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

**Personal details**

|  |  |
| --- | --- |
| Name of child |  |
| Date of birth |  |
| Home addressPostcode |  |
| 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  |  |
| AddressPostcode |  |
| Telephone number  |  |

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

|  |
| --- |
| **Other agency details** |
| Name |  |
| AddressPostcode |  |
| Telephone number  |  |

Any other details that we should know about?

|  |
| --- |
|  |

# About your family

|  |  |
| --- | --- |
| **Mother/carer** |  |
| Title |  |
| First name  |  |
| Surname |  |
| Password |  |
| Home addressPostcode |  |
| Home telephone number |  |
| Mobile |  |
| Home email |  |
| Work addressPostcode |  |
| Work telephone number  |  |
| Work email  |  |
| Hours worked |  |
| Responsibilities(Tick all that apply) | Parental responsibility Collect child from nurseryPayment of feesContact in emergency |

|  |  |
| --- | --- |
| **Father/carer** |  |
| Title |  |
| First name  |  |
| Surname |  |
| Password |  |
| Home addressPostcode |  |
| Home telephone number |  |
| Mobile |  |
| Home email |  |
| Work addressPostcode |  |
| Work telephone number  |  |
| Work email  |  |
| Hours worked |  |
| Responsibilities(Tick all that apply) | Parental responsibility Collect child from nurseryPayment of feesContact in emergency |

**Other contacts**

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

|  |  |
| --- | --- |
| **Contact two** |  |
| Title |  |
| First name  |  |
| Surname |  |
| Relationship to the child |  |
| Password |  |
| AddressPostcode |  |
| Telephone number |  |
| Mobile |  |
| Responsibilities(Tick all that apply) | Collect child from nurseryContact 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 week16 – 30 hours per week31 – 50 hours per week**Work/training**Children in lone parent familyA parent working full time (35 hours +)A parent now working more than 16 hoursA parent now working less than 16 hoursA parent now in higher/further educationA parent taking skills for life or step into learningParent(s) are not working/training**Financial support**Parents access CTCParents access WTCParents access HE childcare access fund supportParents access Care 2 Learn supportPlace sponsored by sure start local programmePlace sponsored by regeneration scheme e.g. SRBFinancial support from employerReceipt of 3 and 4 year old fundingReceipt of 3 and 4 year old funding**Additional needs**Cognition and learning difficultyBehaviour, emotional and social development needsCommunication and interaction needsSensory and/or physical needsOther/combination of needs | **Ethnic origin****white**BritishIrishTravellerOther**Mixed**White and black CaribbeanWhite and black AfricanWhite and AsianOther**Asian or Asian British** IndianPakistaniBangladeshiKashmirOther**Black or black British**CaribbeanAfricanOther**Chinese**ChineseOther**Other**Other ethnic group |