

The Pavilion, Ferry Lane, Bishopthorpe, YORK YO23 2SB

Regd. Charity no. 1159473

**BISHOPTHORPE PRE-SCHOOL PLAYGROUP**

**REGISTRATION FORM**

**Please complete this form and return it FAO Carol Henk, Admissions, at the above address.**

|  |
| --- |
| York City Council require that Playgroup staff verify they have seen relevant documentation to confirm your child’s  date of birth for funding claims. Please, therefore, provide suitable documentation at the time of registration,  e.g. passport, birth certificate.  All information is collected and held in line with General Data Protection Regulations (May 2018). Please refer to  [www.bishopthorpe-playgroup.org.uk](http://www.bishopthorpe-playgroup.org.uk) (About Us/Policies and Downloads) for our privacy notice for further information. |
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**Section A: Basic details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child: |  | Surname: |  |
| Middle name: |  | Name known as: |  |
| Date of birth: |  | Staff Use only: Proof of DOB seen by: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of parent/s with whom the child lives: | 1. | Does this parent have parental responsibility? | Yes/No (Delete) |
| 2. | Does this parent have parental responsibility? | Yes/No (Delete) |
| Address, including postcode: |  | Telephone number: |  |
| Email address: |  | Mobile Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of parent with whom the child does not live: |  | Does this parent have parental responsibility? | Yes/No (Delete) |
| Address, including postcode: |  | Does this parent have legal access to the child? | Yes/No (Delete) |
| Telephone number: |  | Mobile Number: |  |
| Email address: |  |  |  |

**Section B: Emergency contact details**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Parent 1 | Parent 2 | Other Emergency contact |
| Name: |  |  |  |
| Relationship to child: |  |  |  |
| Work/daytime contact: |  |  |  |
| Mobile Number: |  |  |  |

**Section C: Persons authorised to collect the child (must be over 16 yrs of age)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship to child |  |
| Telephone |  | Mobile |  |
| Name |  | Relationship to child |  |
| Telephone |  | Mobile |  |

**Section D: About your child**

|  |  |
| --- | --- |
| Please provide details if your child has any special dietary needs or preferences: |  |
| How would you describe your child’s ethnicity or cultural background? |  |
| What is the main religion of your family? |  |
| Are there any special cultural occasions which your child will be taking part in and you would like to see acknowledged or celebrated whilst 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 (please delete)  If yes, please discuss and agree with your key person the support required when settling in |
| Does your child have any special needs, disabilities or allergies? | Yes/No (please delete) |
| If Yes, please specify, including what special support he/she will require in our setting (please use a further sheet if necessary): |  |
| What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforters they may need and when: |  |

**Section E: Names of professionals involved with your child**

|  |  |  |  |
| --- | --- | --- | --- |
| Doctors: |  | Telephone |  |
| Address: |  | | |
| Health Visitor (if applicable): |  | Based at |  |
| Telephone: |  |  |  |
| Any other professionals: | | | |
| Name 1 |  | Role |  |
| Agency |  | Telephone |  |
| Name 2 |  | Role |  |
| Agency |  | Telephone |  |
| If your family has a social care worker for any reason please complete the details below | | | |
| Name |  | Based at: |  |
| Telephone |  |
| What is the reason for the involvement of social care department with your family? | | | |
|  | | | |
| For Playgroup Use only in second year:  All details checked and up to date: Signed…………………………………………………………………Date…………………………. | | | |

**Section F: Consent – PLEASE STRIKE THROUGH WHERE APPLICABLE TO INDICATE IF YOU WISH TO GIVE YOUR CONSENT FOR THE FOLLOWING:**

**Photographs:**

I am the parent/guardian of the child named above and I give permission for my child to be photographed for the following reasons: (please delete all those for which you do not give permission)

* The Playgroup internet sites, including the website (your child’s name will not be used)
* Wall displays
* Playgroup newsletter
* Students’ coursework

**Outings:**

I am the parent/guardian of the child named above and I DO / DO NOT consent for my child to be taken out as a part of the daily activities of the setting. I understand that our further consent will be requested for major outings.

**Emergency Medical Treatment:**

I am the parent/guardian of the child named above and I DO / DO NOT consent for the staff to take my child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that I have been informed and am on my way to the hospital.

**Sun Protection:**

Outdoor play is an essential aspect of young children’s learning and development and at Playgroup we provide an enabling environment in our playground and grassy woodland area. During summer months children need protection from the sun and, in line with our Sun Awareness policy, we provide Nivea sun lotion (Factor 50+) for the staff to use when the children need their sun lotion to be re-applied.

Please apply an initial layer of cream before bringing your child to Playgroup.

I DO/DO NOT consent to Playgroup staff applying the above mentioned sun cream to my child as necessary.

**If you would prefer to supply your own sun lotion for your child, please tick the box and provide a named bottle to be left at the setting for your child’s use only.**

Name of child...................................................... Parent /Carer signature …………………………

Date..............................