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| **First Steps, Sampford Peverell Cof E Primary School - Child Registration Form** |

**Personal details**

|  |  |
| --- | --- |
| Name of child |  |
| Date of birth |  |
| Home address  Postcode |  |
| Siblings including ages |  |
| Religion |  |
| Ethnic origin |  |
| Nationality |  |
| Language(s) spoken at home |  |
| Details of any disabilities/special needs |  |
| How did you hear about First Steps*?* |  |
| Preferred start date |  |

# Medical details

|  |  |
| --- | --- |
| **Allergies** | |
| Does your child have any allergies? | Yes/No (please circle)  If yes, please give details of the cause and reaction |
| **Dietary requirements** | |
| Does your child have any special dietary requirements? | Yes/No (please circle)  If yes, please give details |
| **Immunisations** | |
| Has your child had any of the following immunisations?  Please tick and date | |  |  |  | | --- | --- | --- | | **Immunisation** | **Tick if child has had the immunisation** | **Date of immunisation** | | BCG |  |  | | Diphtheria |  |  | | HIB |  |  | | MMR |  |  | | Meningitis C |  |  | | Poliomyelitis |  |  | | Tetanus |  |  | | Whooping cough |  |  | |

# Medical contacts

|  |  |
| --- | --- |
| **Doctor’s details** | |
| Name of GP |  |
| Name of surgery |  |
| Address  Postcode |  |
| Telephone number |  |

|  |  |
| --- | --- |
| **Health visitor’s details (in your child’s red book)** | |
| Name |  |
| Address  Postcode |  |
| Telephone number |  |

|  |  |
| --- | --- |
| **Other agency details** | |
| Name |  |
| Address  Postcode |  |
| Telephone number |  |

Any other details that we should know about?

|  |
| --- |
|  |

# About your family

|  |  |
| --- | --- |
| **Mother/carer** |  |
| Title |  |
| First name |  |
| Surname |  |
| Password |  |
| Home address  Postcode |  |
| Home telephone number |  |
| Mobile |  |
| Home email |  |
| Work address  Postcode |  |
| Work telephone number |  |
| Work email |  |
| Hours worked |  |
| Responsibilities  (Tick all that apply) | Parental responsibility  Collect child from nursery  Payment of fees  Contact in emergency |

|  |  |
| --- | --- |
| **Father/carer** |  |
| Title |  |
| First name |  |
| Surname |  |
| Password |  |
| Home address  Postcode |  |
| Home telephone number |  |
| Mobile |  |
| Home email |  |
| Work address  Postcode |  |
| Work telephone number |  |
| Work email |  |
| Hours worked |  |
| Responsibilities  (Tick all that apply) | Parental responsibility  Collect child from nursery  Payment of fees  Contact in emergency |

**Other contacts**

|  |  |
| --- | --- |
| **Contact one** |  |
| Title |  |
| First name |  |
| Surname |  |
| Relationship to the child |  |
| Password |  |
| Address  Postcode |  |
| Telephone number |  |
| Mobile |  |
| Responsibilities  (Tick all that apply) | Collect child from nursery  Contact in emeregency |

|  |  |
| --- | --- |
| **Contact two** |  |
| Title |  |
| First name |  |
| Surname |  |
| Relationship to the child |  |
| Password |  |
| Address  Postcode |  |
| Telephone number |  |
| Mobile |  |
| Responsibilities  (Tick all that apply) | Collect child from nursery  Contact in emeregency |

**Sessions**

Please indicate your preferred sessions.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 8.00 – 8.30 | 8.30 – 9.00 | 9.00 – 9.30 | 9.30 – 10.00 | 10.00 – 10.30 | 10.30 – 11.00 | 11.00 – 11.30 | 11.30 – 12.00 | 12.00 – 1.00 | 1.00 – 1.30 | 1.30 – 2.00 | 2.00 – 2.30 | 2.30 – 3.00 | 3.00 – 3.30 |
| Monday |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Total Number of Hours

**Please note that lunch is from 12pm until 1pm.**

**Agreement**

I agree to abide by the terms and conditions of First Steps, Sampford Peverell Primary School.

Signed ……………………………………….. Date …………………………………………

Print name …………………………………........…………………………………………….

Relationship to child ………………………………………………………………………….

Signed…………………………………………Date………………………………………….

Print name …………………………………........…………………………………………….

Relationship to child ………………………………………………………………………….

**Office use only**

Input into pre-school administration system (tick when complete) on (date) ……......

Input by ………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Actual start date ………………………………………………………………………………

Key worker ……………………………………………………………………………………

**Permission slips received**

Nursery trips agree /disagree Emergency medication agree/disagree

Photographs agree /disagree **Monitoring form – Office use only**

|  |  |
| --- | --- |
| **Take up/usage**  1 – 15 hours per week  16 – 30 hours per week  31 – 50 hours per week  **Work/training**  Children in lone parent family  A parent working full time (35 hours +)  A parent now working more than 16 hours  A parent now working less than 16 hours  A parent now in higher/further education  A parent taking skills for life or step into learning  Parent(s) are not working/training  **Financial support**  Parents access CTC  Parents access WTC  Parents access HE childcare access fund support  Parents access Care 2 Learn support  Place sponsored by sure start local programme  Place sponsored by regeneration scheme e.g. SRB  Financial support from employer  Receipt of 3 and 4 year old funding  Receipt of 3 and 4 year old funding  **Additional needs**  Cognition and learning difficulty  Behaviour, emotional and social development needs  Communication and interaction needs  Sensory and/or physical needs  Other/combination of needs | **Ethnic origin**  **white**  British  Irish  Traveller  Other  **Mixed**  White and black Caribbean  White and black African  White and Asian  Other  **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Kashmir  Other  **Black or black British**  Caribbean  African  Other  **Chinese**  Chinese  Other  **Other**  Other ethnic group |