



Queen Buzby Mae
Pre School
St John's Church Hall
St John's Road
Harpenden
AL5 1DJ
Tel: 07526789730

Registration Form - for completion by the parents

Child's full name:
Child known as:
Date of birth:
NHS number:

Full address inc. postcode:

Home telephone number:

E'mail address:

Parents' names 1.
2.

Parents' work address & contact number:

1.

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2.

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Doctor's name, address & telephone number:
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Known allergies:

Other medical or health problems:

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Parental permission for administering plasters: YES / NO
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Signed:	Name:	Date:
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I give permission for emergency medical attention to be given to my child in my absence:
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Signed:	Name:	Date:
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I give permission for information regarding my child to be passed to other professionals as and when the need arises (ie health visitor, speech therapist, nursery school etc)

Signed:

Name:

Date:

Emergency contact details

Parent 1 - work/daytime contact number:

Parent 2 - work/daytime contact number:

Other emergency contact details - name & telephone number

1.

2.

Person(s) authorised to collect child (must be over 16 years old) - state name, relationship & contact phone number(s)

1.

2.

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

What language(s) is/are spoken at home?



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

Does your child have any special needs or disabilities? YES / NO

If yes, give details.

If yes, are any of the following in place or under consideration for your child?

Early Years Action YES / NO

Early Years Action Plus YES / NO

Statement of special educational need YES / NO

What special support will your child require in the setting?

What other information is it important for us to know about your child? For example, what does your child like, do they have any fears, do they use any special words, what comforter might they need and under what circumstances?

Names of professionals involved with child

Name 1 & role:

Agency name & contact number:



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Name 2 & role:
Agency name & contact number:
Name 3 & role:
Agency name & contact number:

Do you have a Health Visitor? YES / NO
Name:
Contact number:

Does your family have a social care worker for any reason? YES / NO
Name:
Contact number:
What is the reason for the involvement of the social care department with your family?

NB If the child has a child protection plan, record this fact here but do not include any details. Ensure these are obtained from the social care worker named above and are kept securely in the child's file.



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Equalities Monitoring Form - for completion by the parents.

Ethnicity, where collected, should be recorded according to the following categories.

White - British

Irish
Traveller of Irish Heritage
Gypsy / Roma
Any other white background

Mixed - White & Black Caribbean

White & black African
White & Asian
Any other mixed background

Asian or Asian British

Indian
Pakistani
Bangladeshi
Any other Asian background

Black or Black British

Caribbean
African
Any other black background

Chinese

Chinese

Any other ethnic background

Please state

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

No special educational needs
Early Years Action
Early Years Action Plus
Statement

Please refer to the SEN Code of Practice for an explanation of the above terms.



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This section to be completed in conjunction with the Manager or Key Person.

Child's name:
Starting date:
Key worker:

Days & times of attendance.

	Monday	Tuesday	Thursday	Friday
Morning session				
Lunch club				

(Please tick your choice. Attendance times may be changed at the end of each term or extra sessions may be added during term time, subject to spaces being available.)

	SETTLING IN SESSION	COMPLETED (please tick)
1st Settling in session 10am-11am		
2nd Settling in session 9.15-10.30am		
3rd Settling in session 10.30am-12.15pm		
Start day		

Parent's signature:
Manager's signature: