

# Registration form

Registration form for

SANDFORD PLAYGROUP

## Basic details

Name of child

Date of birth

Child known as

Name of parent who the child lives with

1<sup>st</sup> Parent name and address

1<sup>st</sup> Parent telephone/mobile number

1<sup>st</sup> Parent email address

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

2<sup>nd</sup> Parent name and address

2<sup>nd</sup> Parent telephone/mobile number

2<sup>nd</sup> Parent email address

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

Do both parents have legal access to child? Please give details if not.

If child does not live with above named parents, please give name and address and tel no of carer who child lives with.

## Emergency contact details

Parent 1 - Work/daytime contact number

Parent 2 - Work/daytime contact number

Any other emergency contact number

Name

Telephone

Mobile

Name

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

**Persons authorised to collect the child (must be over 16 yrs of age)**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

**Personal details of child**

Does your child have any special dietary needs/preferences, or any allergy/intolerance to food or substance? Yes/No (delete)

\_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's ethnicity or cultural background?

\_\_\_\_\_

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 spoken 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 so, discuss and agree with the key person how you will support the child when settling-in

Does your child have any special needs or disability? Yes/No (delete)

Details \_\_\_\_\_

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

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

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Do you have a health visitor? \_\_\_\_\_ Yes/No (delete)  
Name \_\_\_\_\_ Based at \_\_\_\_\_  
Telephone \_\_\_\_\_

Does your family have a social worker for any reason? \_\_\_\_\_ Yes/No (delete)  
Name \_\_\_\_\_ Based at \_\_\_\_\_  
Telephone \_\_\_\_\_

What is the reason for the involvement of social services with your family?

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NB If the child is on the child protection register, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child's file.

**Names of professionals involved with child**

**Name 1** \_\_\_\_\_ **Role** \_\_\_\_\_

**Agency** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Name 2** \_\_\_\_\_ **Role** \_\_\_\_\_

**Agency** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**To be completed by the key person/manager**

Date starting at \_\_\_\_\_ (name of setting)

Days and times of attendance \_\_\_\_\_

Are any fees payable? If so, note here \_\_\_\_\_

Name of key person \_\_\_\_\_

Name of back up key person \_\_\_\_\_

Has the settling-in process been agreed? Yes / No (Delete) \_\_\_\_\_

If so, detail \_\_\_\_\_

Signed by \_\_\_\_\_

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Key person \_\_\_\_\_ Manager \_\_\_\_\_

Date \_\_\_\_\_ Date or first review \_\_\_\_\_