

# Merry-Go-Round



Registered Charity No. 1039722

## 10.4 Registration form

**Merry Go Round**

**Stokenham Area Primary School**

**Stokenham, Kingsbridge**

**TQ7 2SJ**

**T: 01548 581440**

**E: [info@merrygorounddevon.com](mailto:info@merrygorounddevon.com)**

**Charity registration number: 1039722**

### 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?

**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 the daily signing in/out sheet, 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:

*Health and development*

Has your child received the following immunisations? *Please confirm and provide date of immunisations given.*

<b>Two months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Three months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis C vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Four months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Between 12 and 13 months old</b>	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	MMR vaccine – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Two to three years</b>	Flu vaccine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Three years and four months or soon after</b>	MMR vaccine, second dose – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

*For internal use:* Has the child's health record book been seen to confirm immunisation dates? 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.*

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	
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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?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child need a bilingual support plan?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, discuss and agree with the Manager how we can work together to support your child when settling-in:				
<i>General information</i>				
What is your child's usual sleep pattern?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have a feeding routine (for children under 2 years)?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have any food preferences?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have a pacifier i.e. dummy or thumb?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have a special toy or object they might bring with them?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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.				

**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 \_\_\_\_\_

\_\_\_\_\_ Role \_\_\_\_\_  
Name 2 \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

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

Printed 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 \_\_\_\_\_

Printed  
name \_\_\_\_\_

#### *Teething gel*

I give permission for teething gel (supplied by me) to be administered to \_\_\_\_\_

(*name of child*) when necessary - in accordance with manufacturer's instructions - and for staff to record its use.

Signed	_____	Date	_____
Printed 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	
Printed name			

*Piriton*

In the case of an allergic reaction to a bee or wasp sting, I give permission for staff to administer Piriton to \_\_\_\_\_ (*name of child*) and understand I will need to make 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	
Printed name			

*Suncream*

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

Signed		Date	
Printed name			

*Short trip - general outings*

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 \_\_\_\_\_

Printed 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. 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.

I give permission for (name of child) to have her/his photo taken, or to be videoed, as per the above conditions and for the following uses:

For your child's records	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
For displays within the setting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
For inclusion in the weekly newsletter	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
For the MGR website	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
For the MGR Facebook page	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In local newspaper articles	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Signed		Date	
Printed name			

**Animals**

We may occasionally have supervised visits of animals to our setting. A risk assessment will be carried out for visiting animals, and parents informed

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

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Signed		Date	
Printed name			

**Policies and procedures**

I have been provided with access to Merry Go Round's policies and procedures, including the Privacy Notice and 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	
Printed name			

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 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.