

## REGISTRATION FORM

*If you wish to apply for a place at William Older please complete the following registration form. Complete as much as you are able to. The information will be kept in the strictest confidence and is held on record by the William Older Playgroup. Please make sure we are kept informed of any changes in circumstances that may affect the well-being of your child. Thank you.*

***If you need any assistance with filling out these forms please do not hesitate to ask.***

A. NAME AND ADDRESS DETAILS	
Child's full name	Child's preferred name
Date of birth	Mother's full name How you would like to be addressed
Home Address	Father's full name How you would like to be addressed
Home Telephone number	Nationality/ies
Any family living arrangements we should be aware of	Email address

B. CONTACT FOR PARENTS	
Mother's place of employment	Day time telephone numbers
Father's place of employment	Day time telephone numbers
Mother's National Insurance Number (this allows us to check to see whether we are eligible for funding for the child)	Mother's Date of Birth
Father's National Insurance Number	Father's Date of Birth
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><input type="checkbox"/></div> <div>                     We use this information to claim funding from West Sussex and to check eligibility for the Pupil Premium. Please tick this box if you DO NOT wish for your information to be used in this way.                 </div> </div>	

**C. EMERGENCY CONTACT DETAILS (E.G. RELATIVE, FRIEND OR NEIGHBOUR)****This needs to be someone who is local and is able to collect your child in an emergency situation**

Name	Telephone number (s)
Address	Description of emergency contact

Please list all the adults who are authorised to collect my child are. Please include a description of who they are and their phone number

Person's Name	Relationship with Child	Phone number

Please ensure that the playgroup is notified in writing of any changes to the persons authorised to collect your child.

**D. MEDICAL CONDITIONS/DETAILS**

Name of family doctor & contact details	Are all immunisation up to date?
Is your child allergic to anything?	Does your child have any specific requirements or outside help e.g. speech therapy?
Any other medical conditions:	Name of family dentist & contact details

**E. STARTING SCHOOL**

Which school do you anticipate your child will attend?
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## F. HELP US GET TO KNOW YOUR CHILD

Languages spoken at home	If English, not the main language at home, will this be your child's first experience of being in an English-speaking environment?
Any friends currently at the playgroup	Siblings names and ages
Does your family have any values or practices e.g. religious or cultural which you wish us to observe or adhere to during playgroup sessions?	Are there any activities which you do not want your child to be involved in? (e.g. celebrating children's birthdays)
Tell us if there are any events that may affect your child e.g. moving house, a new baby, bereavement, father/mother away from home ...	
Anything else you would like to add	
<p>Is your child on a 'Child In Need/Children Protection' Plan?</p> <p>Is your family currently supported by the Children and Family Centre?</p> <p>Does the family have additional support needs?</p>	

## G. NUMBER OF SESSIONS

Please indicate how many sessions you would like your child to attend	Any specific days required	Term likely to start
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Please note we cannot guarantee how many sessions and which days we can offer as this is subject to availability. We will however do our best to suit your needs.

## H. PHOTOGRAPHIC CONSENT

<input type="radio"/>	We take photographs of the children during play and activities for use in our photo albums and presentations, as records of the type of learning opportunities the children are offered in our setting. These are used to show prospective parents, Quality Assurance and OFSTED. From time to time the local newspaper may take pictures of the children involved in special events. Please TICK to give your consent for the taking of photographs.
<input type="radio"/>	We also occasionally take photographs for use on our website. The website is a useful tool for new parents/carers to get information on our playgroup. Please sign below to give your consent for the taking of photographs for use on our website. Should you not like any photographs on the website of your child, we would remove them as quickly as possible. Please TICK to give your consent for photographs to be used on our website.
<input type="radio"/>	We sometimes use photographs we take in the journals of other children e.g. if the children are playing together. Please TICK to give your consent for photographs to be used in this way.
<input type="radio"/>	We sometimes use the first name of children in other children's observation e.g. Matthew was playing with Samuel. Please TICK to give your consent for your child's name to be used in other children's observations.
<input type="radio"/>	We sometimes put photos on social media such as Facebook. Please TICK to give your consent for your child's name to be used in this way.

### I. PERMISSION FOR EMERGENCY TREATMENT

I give permission for the staff of William Older Playgroup to obtain any medical treatment or assistance that may be necessary in the case of an emergency for my son or daughter.

Full name (printed)	Signature
Name of child (printed)	Date of birth of child
My child is allergic to:	Other relevant information in a medical emergency:

### J. PERMISSION TO GIVE BIRTHDAY SWEETS

Occasionally children bring sweets to playgroup to distribute at the end of the session to celebrate their birthday or other big event in their life. The sweets are handed out at the end of the session and the children are told not to open them until they are with the person collecting them. If you do not wish your child to be given sweets, we will provide a healthy alternative (e.g. raisins), please tick the box below.

I do NOT wish my child to be given sweets.

### K. DECLARATION

The above information will be kept in the strictest confidence by the William Older Playgroup. We are obliged to share information with other West Sussex Council agencies as described in our policies and procedures. We ask you to sign the declaration below to say that you understand our policies and procedures and that any changes will be passed onto the playgroup immediately.

Full name (printed)	Signature
Name of child (printed)	Relationship to child