

February 2018

Admin only:

Name.....

DOB.....

Hive M m T t W w Th TH F f

HC M m T t W w Th TH F f

HP M m T t W w Th TH F f

Lunch M T W Th F

Twilight M T W Th F

Start date __/__/__



Charity No. 1039617

PRE SCHOOL REGISTRATION PACK

Please read through all the pages and fill in all sections
If you have any queries please contact the manager

The Beehive Childcare Group
Eaton Parish Hall
Colman Road
Norwich
NR4 7AW

Tel: 01603 259193
Email: beehives@btconnect.com
Website: www.thebeehivechildcaregroup.co.uk

| | |
|-------------|-------------|
| Start Date: | HV: |
| | |
| Sessions: | Key person: |

BEEHIVE CHILDCARE GROUP - PRE-SCHOOL

PERSONAL DETAILS

Child's Full Name..... Male Female

Name known as.....Pronounced

Date of BirthBirth Certificate Number

Child's Address

.....

..... Postcode

Proof of address seen (less than 3 months old)

Telephone.....Mobile.....

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

Person (1).....Relationship to child:

Does this parent have parental responsibility? Yes / No. Email address.....

Person (2)..... Relationship to child:

Does this parent have parental responsibility? Yes / No. Email address.....

Details of any other adults living at child's address:

Relationship to child.....

Names and dates of birth of any other children in the main residence

.....

How long have you lived in the UK?

Are you (please tick): a UK resident non-UK resident Refugee Asylum Seeker

| | Parent 1 | Parent 2 |
|---|----------|----------|
| Name of parent(s) (If not living with the child): | | |
| Does this parent have parental responsibility? | Yes / No | Yes / No |
| Address, including postcode: | | |
| | | |
| Telephone/Mobile: | | |
| Names and dates of birth of any other children living at this address | | |
| Does this parent have legal access to the child? | Yes / No | Yes / No |
| Are there any custody arrangements we need to be aware of? | Yes / No | Yes / No |

(If Yes, please complete the Court Orders form in this pack and return it to the Manager.)

Emergency contact details

Person 1 – Work/daytime contact number.....

Occupation/place of work.....

Person 2 – Work/daytime contact number.....

Occupation/place of work.....

Person 3 – Work/daytime contact number

Give details of alternative contacts, if you are unavailable or to collect your child in cases of illness/emergency. (Must be over 16 years old)

Name Relation to Child

Telephone..... Mobile.....

Name.....Relation to Child.....

Telephone..... Mobile.....

Please give the names of one or two other people authorised to collect your child from the Beehive Childcare Group (Must be over 16 years old)

1.....Mobile.....

2.....Mobile.....

MEDICAL DETAILS

Name of Doctor Telephone Number

Surgery Address.....

..... Post Code.....

Name of Health VisitorTelephone Number

Health Centre Address.....

.....

(If you are unwilling or unable to share information about your child’s Doctor or Health Visitor then we are duty bound to consider contacting Children’s Services to check whether or not the family is known to them).

Was your child premature or is there any history that may affect your child’s development, that may be beneficial for us to know.....

.....

If you have any concerns over your child’s development please indicate and we will arrange a meeting. Yes, I have concerns No, I have no concerns

Other Professional Support

Speech and Language Therapist.....

Social Worker.....

C.A.F.....

Other.....

Has your child been immunised against the following at the ages Two, Three and Four months old?

Haemophilus influenzae Yes No Whooping Cough Yes No

Diphtheria Yes No Polio Yes No

Tetanus Yes No Pneumococcal Infection Yes No

Meningitis C Yes No

Has your child been immunised against the following and at the following ages:

| | Twelve and Thirteen months old? | 3 years 4 months to 5 years? |
|------------------------|--|--|
| Haemophilus influenzae | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| M.M.R | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Meningitis C | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Pneumococcal Infection | <input type="checkbox"/> Yes <input type="checkbox"/> No | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Does your child suffer from any allergies or intolerances, or require any special medical attention? Yes No

If Yes, please specify allergy/intolerance.....

State medication used.....

Does your child take any regular medication for anything? Yes No

If yes then please provide details.....

.....

(If administration of the medication is required in the school environment, please speak to the Manager – we have a Medical Record Book which needs to be signed by a parent or guardian. We may require a letter from your GP with information regarding the intolerance and we will always require a letter regarding medication)

Has your child been in hospital recently? Yes No

If Yes, please specify.....

Is your child currently having speech therapy or regular hearing checks? Yes No

If Yes, please state organisation under which the child is receiving help.

.....

.....

FURTHER INFORMATION

Does your child have any disabilities? Yes No

If yes, please state the disability.....

We want anyone with disabilities to receive fair provision in our organisation; please indicate if there are any specific improvements or changes that we may be able to provide:

.....
.....

Does your child have any distinguishing marks? If yes, please give details.....

.....

Does your child have any dietary needs or preferences? . Yes No

If Yes, please complete the 'Special dietary/care requirements' form near the end of this pack.

Are there any recent events which you feel may have affected your child or anything you think may be beneficial for us to be made aware of? For example, recent family changes, any special words for the toilet, pets etc.....

.....
.....

Is your child able to choose his/her drink (milk or water) at break-time? Yes No

What does your child drink from at home? Bottle Beaker Cup

Can your child feed themselves? Yes No

How does your child eat? Fingers knife and fork chopsticks other

Has your child attended a Parent & Toddler Group? Yes No

Has your child previously attended another setting? Yes No

If yes, then please give details (including if it was not in the UK).....

.....

Is your child currently attending another provision? Yes No

If yes then please give details

Is your child currently awaiting a place at another provision? Yes No

During your time with us would you like to volunteer to help with any of the following?

- | | | |
|---|------------------------------|-----------------------------|
| Become an Honorary Committee Member or Committee Member | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Work as a member of the fund raising committee | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Wash towels / dressing up clothes, etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Help with cooking / planned activities | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Repairs to equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Help to keep the Pre school garden tidy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

ETHNIC GROUP

To enable us to remove any unfairness or disadvantage and to help us with our equality policies, please tell us your racial background:

- | | | |
|--|--|--|
| <u>White-British</u> | <u>Mixed-White and Black Caribbean</u> | <u>Asian or Asian British</u> |
| <input type="checkbox"/> English | <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White and Black African | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> White and Black Asian | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Any other Mixed | <input type="checkbox"/> Any other Asian |
| <input type="checkbox"/> Gypsy/Roma | Please specify..... | Please specify..... |
| <input type="checkbox"/> Traveller of Irish Heritage | | |
| <input type="checkbox"/> Any other White background Please specify | | |

- | | |
|--|---|
| <u>Black or Black British</u> | <u>Chinese or other ethnic background</u> |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> African | <input type="checkbox"/> Any other ethnic group-Please specify..... |
| <input type="checkbox"/> Any other Black | Please specify..... |

Does your child have any special cultural needs?

.....

.....

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?

.....

Which language(s) are spoken at home?.....

Which languages can your child: speak?.....understand?

What language does your family read and write in?.....

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 yes how will you support your child when settling-in?

Is there any other information you feel it is helpful for us to know about your child? For example, what they like, any fears they have, special words, or what comforter they may need and when.

SHARING INFORMATION

Privacy Notice - Data Protection Act 1998

We [The Beehive Childcare Group] are the Data Controller for the purposes of the Data Protection Act. We collect information from you, and may receive information about you from other professional bodies. We hold this personal data and use it to:

- support teaching and learning;
- monitor and report on progress;
- provide appropriate pastoral care
- assess how well the setting as a whole is doing.

This data includes your contact details, relevant assessment results, attendance information, characteristics such as ethnic group, special educational needs and any relevant medical information.

This data may only be used or passed on for specific purposes as allowed by law. From time to time the setting is required to pass on some of this data to local authorities, the Department for Education (DFE), and to agencies that are prescribed by law, such as the Qualifications and Curriculum Development Agency (QCDA), Ofsted, the Department of Health (DH), Primary Care Trusts (PCT), The Learning Records Service, or any successor bodies. We are also duty bound to work with Children's Services and to report any concerns that we may have about your child's safety and wellbeing in the best interests of the child. All these are data controllers in respect of the data they receive, and are subject to the same legal constraints in how they deal with the data.

Children, as data subjects, have certain rights under the Data Protection Act, including a general right to be given access to personal data held about them by any data controller. The presumption

is that by the age of 12 a child has sufficient maturity to understand their rights and to make an access request themselves if they wish. A parent would normally be expected to make a request on a child's behalf if the child is younger.

If you wish to access your personal data, or that of your child, then please contact the relevant organisation in writing.

PARENTAL PERMISSION FORM

1. From time to time we may wish to take your child out of pre-school to visit the park and other places of interest.

Do you give your consent for your child to leave the premises on any accompanied outing? Yes No

Do you consent us to taking your child on public transport? Yes No

2. We periodically take photographs of children at pre-school and use the photographs in the child's file, in our displays, and occasionally in publicity materials, including the Beehive website. We may also video some events, such as end of term plays, concerts and other performances.

Do you give permission for the Beehive Group to photograph or video your child and use in folders, displays, on our website or in our publicity materials?

| | | | | |
|--|--|--|--|--|
| File | Display | Our Website | Photo | Video |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

3. At Beehives we want your child to enjoy the sun safely. It is important for your child to be protected when playing outside.

Do you consent to your child wearing sun cream provided by Beehives? Yes No

Or

Will you provide sun cream for your child (clearly labelled with child's name) Yes No

4. Do you give permission for your child to be helped in the applying of sunscreen by the Beehives staff? Yes No

5. Do you give permission for pre-school staff to apply plasters to your child if required? Yes No

6. Do you give your consent for basic first aid to be administered to your child by Beehive staff if required? Yes No

7. Do you give permission for Beehive staff to take appropriate action to obtain medical help for your child, including sending them to hospital, if required? Yes No

8. Do you give permission for Beehive staff to authorise medical treatment for your child should it be required on their admission to hospital, or if we are unable to contact you? Yes No

**Please check you have ticked all the appropriate boxes on this page, then sign and date.
If there is anything you don't understand please speak to the Manager.**

Parent/carer signature Print Name Date.....

PARENT/CARER CONSENT

An Early Years Adviser is a qualified, experienced teacher employed by the local authority who has an expertise of working with children aged 0-5 years. Their role is to support early years settings to meet the needs of all children’s learning and development through discussion and/or observation.

I agree and consent to the involvement of an Early Years Adviser who may discuss the learning and development needs of my child. Yes / No

I understand that a referral will be made to Children’s Services should there be necessary cause for concern. Yes / No

Childs name.....

Parent/Carer signature.....Date

Print name

How did you hear about the Beehive Pre-school?

COLLEGE CONSENT

As a setting we regularly have students from City College join us to run activities for the children. Whilst running these activities the College likes to take photos to use for their displays and for training purposes. These photos are displayed at both the City College and at the City and South Children’s Centre. Please can you complete this form for your child’s file to confirm whether or not you are happy for your child to be included in these photos.

.....

I do/do not (delete as applicable) give permission for my child to have their photo taken by City College. I understand that these photos may be publically displayed at City College and The City and South Children’s Centre.

Child’s name

Parent/Carer signature

Print name

AGREEMENT

In order for beehive to keep our costs competitive it is important for us to keep on top of our bills and to not let families fall into arrears. We ask that all parents sign an agreement to help us to make sure that this does not happen.

- I agree to pay my fees (please tick) :

- At each session
- Weekly, on a (please state day)
- Monthly, on the following date
- Half termly, within the first 14 days of that half term.

Any weekly/monthly payments should cover the full cost of that coming week/month, rather than fees being carried forward to the following month. There should be no outstanding fees at the end of each half term.

- I will pay via: cash cheque BACS vouchers
- I will pay any additional charges for outings, parties and other events in advance.

If you fail to keep on top of your bill then your child may lose any sessions that you pay for at Beehive. If you find that you struggle to pay your bill then please speak to us at the earliest opportunity so that we may help you.

- I agree to abide by the rules, policies and procedures of The Beehive Childcare Group.

Child's name

Parent/Carer signature Date

Print name

Email address where invoices are to be sent

COURT ORDER FORM

Is the child subject to any court order? Yes No

If Yes, please specify and give details:

1. CONTACT ORDER Defining how, where, when, with whom and for how long contact should be made.

2. RESIDENCE ORDER Determining with whom the child should live.

3. SPECIFIC ISSUE ORDER Determining specific questions, which cannot be agreed voluntarily.

4. PROHIBATED STEPS ORDER Preventing someone from doing something s/he might normally do in fulfilling PARENTAL RESPONSIBILITY

5. CARE ORDER Which may determine the extent to which PARENTAL RESPONSIBILITY may be exercised.

6. SUPERVISION ORDER

7. EDUCATION SUPERVISION ORDER

ANY OTHER INFORMATION: (By Whom)

SIGNED:

DATE:

CUSTODY ARRANGEMENTS

Please give details of any custody arrangements that are currently in place. This includes days and times of contact, where the contact takes place (eg. At home, in a contact centre), whether or not any other support is in place (social worker, FSP, etc) and any changes in contact details, to include any new address.

Childs Name:

Details:.....
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I understand that it is my responsibility to ensure that these details are kept up to date and will notify the staff immediately of any changes.

Date Completed:

Parent/Guardian signature:

Staff Signature:

SPECIAL DIETARY/CARE REQUIREMENTS FORM

For Children with special dietary/care requirements, preferences or allergies (please complete)

Childs Name:

Setting:

Details:.....
.....
.....
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.....
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.....
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.....
.....
.....
.....

Date Completed:

Parent/Guardian signature:

Staff Signature:

Is a letter from the child's GP required? Yes No

Copy attached Yes No

Staff Signature + Date.....