

Thomas Eaton Primary Academy

Part of The Diamond Learning Partnership Trust

Established in the Queen's Jubilee Year 2012

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Executive Headteacher: Mrs Susannah Connell BSc MA (Ed Mgt) NPQH

Head of school: Mrs Nicola Jones BEd NPQH

Registration Form for Pre-School

Name of Child _____ Date of birth _____

Name known as _____ Gender (male /female) _____

Name of parent/carer(s) with whom the child lives

Who (name of) has parental responsibility (PR)?

Address _____

Telephone number _____

Mobile _____

Email address

Name of parent/carer (separated parents/carers) who does not live with the child

Does this parent/carer have parental responsibility? Yes / No (please delete)

Address _____

Phone _____ Mobile _____

Does this parent/carer have legal access to the child? Yes/ No (please delete)

Emergency contact details:

Parent/carer 1 - work / daytime contact number

Parent/carer 2 - Work / daytime contact number

Any other emergency contact numbers

Persons authorised to collect the child (must be over 16 years of age):

Name _____ Relationship to child _____

Telephone _____ Mobile _____

Name _____ Relationship to child _____

Telephone _____ Mobile _____

Collection Password _____

Personal details of child:

Does your child have any food allergies, special dietary needs or preferences? Yes/No (delete)

Please state:

What is your child's ethnicity or cultural background? Please state:

What is the main religion in 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 he/she is in our setting?

What language(s) is/are spoke at home? _____

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? Yes/No (delete)

If yes, please discuss and agree with a member of staff how we/you will support your child when settling-in:

Has your child had the following vaccinations?

8/12/16 weeks DtaP/IPV/Hib and PCV	Yes / no (delete)
12 months Hib/MenC	Yes / no (delete)
13 months MMR(1st) and PCV	Yes / no (delete)
3-5 years Dta/IVP	Yes / no (delete)
3-5 years MMR(2nd)	Yes / no (delete)

Is your child allergic to anything? i.e. plasters
Details: Yes / no (delete)

Has your child got any distinguishing marks?
Details: Yes / no (delete)

Has your child had any major health problems (any time since birth)?
Details: Yes / no (delete)

Has your child been in hospital recently?
Details: Yes / no (delete)

Does your child have any ongoing health problems?
Details: Yes / no (delete)

Does your child have any special needs or disabilities?
Details: Yes /no (delete)

Name, address and telephone number of your child's doctor:

Are you/your child registered with the local children's centre? Yes / no (delete)

Are any of the following in place for your child:
An Early Health Assessment (previously a CAF) Yes / no (delete)
Statement of Special Educational Need or EHC Plan Yes / no (delete)
Speech and Language Yes / no (delete)

What extra support will he/she require in our setting?

What other information is important for us to know about your child? For example, what they like, or what fears they may have, any special words that they use, or what comforter they may need and when.

Names of professionals involved with child:

Name 1 _____ Role _____

Agency _____ Telephone _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Name 3 _____ Role _____

Agency _____ Telephone _____

Do you have a health visitor? Yes / no (delete)

Name _____ Based at _____

Telephone _____

Does your family have locality or social care involvement for any reason? Yes / no (delete)

Name _____ Based at _____

Telephone _____

What is the reason for the involvement of locality or social care department with your family? NB if the child has a child protection plan, make a note here but do not include any details. (Ensure these are obtained from the social care worker named above and kept securely in the child's file).

Has your child attended/attending any of the following?

Another playgroup	Yes / no (delete)
Parent/carer and Toddler group	Yes / no (delete)
Preschool	Yes / no (delete)
Nursery	Yes / no (delete)
Childminder	Yes / no (delete)

When is your child due to start Reception class in school?

Parent/Carer Eligibility Checks:

Parent/Carer 1 NI number _____

Parent/Carer 1 Date of Birth _____

Parent/Carer 2 NI number _____

Parent/Carer 2 Date of Birth _____

Please bring proof of date of birth when returning this form, such as birth certificate, passport etc.

Birth certificate seen? Yes / No

Type of document seen _____ Staff Int _____