

# REGISTRATION FORM

Registration form for **BISHOPS NYMPTON LITTLE OWLS PRE SCHOOL**

(It is helpful for key persons or managers to complete this form with the parent/s when the child starts at the setting)

## Basic Details

Name of child .....Date of Birth.....

Name known as.....

Name of parent/s with whom the child lives

1) .....

Does this parent have parental responsibility Yes/No?

2).....

Does this parent have parental responsibility Yes/No?

Address.....

.....

.....

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

Name of parent with whom the child does not live

1).....

Does this parent have parental responsibility Yes/No?

Address of this parent.....

.....

.....

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

Does this parent have legal access for the child Yes/No?

**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.....

Name .....

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

Name .....

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

Doctors Name.....

Address.....  
.....  
.....  
.....

Telephone.....

Any special dietary requirements.....

Any known allergies.....

**Personal details of the child**

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?

.....

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 acknowledges and celebrated while he/she is in our setting?

.....

What language/s 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

.....

Is do, discuss and agree with the key person how you will support your child when settling in.

.....

.....

.....

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

.....

Details

.....

.....

.....

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

.....  
.....

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

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.....  
.....  
.....  
.....

Name of professionals involved with your child

Name 1.....Role  
Agency.....Telephone

Name 2.....Role  
Agency.....Telephone

Name 3 .....Role  
Agency.....Telephone

Do you have a Health Visitor Yes/No?

Name ..... Based at.....

Telephone.....

Does your family have a social worked for any reason Yes/No?

Name..... Based at .....

Telephone.....

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

.....  
.....

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 worked named above and keep these securely in the child’s file.

**To be completed by the Key person/Manager**

Date started at Bishops Nympton Little Owls Pre School

Days and Times of Attendance

.....

Are fees payable? If so note here .....

Name of key person .....

Name of back up key person .....

Has settling-in process been agreed? Yes/No

If so details

.....  
.....  
.....  
.....

Signed by

Parent 1 ..... Parent 2 .....

Key person..... Manager.....

Date ..... Date of first review.....