

The Montessori at Brook Green



Correspondence: Riverside Corner, Windsor Road, Datchet, SL3 9BT
Tel : 07803 984 639

Registration form

We need some details about your child and family. We have a legal obligation to collect and process this information in accordance with The Early Years Foundation Stage (Welfare Requirements) Regulations 2012 and therefore we do not require your consent for the first section of this form. Where information to be supplied is voluntary or where we do need consent this is identified. The information provided will be kept in paper form and used for the purpose of maintaining appropriate contact details and for the safety and well-being of your child.

Child's name:	Known as:
Date of birth:	Gender:
Parent:	Parent:
Address of parent(s) with whom the child lives:	
Home telephone number:	Mobile telephone numbers: Parent: Parent:
Email address: Would you prefer to receive invoices, newsletters and information via email? Yes/No (please delete as appropriate) <i>If YES please sign here to consent to us contacting you for the purposes above</i>	

Emergency Contact Details

Please provide the names and contact details of 2 people (other than parents/guardians) who we can contact in case of an emergency.

NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.

Emergency Contact 1

Name:

Home telephone no:

Mobile telephone no:

Relationship to child:

Emergency Contact 2

Name:

Home telephone no:

Mobile telephone no:

Relationship to child:

Security Details

A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. Please do not use obvious things such as middle names. The password is required from anyone collecting your child. If they do not have the password we will not release your child to them.

My secure password is;

Persons authorised to collect the child. This is any other adult who may collect your child in your absence. Authorised persons must be over 18 years of age.

Authorised Person 1

Name:

Home telephone no:

Mobile telephone no:

Relationship to child:

Authorised Person 2

Name:

Home telephone no:

Mobile telephone no:

Relationship to child:

Additional Security Information

We have the safety and well-being of the children in mind at all times and we are sure that you will appreciate that persons known to you are strangers to us and we do need means of identifying those you have authorised to collect your child (either authorised or emergency contacts) when you are unable to.

We as a setting and especially your child/children key person will be familiar with you but we do not always have the opportunity to meet both parents. This is also true of your nominated emergency contacts and authorised persons. We therefore request that should anyone unknown to us be collecting your child that you inform us in advance and show us a photograph to enable us to identify them when they collect your child.

Health Information			
Does your child suffer from any of the following <i>(please tick those which apply)</i>			
Asthma	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	Kidney/Bladder problems	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Bee Sting Allergy	<input type="checkbox"/>
Sight Impairment	<input type="checkbox"/>	Deafness	<input type="checkbox"/>
Wears Glasses	<input type="checkbox"/>	Other	<input type="checkbox"/>
If you have ticked any of the boxes above please give details here:			
<p>Does your child require medication, either long term for existing conditions or life saving drugs such as Ventolin? <i>(Please give details of the medication and dosage)</i></p>			

Does your child have any special dietary needs or preferences?	Yes/No <i>(Please delete as applicable)</i> If yes please give details below
Does your child have known allergies?	Yes/No <i>(Please delete as applicable)</i> If yes please give details below
Name of GP: Surgery: Address: Telephone number:	

The following section requires information classed as 'sensitive personal data' for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child's needs. Once your child leaves our nursery all records and information will be shredded/deleted from our records. Photographs are deleted once they have been shared with you.

Ethnicity and Cultural background
How would you describe your child's ethnicity/cultural background?
What is the main religion of your family?
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 s/he is in our setting?

What is/are the main language(s) spoken at home?

If English is an additional language, will this be your child's first experience of being in an English-speaking environment?
Yes/No *(Please delete as applicable)*

Special Educational Needs and Disabilities

Does your child have any special needs or disabilities?

Yes/No *(Please delete as applicable)*
If yes please give details below

What (if any) special support will your child require in our setting?

Professionals involved with the child

Name:

Name:

Agency:

Agency:

Role:

Role:

Telephone no:

Telephone no:

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance.

Permissions and Consent	
Permission for the setting to act in loco parentis	
<p>If emergency treatment is required, either whilst your child is on the premises or on an outing, (for the duration of your child's time with us) and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers the settings management to exercise their own judgement in calling the doctor/dentist indicated above or to transport the child to a hospital casualty department by ambulance. Please read and fill in the declaration below, cross out the statement/wording that does not apply, and sign and date this section.</p>	
<p>I / We parent(s)/guardian(s) of _____ do / do not give consent on my / our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.</p> <p>I / We do not agree to this statement and indicate our wishes as follows</p> <p>Signatures of parent(s): _____</p> <p>Date: _____</p>	
Please read the statements below and strike through the statement that does not apply	
<p>I / We parent(s)/guardian(s) of _____ give consent on my behalf to apply their own supply of high factor children's sun cream to my child.</p> <p style="text-align: center;">OR</p> <p>I / We parent(s)/guardian(s) of _____ do not agree to the above statement and I / We will supply our own sun cream, clearly labelled with my child (rens) name.</p> <p>Signatures of parent (s): _____</p> <p>Date: _____</p>	
Please tick the statements below if you consent to the following:	
<input type="checkbox"/>	I consent to my child having their photograph taken for use in displays, for name pegs, etc within the setting

	I consent to my child having their photograph taken to be used for publicity purposes – website, flyers.
	I consent to my child’s artwork (with their name) being displayed in the setting
	I consent to my child’s image being shared with other parents (group photographs) within the setting
	I consent to my child being videoed for use by the setting staff only with regards to observational purposes either assessment of children, an activity or for monitoring children’s behaviour
	I consent to the video, as mentioned above, to be shared with other professionals visiting the group such as Early Years Advisors, SENCO, Health Visitor etc if necessary
	I consent to my child’s documentation and photographs being shared with Ofsted inspectors and/or as part of audits by the local authority
<p>Please sign below to confirm your consent for the indicated statements above:</p> <p>Signature of Parent(s)/Guardian:</p>	

<p>SPECIAL NOTE: Please notify us immediately of any changes to the information provided. Please feel free to come and discuss any problems or concerns with us. If there are any other notes you would like to add, please use the space below.</p>
<p>I / We confirm that the information provided on this form is correct to the best of our knowledge.</p> <p>Signature of Parent (s)/Carer (s)</p> <p>Date</p>

Name of next school and date of entry (if known):

A non-refundable registration fee of £50 is required please. A term's notice is required before the removal of pupils, otherwise parents are liable for fees in lieu of notice. Account: 25192515 50-30-10 Penguin Productions Ltd.

Signature Date.....

Thank you for completing this form. You are welcome to request to see the information we hold on you and your child at any time.

