



Rushmore House Montessori

Pratts Bottom Free Church
Rushmore Hill
Pratts Bottom
Orpington, Kent
BR6 7NQ
Tel: 01689 856066 / 07957
324314
Email:
rushmorehousemp@gmail.com

Registration Form

Child Details

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|
| Surname | Forename | Middle Name |
| Preferred Surname | Preferred Name | DOB |
| Gender | Religion | Position in the family (e.g. 2 nd of three boys) |
| Language Spoken at home | Other languages able to speak/ understand | |
| 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 | | |
| Address if different from below | | |

Family Details

| | Parent 1 | Parent 2 |
|-----------------------|---------------------------------------------------------|---------------------------------------------------------|
| Name | | |
| Address | | |
| Place of work | | |
| Telephone | | |
| Email | | |
| Relationship to child | | |
| | Does this parent have legal access to the child? Yes/No | Does this parent have legal access to the child? Yes/No |

Emergency Contact (other than the Parents detailed above)

| | Contact 1 | Contact 2 |
|-----------------------|-----------|-----------|
| Name | | |
| Address | | |
| Telephone | | |
| Relationship to child | | |

Child Collection (Please provide printed photographs of people who will collect the child)

| | | |
|------------------------|-----------------|-----------------|
| | Usual collector | Other collector |
| Name | | |
| Password (if required) | | |
| Relationship to child | | |
| Further information | | |

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

| | |
|-----------------------|--|
| Name | |
| Address | |
| Place of work | |
| Telephone | |
| Email | |
| Relationship to child | |

What are the contact arrangements that the setting needs to know about?

Child's Doctor

| | |
|-----------|--|
| Name | |
| Address | |
| Telephone | |

Special Needs and Disabilities

Does your child have any special needs or disability?

Physical Yes/No Sensory Yes/No Learning Yes/No
 Behaviour Yes/No Speech or language Yes/No Other Yes/No

If you have answered yes to any of the above, please give details:

.....

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

Details

Names of any professionals involved with child

Name 1 Role

Agency Tel

| | |
|----------------------------------------------------------------------------------|------------|
| Name 2 | Role |
| Agency | Tel |
| Are there any Speech/Language Therapists who are involved with your child Yes/No | |
| Name | Name |

Immunisations and Vaccinations

| | | | | |
|---------------------------------------------|-----------------------------------------|----------------------------------|-----------------------------------------|--------------------------------|
| Has the child been fully immunised against: | | | | |
| Diphtheria <input type="checkbox"/> | Whooping Cough <input type="checkbox"/> | Tetanus <input type="checkbox"/> | Rubella <input type="checkbox"/> | |
| Polio <input type="checkbox"/> | Measles <input type="checkbox"/> | Mumps <input type="checkbox"/> | Hib Meningitis <input type="checkbox"/> | Other <input type="checkbox"/> |
| Please specify | | | | |

Does your child suffer from any known medical conditions, Allergies, special diet, health problems, birth marks or childhood illnesses? Yes/No

If Yes, please provide details:

| |
|--|
| |
|--|

Two Year Old Check

| |
|--------------------------------------------------------------------------------|
| Has this taken place, if so what was date (recorded in your child's red book)? |
| |

Other Information

| |
|---------------------------------------------------------------------------------------------------------------------|
| Any other information the Provider should know about the Child, e.g. Fears, dislikes, comfort items, special words. |
| |

Health Visitor (if applicable)

| | | |
|---------|--|------|
| Name | | Tel: |
| Address | | |

Social Care Worker (if applicable)

| | | |
|---------|--|------|
| Name | | Tel: |
| 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. Ensure these are obtained from the social care worker named above and keep these securely in the child welfare file. Discuss these plans with designated child protection officer.

Any Other professional who has regular contact with the child?

Yes/No

| |
|-----------------------|
| If Yes, give details: |
| |

Other Pre-Schools or Settings

Does your child attend any other pre-school at the moment? Yes/No

If yes, please give details

Does your child attend any other setting (such as a day nursery or childminder)? Yes/No

If yes, please give details

If your child attends other settings including childminder, can we contact them directly to share information?
Yes / No

Settling In

We will review your child’s settling into preschool each week for the first four weeks and email this to you, please nominate the primary carer and email address for this review:

.....

After this four week period we will invite you to meet with your child’s Key Worker for a meeting to discuss how your child is adapting to preschool.

General Parental Permissions (Please read each section and sign individually)

To enable us to meet each child’s individual needs, from time to time we may wish to speak to other professionals about your child e.g. a member of the Early Years and Childcare Team, a Health Visitor or area SENCO. We will always feed back any information to you. Additional permission will always be sought if further advice/action is required.

I consent to my child being discussed with other professionals and I also consent to observations of my child being recorded and photographs being taken.

Signed Date

Outings

Children may be taken on outings. The outings will be within walking distance of the Pre-School premises, vehicle transport will not be used. The outings will be part of our daily activity.

I give permission for my child to go on the outing described above. Yes / No

Signed Date

If there have been any legal proceedings over the care and custody of your child then please give details of the person who has the Legal Custody of your child.

Name: Relationship to child:

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 (or a medical centre) accompanied by a member of staff for emergency treatment and that health professionals are responsible for any decision on medical treatment in my absence.

Signed Print Name

Relationship to child Date

For Inhaler/Epipens ONLY

I give permission for a trained member of staff to administer the inhaler/Epipen or Anapen supplied by me to (name of child)

Signed Print Name

Relationship to child Date:

Photographs

As part of the on-going children’s individual developmental records, staff regularly take photographs of the children during the session. These photographs 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 and they will be deleted periodically. If we would like to use any images of your child for publicity or marketing purposes, we will seek your written consent.

I give/do not give permission for (name of child) to have her/his photo taken or to be videoed as per the above conditions.

Signed Name

Relationship to child Date

Animals

We may occasionally have surprise visits of animals to our setting, we will ensure that the visiting pets are healthy and that animals showing any signs of disease will not be allowed in the Pre-School. A risk assessment will be carried out for the visiting animals, and a note will be put on the notice board. Please state below any known allergies or aversion your child has to animals.

Signed Name

Relationship to child Date

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 care and 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. If the key person is not available, you can either discuss your concern with the manager or make an appointment to see the key person.

Terms and Conditions

Please sign below to confirm that you have received and accepted our terms and conditions. Please note that the preschool must be informed of any absences as soon as possible. Holidays longer than three weeks per term, requires permission from Bromley Early Years and FEE funding cannot be claimed over three weeks per term.

Before removing my child from the Preschool, I will either give a FULL term’s notice (14 school weeks, e.g. Autumn term 1st Sep – 31st Dec) in writing or pay the relevant fees in lieu of notice, notice is not accepted part way through a term. I understand that if I choose to pay the fees for the notice period my child will not

receive FEE (or other funding) and I will be paying the full fees FEE + additional time charges. We also require a term's notice of any reduction in sessions.

Example :- Spring term 14 weeks, Child attending 5 days a week therefore each session x 5 x 14 weeks will be payable.

Signed Name

Relationship to child Date

Policies

The preschool policies are all available on our website – www.rushmorehouse.co.uk. Please sign below to confirm that you know how to access the setting's policies and procedures, including the information regarding sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent.

Signed Name

Relationship to child Date

Parents

I confirm that this form has been completed to the best of my knowledge:

| | |
|-------------------|------------------|
| Print Name | Signature |
| Date | |

Provider

| | |
|-------------------|------------------|
| Print Name | Signature |
| Date | |

Please tick the appropriate box below. This information is required for Early Years annual return.

Ethnic Code

| | | | |
|----------------------------|------------------------------------|------|--|
| White | White British | WBRI | |
| | White Irish | WIRI | |
| | White Travellers of Irish Heritage | WIRT | |
| | White Others | WOTH | |
| | White Romany | WROM | |
| Mixed | Mixed White and Black Caribbean | MWBC | |
| | Mixed White and Black African | MWBA | |
| | Mixed White and Asian | MWAS | |
| | Mixed Others | MOTH | |
| Asian or Asian British | Asian Indian | AIND | |
| | Asian Pakistani | APKN | |
| | Asian Bangladeshi | ABAN | |
| | Asian Others | AOTH | |
| Chinese or Chinese British | Chinese | CHNE | |
| Any other ethnic group | Other Ethnic Groups | OOTH | |

To be completed by the setting

Date Starting at this setting

Days and Times of attendance

Has a risk assessment, if required, been completed? Yes/No

If Yes Name..... Date.....

Before starting at this pre-school, are any of the following in place for the child?

| | |
|---------------------------------------|--------|
| Individual Educational Plans | Yes/No |
| Early Years Action | Yes/No |
| Early Years Action Plus | Yes/No |
| Statement of special Educational Need | Yes/No |

If the answer to any of the above is yes, what special support will the child require in our setting?