date would you like your child to start?

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				

Please note that all sessions must be paid for even if your child is absent unless you are able to give 4 week's notice. This is because we must 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.

Child/Family Information

Please list all family members living at home and their relationship to your child. Please include the current schools and ages of siblings.

Does your child have any daycare, preschool/nursery, or class experience? If so, please list and describe.

Who provides your child with their daily care (parent/nanny/specific daycare or preschool)?

Please describe your child's level of independence at home (i.e. gets dressed, puts shoes on, clears dishes, eats independently, cleans up toys, plays independently, falls asleep unassisted, etc.).

At what time of day does your child...

Wake up: _____ Go to bed: _____ Nap begins: _____ Nap ends: _____

Does your child fall asleep unassisted at bedtime? Yes ___ No ___

Does your child fall asleep unassisted at nap? Yes ___ No ___

Is your child toilet-trained? (This is not a requirement for enrolment.) Yes ___ No ___

Doctors name: _____

Surgery address: _____

Postcode: _____

Telephone: _____

Health visitors name: _____

Medical details

Has your child received the following immunisations, this enables us to effectively manage any special education, health, or medical needs of your child (please confirm and date).

8 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenza type b (Hib) and hepatitis B - DTaP/IPV/Hib/HepB Meningococcal group B (MenB) - Men B Rotavirus gastroenteritis - Rotavirus	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B - DTaP/IPV/Hib/HepB Pneumococcal (13 serotypes) – PCV Rotavirus – Rotavirus	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B - DTaP/IPV/Hib/HepB MenB - MenB	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
One year old (on or after child's first birthday)	Hib and Meningococcal group C – (MenC) Pneumococcal - PCV booster Measles, mumps, and rubella (German Measles) – MMR MenB – MenB booster	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Eligible pediatric age groups	Influenza (each year from September) – LAIV	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Three years and four months old (or soon after)	Diphtheria, tetanus, pertussis, and polio – dTaP/IPV Measles, mumps, and rubella – MMR (check first dose given)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

For internal use: Check whether child has received additional childhood immunisations as per the selective childhood immunisation programme <https://www.gov.uk/government/publications/routine-childhood-immunisation-schedule/routine-childhood-immunisations-from-february-2022-born-on-or-after-1-january-2020>.

Has the child's health record book been seen to confirm immunisation dates? Yes No

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____

Developmental Profile

Please describe your child's personality and current interests.

Please describe your child's developmental strengths and challenges (i.e. consider social interactions, temperament, separation from caregivers, language/communication, milestones, etc.).

Do you have concerns about your child's development? Please elaborate.

Is there anything else you would like us to know about your child?

Was your child born prematurely? Please circle If so, how many weeks? Please circle Yes No

Is your child receiving any medication or have any on-going medical conditions? Please circle Yes No

If yes, please give details. (For example, eczema or asthma) :

Does your child require a health care plan? Please circle Yes No

Children can help themselves to water or milk at mealtimes. Lunch comprises of a selection of foods. For example, fruit, vegetables, cheese, ham, egg sandwiches, yoghurt and a small treat. Please indicate below if there is anything they can't have or if they have any other dietary requirements

Does your child have any allergies or food intolerances? Please circle Yes No

If yes, please give details:

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:

Two-year-old progress check/ integrated health check

As per the legal 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

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.

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 IEP 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/they require in our setting?

What religion does your family follow (if applicable)?

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/they are 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

If the answer is yes, we will discuss and agree with you how we will support your child when settling in. Yes No

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 for example Dentist, Specialist etc

2. Name:

Agency:

Role:

Address:

Postcode:

Telephone:

3. Name:

Agency:

Role:

Address:

Postcode:

Telephone:

Other Information

How did you learn about Stepping Stones? In what ways does it appeal to you?

Parent/Guardian Signature: _____ Date: _____

Stepping Stones Preschool does not discriminate based on race, religion, sexual orientation, disability, ethnicity or family structure.

Please submit your completed application with a £20 non-refundable deposit, Thank you

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 learning journey 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 photos of your child to you if requested, (although this might incur a small charge to cover our costs). 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.	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 social media	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)?	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 Children can 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 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.	Y	N
Stepping Stones Policies More information regarding these can be found in our policies folder. These are kept in the entrance 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 Tapestry. This a secure website that allows staff to record day to day observations. Parents can view these on-line and to comment. You will be shown how to access and use Tapestry 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

We also have learning journals in the setting for children to look at with photos of people/places and things that are special to them where staff will add photos of their learning throughout their time with us. This is a lovely keepsake for when the child leaves.	Y	N
<p>In warm weather we ask parents/carers to provide their children with:</p> <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 (please no flip flops/open toe 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. <p>If children are staying over 4 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 whether you give permission for Stepping Stones staff to apply sun cream</p>	Y	N
Nappy Cream- I give permission for nappy cream (such as Sudacream) to be administered (supplied by me) if required in accordance with manufacturer's instructions and to record and inform me of when it was administered. Please mark with child's name.	Y	N
Teething gel (babies) – I give permission for staff to administer teething gel (supplied by me) to my child when required in accordance with the manufacturer's instructions and to record and inform me of when it was administered. Please mark with child's name.	Y	N
Paracetamol or Ibuprofen based medicine (e.g., Calpol or Nurofen for babies under two years old only) - I give permission for staff to administer paracetamol or ibuprofen-based products to my child in the case of a raised temperature and on the understanding that I will be planning for my child to be collected as soon as possible in accordance with the setting's policies and procedures.	Y	N

Further information

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.

For parent(s)/carer(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 Please note that the information on this form is always stored and maintained confidentially.

Parent/ Guardian name: _____

Guarantor name (if applicable): _____

Signed: _____ Date: _____

Parent/ Guardian name: _____

Guarantor name (if applicable): _____

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 a member of staff for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed: _____

Date: _____

Name of parent/ guardian: _____

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 alternatively a photo of them can be useful.

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: _____

Name of parent/ guardian: _____

Signature: _____