

# The Young Ones Registration form

Date started \_\_\_\_\_ Date left \_\_\_\_\_

## The Young Ones Registration Form

Preston Academy School, Monks Dale, Yeovil, Somerset BA21 3JD

01935 433365

Theyoungones1@hotmail.co.uk

### Child's details

Child's first name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Name known as \_\_\_\_\_

Child's full address \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_

Birth certificate seen and copy made Yes No

### Family details

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

#### *Contact details 1 (including emergency information):*

Parent/carer full name \_\_\_\_\_

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

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Does this parent have parental responsibility for the child? Yes  No

*Contact details 2 (including emergency information):*

Parent/carer full name \_\_\_\_\_

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

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Does this parent have parental responsibility for the child? Yes  No

*Contact details 3 (including emergency information):*

Parent/carer full name \_\_\_\_\_

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

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Does this parent have parental responsibility for the child? Yes  No

**Other person(s) with legal contact** *To be completed where those persons with parental responsibility are separated and an S8 Order is in place.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact telephone numbers \_\_\_\_\_

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

What are the contact arrangements that we need to be aware of?

**Siblings names and ages**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like a home visit from us to get acquainted? Yes No

**Emergency contact details if parents are not available** *Emergency contacts must be local.*

Contact 1 - Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_  
Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Contact 2 - Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_  
Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Persons other than parent(s) authorised to collect the child** *must be over 16 years of age. Please note that if the authorised person is not the person indicated on this form, staff will check before releasing the child.*

Person 1 – Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_  
Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Person 2 - Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_  
Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Person 3 - Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_  
Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Password for the collection of child by authorised persons \_\_\_\_\_

## About your child

The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.

Does your child have previous experience of attending a childcare setting? If so, please specify:

*For internal use:* Has the child's health record book been seen?    Yes     No

Does your child have any on-going medical conditions? If so, please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc.:

Does your child require a health care plan? Yes     No

Is your child known to have any allergies or food intolerances? If so, please specify:

*A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above. All staff will be informed.*

What are your child's dietary requirements? Please specify:

If your child is aged three years or over, does he or she have difficulty with any of the following:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Speaking and communicating                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Listening and attending                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Understanding simple instructions          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Eating and drinking                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Sitting and sharing a book                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Walking and climbing                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Rolling a ball                             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Holding a crayon                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Socialising with adults and other children | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Using the toilet                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Putting on their shoes and socks           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Any other concerns:

Does your child have any special needs or disabilities? If so, please specify:

Are any of the following in place for the child?

- |                                 |     |                          |    |                          |
|---------------------------------|-----|--------------------------|----|--------------------------|
| SEN action plan                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Education, Health and Care Plan | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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

*Two-year-old progress check – children aged 24 – 36 months*

If your child is aged between 24-36 months, has a two-year-old progress check already been completed for your child? Yes  No

Setting completing check

Date completed

\_\_\_\_\_

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you.

*Cultural background*

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

What is the main religion in your family (if applicable)? \_\_\_\_\_

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   

Does your child need a bilingual support plan?      Yes          No   

If so, discuss and agree with the key person how we can work together to support your child when settling-in

*General information*

Does your child have any food preferences?      Yes          No   

Does your child have a pacifier i.e. dummy or thumb?      Yes          No   

Does your child have a special toy or object they might bring with them?      Yes          No   

What sort of things does your child enjoy doing at home, i.e. drawing or cooking?

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

Is your child likely to wander off alone?      Yes       No

**Details of professionals involved with your child**

*GP*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

*Health Visitor (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

*Social Care Worker (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.*

*Dentist (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

*Any other professional who has regular contact with the child*

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

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

Name 3 \_\_\_\_\_ Role \_\_\_\_\_

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

Address \_\_\_\_\_

### **General parental permissions**

#### *Emergency treatment declaration*

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

#### *For inhalers/auto-injectors (e.g. Epipens) only*

I give permission for a named member of staff who has been appropriately trained to administer the inhaler/Epipen or Anapen (supplied by me) to \_\_\_\_\_ (*name of child*).

The named staff are:

■ \_\_\_\_\_

■ \_\_\_\_\_

■ \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_



*Nappy cream*

I give permission for nappy cream (supplied by me) to be administered to \_\_\_\_\_  
(*name of child*) when required, in accordance with manufacturer's instructions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

*Paracetamol based medicine (e.g. Calpol or Sudafed)*

I give permission for staff to administer paracetamol based products (e.g. Calpol) to  
\_\_\_\_\_ (*name of child*) in the case of a raised temperature and on the  
understanding that I will be making arrangements for my child to be collected as soon as possible in  
accordance with the setting's procedures on the administration of medicines.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

*Plasters*

I give permission for staff to apply plasters (hypoallergenic) to  
\_\_\_\_\_ (*name of child*) when necessary and to record its use.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

*Sun cream*

I give permission for staff to administer hypoallergenic sun cream (supplied by me) to  
\_\_\_\_\_ (*name of child*) when necessary and to record its use.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

*Short trips and general outings*

Your child will be taken out of our setting as part of the daily activities. Short trips may be taken to Preston Park or Monks Dale Park

I give permission for \_\_\_\_\_ (*name of child*) to take part in short trips or  
general outings. I understand that individual risk assessments are carried out for each type of trip or outing  
taken and are available for me to see as required. For any planned outings, I understand I will be informed and  
my specific consent obtained.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

### Photographs

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child's records within the setting. We may also record events and activities on video. Photos/videos are stored on the setting's computer only; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use.

I give permission for \_\_\_\_\_ (name of child) to have her/his photo taken, or to be videoed, as per the above conditions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

### Animals

We may occasionally have supervised visits of animals to our setting.

Please state below any known allergies or aversion \_\_\_\_\_ (name of child) has to animals:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

### Key persons - Information for parents

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's key person may change as your child progresses through the setting. You will be notified of these changes. Your child's key person is your first point of contact for anything you wish to discuss about your child.

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

Date starting at The Young Ones \_\_\_\_\_

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

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

Has the settling-in process been agreed? Yes  No  If yes, please specify:

**Policies and procedures**

I have been provided with details of The Young Ones early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

I have received and read a copy of The Young Ones Privacy Notice and confirm that I agree with and have no objections to its content

Signed \_\_\_\_\_ Date \_\_\_\_\_

The Young Ones' legal requirement is the safety of your child at all times when in our care. Our policy is to report to you and the Local Safeguarding Children Board if you or we have any concerns about the child's safety or welfare. You agree to contact us immediately if you absent your child for any reason. If your child is absent and we have not heard from you, we will endeavor to contact you.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

If you find that you no longer need a place at The Young Ones before your child starts please inform us as soon as possible. If this is the case we will not retain the details on this registration form.

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

Parent name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of manager \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Date of first review \_\_\_\_\_

## Equalities monitoring form

*Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.*

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>
Other please state	<hr/>		

A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need	<input type="checkbox"/>
SEN action plan	<input type="checkbox"/>
Education, Health and Care Plan	<input type="checkbox"/>

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.

## The Young Ones Fees Policy

As parents you are required to agree to The Young Ones Fees Policy, but if you find any of this Policy difficult to agree to, then please have a chat with our staff. If you run into any problems in the future, then please tell us as soon as possible – we may be able to help. Always remember that together our aim is to make your child's growing experience as happy and meaningful as possible, and any financial issues should not hamper this. All discussions are treated with the strictest confidence in accordance with our Confidentiality and Data Protection policy.

Fees are as shown on The Young Ones Current Fees Statement.

Bills are given to parents/guardian by hand every 4 weeks. Fees may be paid weekly, monthly, or in advance. You may make payment by cash, cheque (made payable to The Young Ones), BACS transfer or in childcare vouchers. You will be given four weeks from date of invoice to pay your bill in full. Please pay to The Young Ones staff member responsible for collecting fees. The staff member will record the amount in the fees book.

Your child is entitled to one week's holiday per year without charge.

If you book in and are absent you will be charged, unless there are exceptional circumstances. Bookings for holiday club require 2 weeks notice for any cancellations otherwise you will be charged.

If a paid-for or funded session falls on a bank holiday or on an Emergency Closure when The Young Ones is closed, you are entitled to another session in that funded week without further charge.

If you wish to change your child's attendance hours, please give us as much notice as possible and this must be given in writing.

The Young Ones is registered to receive Early Years Entitlement funding. All children are entitled to EYE from the term following their third birthday. We are also registered to receive two year old funding for children who are eligible. We will need to see the letter held by the parent which states that their child is eligible for two year old funding. It is the parents' or guardians' responsibility to produce their child's legal documentation to claim EYE funding and each term parents will be asked to fill in Parental Agreement forms and sign them. If no documentation is produced parents/guardians will be charged at The Young Ones current normal rate because we will be unable to claim EYE funding. When your child is funded you will be entitled to 570 hours per year at no cost to you. You can use a minimum of 2½ hours to a maximum of 7 hours in one day with a maximum total of 15 hours per week. In addition, working parents of three- and four-year-olds can apply for an additional 570 hours per year if they meet the criteria. This is called the extended entitlement and would mean your child could use up to 30 hours per week for the 38 weeks of the year. Please be aware that you will be charged at the full current hourly rate for any time that exceeds your funded hours. Funded hours will be deducted on invoices as hours not as money value.

If you change address you must inform Somerset County Council as soon as possible so they can send you important information (e.g. application for a school place). You can do this by completing an online change of address form on the Somerset County Council website, or by completing a form which we can give you.

If you are not satisfied that your child has been able to access their full EYE funding then please discuss with us first. If not resolved you may contact the Entitlements team – 01823 357039.

If you get into arrears you will be sent a reminder and some form of regular payment will be expected until the arrears are cleared. If the arrears continue to be outstanding and we cannot between us agree on a remedial course of action, we will implement our Arrears Recovery Procedure. It is always better to talk to us first before things get out of hand. Until the arrears are paid your child will only be able to attend for their funded hours.

Four weeks' written notice must be given if you wish to withdraw your child from The Young Ones. If written notice is not received, then four weeks fees' will be charged, and your child's entitlement to EYE for four weeks will be claimed. The Young Ones reserves the right to terminate the contract without notice in the event of unsuitable behaviour from parents, at all other times 4 weeks notice in writing will be given.

Friday is our cooked dinner day, which is charged at a weekly rate as shown in the Current Fees Statement, or you can provide a packed lunch.

I/WE hereby agree to The Young Ones Fees Policy

Signed \_\_\_\_\_ Parent/Guardian Date \_\_\_\_\_

Signed \_\_\_\_\_ Parent/Guardian Date \_\_\_\_\_

Reviewed 24/6/16

Reviewed 11/9/18

Reviewed 1/11/2022