

Has this child ever been looked after by the local authority? Yes/No

Has this child been adopted from care? Yes/No

Has this child left care under a special guardianship order or residence order? Yes/No

Has your child received the following immunisations?  
 (Please confirm and provide date of immunisations given)

<b>Two months old</b>		Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Pneumococcal infection.	DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)
Yes/No ( <i>delete</i> )	Date:		
<b>Three months old</b>		Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C).	DTaP/IPV/Hib and MenC
Yes/No ( <i>delete</i> )	Date:		
<b>Four months old</b>		Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C). Pneumococcal infection.	DTaP/IPV/Hib and MenC and PCV
Yes/No ( <i>delete</i> )	Date:		
<b>12 months old</b>		Haemophilus influenza type b (Hib) and meningitis C.	Hib/MenC
Yes/No ( <i>delete</i> )	Date:		
<b>13 months old</b>		Measles, mumps and rubella (German measles). Pneumococcal infection.	MMR and PCV
Yes/No ( <i>delete</i> )	Date:		
<b>Three years and four months or soon after</b>		Diphtheria, tetanus, pertussis (whooping cough) and polio. Measles, mumps and rubella.	DTaP/IPV (or dTaP/IPV) and MMR
Yes/No ( <i>delete</i> )	Date:		

### Family details

<b>Parent/carer 1 details</b>			
Parent/carer full name			
Relationship to child			
Daytime/work telephone		Mobile telephone number	
Home telephone		Email address	
Home address (if different to child)			

Work address			
Does this parent/carer have parental responsibility for the child? Yes/No (delete)			
Does this parent/carer have legal access to the child? Yes/No (delete)			
<b>Parent/carer 2 details</b>			
Parent/carer full name			
Relationship to child			
Daytime/work telephone		Mobile telephone number	
Home telephone		Email address	
Home address (if different to child)			
Work address			
Does this parent/carer have parental responsibility for the child? Yes/No (delete)			
Does this parent/carer have legal access to the child? Yes/No (delete)			
<b>Other person(s) with legal contact</b> 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 our setting needs to know about?			
<b>Details of all people with whom the child lives</b>			
Name	Age if under 18	Relationship to child	

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and you would like to see acknowledged and celebrated in our setting?	
<b>Details of other adults (over 16) who are authorised to collect your child, sign our accident/incident book or contact in an emergency if parents are not available. Please list at least two, in order of preference. Emergency contacts must be local.</b>	
<b>Contact 1</b> Name	
Telephone numbers	
Address	
Relationship to child	
<b>Contact 2</b> Name	
Telephone numbers	
Address	
Relationship to child	
<b>Contact 3</b> Name	
Telephone numbers	
Address	
Relationship to child	

### **The Early Years Pupil Premium**

From April 2015, nurseries, schools, childminders and other childcare providers will be able to claim extra funding through the Early Years Pupil Premium to support children's development, learning and care. Please will you provide the following details so that we as a provider can check if we can claim the extra funding?

Family income and benefit details

Is your joint family income over £16,190 per year? (Please place an X in the appropriate box).

Yes

No

If you have ticked yes, you do not need to complete the rest of this page.

If you ticked no, please place an X in this box if you<sup>1</sup> are in receipt of any of the benefits listed below and complete parent, guardian details:

<sup>1</sup> This includes those who have parental rights for the child/children named on this form.

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Universal Credit.
- Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
- the guarantee element of State Pension Credit
- Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190
- Working Tax Credit run-on

Parent/guardian details

	Parent/Guardian 1						Parent/Guardian 2					
Last name												
First Name												
Date of Birth	D	M	Y	D	M	Y						
National Insurance Number*												
National Asylum Support Service (NASS) Number*		/		/				/		/		

\* Complete as appropriate

**Details of professionals involved with your child**

**GP**

Name		Telephone	
Address			

**Health Visitor**

Name		Telephone	
Address			

**Social Care Worker (if applicable)**

Name		Telephone	
Address			

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

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**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 a qualified staff member for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

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

**Suncream**

It is the parent/carers responsibility to ensure suncream has been applied prior to the session. I give permission for staff to reapply suncream supplied by me, if they consider it necessary.

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

### **Short trips/general outings**

Your child may be taken out of the setting as part of the daily activities around the local area. In an emergency you will be able to contact us on either 07971639530 or 07840305295.

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 if requested. For any major outings, I understand I will be informed and my specific consent obtained.

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

### **Photographs**

As part of the on-going recording of our curriculum and for the children's individual development records, staff regularly take photographs of the children during their play. These photographs are used for display and for your child's records within the setting. We are happy to provide duplicate photos of your child to you if requested. We may also record events and activities on video and these may be made available to family members. Images of your child may be used for internal training purposes although no names will be used.

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

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

### **Key persons and observations - 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. If circumstances change, your child's key person may need to change. You will be notified of any changes. The key person will carry out regular observations of your child. There may be occasions when another staff member or professional will carry out observations. Please sign below to acknowledge that you understand and give your permission for this. Your child's key person is your first point of contact for anything you wish to discuss about your child.

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

### **Policies and procedures**

All our policies and procedures are available at the setting and on the website.

Please sign below to confirm that you have been provided with details of where you can see the setting's policies and procedures, including the Information Sharing procedures (Policy 10.10), and understand that there may be circumstances where information is shared with other professionals or agencies without your consent.

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

**Animals**

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

Please state below any known allergies or aversion your child has to animals

\_\_\_\_\_

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

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 1 name \_\_\_\_\_

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

Parent 2 name \_\_\_\_\_

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

**Equalities monitoring form** – If you are happy to share this information, please tick the appropriate boxes

**Ethnicity**

**White**

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background


**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background


**Mixed**

- White and Black Caribbean
- White and Asian
- Any other mixed background

  
  


**Black or Black British**

- Caribbean
- African
- Any other Black background

  
  


**Chinese**

- Chinese

**Any other ethnic background**

- Please state \_\_\_\_\_

**Child's Special Educational Needs Status**

No special educational need

Early Support Plan

EHC Plan

  
  


This policy was adopted at a meeting of

Filton Park Preschool Playgroup *(name of provider)*

Held on

\_\_\_\_\_ *(date)*

Date to be reviewed

Nov/Dec 2020 *(date)*

Signed on behalf of the provider

Name of signatory

Adrian Reed

Role of signatory (e.g. chair, director or owner)

Chair



