

# Little Leaders



## Little Leaders Childcare Registration Form

Oak Hall, Woodville Road, Ipswich, Suffolk, IP4 1PD  
Telephone number: 01394 460401

Children at Little Leaders may start when they reach two years of age.

### Please complete all the sections of this Registration Form

Child's Surname ..... Date Of Birth \* .....

First Names ..... Known as .....

\*Please provide a copy of your child's birth certificate/passport for record purposes and Grant Funding from Suffolk County Council.

Preferred start date at pre-school .....

I would like my child to attend ..... sessions per week

Please could you circle your preferred sessions. We cannot guarantee you will be able to attend your selected sessions but we will do our best to accommodate your child in sessions convenient to you. Should you no longer require a place for your child once it has been allocated, please could you let us know as soon as possible. Once your child is attending Little Leaders you will be given regular opportunities to increase or change the number of sessions your child attends, depending on availability, so should you not be able to have the number of sessions, or the days you would like when first registering we hope to be able to accommodate your requirements over time.

You may choose individual sessions or link up to provide extended care.

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>
<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>
<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>

If there is no vacancy for the sessions indicated, I will:

\*Accept a place in another session  
(\*Delete as required)

\*Wait a further term

Mother's Name

.....

Address .....

.....

Home Telephone ..... Mobile .....

Work Telephone (if applicable) .....

Father's Name .....

Address (if differs from above) .....

Home Telephone ..... Mobile .....

Work Telephone (if applicable) .....

Please indicate which parent (s) the child currently lives with:

Mother & Father \_

Mother \_

Father \_

Other Carer \_

Please state who currently has primary "parental responsibility" for your child:

.....

Please let us know, in writing, of any special arrangements regarding legal access made for either parent. This information will be kept strictly confidential.

Who will normally collect your child .....

**EMERGENCY CONTACT DETAILS**

If both parents are unavailable in the event of an emergency, please state who we can contact regarding your child.

**1st EMERGENCY CONTACT DETAILS**

Name.....

Address.....

Tel. No..... Relationship (if any).....

**2nd EMERGENCY CONTACT DETAILS**

Name.....

Address.....

Tel. No..... Relationship (if any).....

**PERSONS AUTHORISED TO COLLECT YOUR CHILD (must be over 16 years of age)**

Name..... Relationship to child.....

Tel. No..... Mobile.....

A password is required for every child attending the pre-school, if the person collecting the child is unknown to pre-school staff. It is your responsibility to ensure that the person collecting your child on your behalf, knows the password and that you inform pre-school in advance of your arrangements for collection.

If the person attempting to collect your child from pre-school is unable to provide the correct password, staff will refuse to allow the child home with the person and the procedure for the non-collection of a child will be followed.

Please supply below the password you would like staff to use when allowing your child home with someone other than their parents. Please avoid using your own names or surname.

.....

Please beware that these people will be required to know your family password in order to collect the child from pre-school should the need arise. Please make sure that they know they are an emergency contact and know your password prior to your child starting at the pre-school.

**PERSONAL DETAILS OF YOUR CHILD**

Do you have any special requests/requirements about religious observance?

These could include diet, clothing, health and other matters that we should observe at preschool.

.....

Does your child have any special dietary needs or preferences? **Yes / No**

.....

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

.....

.....

What is the main religion in your family?

.....

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**

If it is the first time your child will be in an English speaking environment, please ensure you have discussed the settling-in process with the staff prior to leaving your child at preschool for the first time.

Our pre school has a special needs policy. Does your child have special needs? **YES/NO**

If yes, details.

.....

Please let us know what special support they will need at pre-school:

.....

.....

Background information on your child; Brothers/sisters/pets, any special words for the toilet, any recent family changes that may affect your child, do they take time to adjust to new settings, is this their first experience of being left by their primary carer, do they have any fears which may be heightened by starting pre-school, are there any special words they use to describe their emotions, or do they have a comforter they may need and would like us to look after?

.....

.....

Do you feel your child has an additional need that you would like to discuss with a member of staff in confidence? **Yes/No**

**MEDICAL INFORMATION**

Family Doctor.....

.....Surgery.....

Telephone...

.....

Does your child have any health concerns (e.g. Asthma, allergies, heart problems, hearing) **Yes / No**

.....

.....

Does your child suffer from any chronic/severe allergy (e.g. nuts, wasp-stings, etc) whereby he/she may require a life saving injection whilst in the setting? **Yes / No**

If yes, please state cause of allergy and antidote drug: .....

.....

**It is the responsibility of the parent/carer to supply, check and maintain the long-term medication, e.g. EpiPen, Asthma pumps.**

**Little Leaders must have a written letter from you regarding any medication and professional advice relevant to your child's care prior to their start date.**

Has your child been vaccinated against any or all of the following?

Poliomyelitis **Yes/No**

Diphtheria **Yes/No**

Tetanus **Yes/No**

Meningitis C **Yes/No**

Hib **Yes/No**

Whooping Cough **Yes/No**

Measles **Yes/No**

Mumps **Yes/No**

Rubella **Yes/No**

Has your child had any major illness/operation? **YES / NO. If yes please list.**  
Has your child any on going health problems? **YES / NO. If yes please state.**

Do you have a Health Visitor? **Yes / No**

Name.....

Based at.....Tel No.....

Does your family have a social worker assigned? **Yes / No**

Name.....

Based at.....Tel No.....

What is the reason for the involvement of a social worker with your family? (This information will be kept strictly confidential)

.....

Is your child on the Child Protection Register? **Yes / No**

### **CHILD PERMISSIONS**

**CHILD'S NAME**.....

The following section deals with the various activities at pre-school which require your permission. Please take your time to read this section carefully and consider whether or not you wish to grant permission.

#### **EMERGENCY TREATMENT PERMISSION**

In order for staff to ensure that your child receives the best and most appropriate care, attention and treatment should there be an emergency at pre-school or while out on an authorized outing, you need to sign and date the declaration below.

I agree to the staff of Little Leaders taking the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the setting or while my child is on an authorized outing.

• **I give/do not give** permission for a medical practitioner and/or a member of staff, on instruction of a medical practitioner, to administer treatment he/she feels necessary.

I understand that the staff will make every effort to inform me of any emergency or accident as soon as possible after the event but that they may have to accompany my child to hospital in the case of a serious accident in my absence.

• **I give/do not give** permission for the staff to authorize hospital staff to administer essential treatment until my arrival

**Signed by parent/guardian**.....**Date** .....

• **I give/do not give** permission for plasters/wipes/lotions/anti-bacterial gel to be applied as required.

• **I give/do not give** permission for staff to change my child's clothing or nappy when necessary.

#### **TRIP PERMISSION**

As part of your child's education they will be going on educational outings. The pre-school needs your authorization to take your child away from the premises.

I am willing for my child to go on educational visits. I understand that all reasonable care will be taken to ensure the safety of those in the party.

**Signed by parent/guardian**.....**Date** .....

#### **PERMISSION FOR YOUR CHILD TO BE PHOTOGRAPHED AND VIDEOED AND FOR USE OF PHOTOGRAPHS IN THE MEDIA**

Sometimes we would like to take photographs of the children for our displays. On occasion we are able to invite the press in to pre-school to cover an exciting event. To comply with Data Protection we need your permission for these to happen.

• **I give/do not give** permission for my child being photographed /videoed at Pre-School and for photographs to be used in the media for publicity.

**Signed by parent/guardian**.....**Date** .....

#### **SUN SCREEN**

It is necessary in the summer months to ensure that all children are protected against the sun and parents are responsible for applying sunscreen on their children before attending pre-school. However, if your child attends pre-school for the duration of the whole day and requires reapplication of sunscreen, parents should provide a clearly labeled cream and indicate below if you agree to your child having sunscreen applied to any exposed skin. eg Face, arms, legs.

• **I give/do not give permission** for my child to be supervised / helped in the applying of sunscreen, by the Little Leaders Staff

**Signed by parent/guardian**.....**Date** .....

