**BLACKBERRY LANE PRE-SCHOOL**

**Please provide a photo of your child**



**REGISTRATION FORMS**

**Family details:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname of child | | | | |  | First name |  |
| Date of birth | | | | |  | Gender |  |
| Birth certificate Number: Please note a copy of the birth certificate must be verified by the setting before your child starts attending. | | | | | | | |
| Address: | | Postcode: | | | | | |
| Name of parent(s) the child lives with: | | | | | | | |
| 1 | Telephone:  Mobile: | | | | | Work telephone no:  Work Address:  Email: | |
|  | We may be able to apply for pupil premium funding for your child, please provide your date of birth and National Insurance number.  Date of birth: National Insurance number: | | | | | | |
| Does this parent have parental responsibility? Yes / No | | | | | | | |
| 2 | Telephone:  Mobile: | | | | | Work telephone no:  Work Address:  Email: | |
|  | Date of birth: | | | | | National Insurance number: | |
| Does this parent have parental responsibility? Yes / No | | | | | | | |
| **Please list any other people who live at this address:**  Name: Relationship to child: Age: | | | | | | | |
| Name of parent the child **does not** live with: | | | | | | | |
| Address | | | | Postcode: | | | |
| Telephone | | | | |  | Mobile |  |
| Does this parent have parental responsibility? Yes / No | | | | | | | |
| Does this parent have legal access to the child? Yes / No | | | | | | | |
| If applicable, please list who lives at this address:  Name: Relation: Age: | | | | | | | |
| Emergency contact details:  Please provide details of **two people who may be contacted in case of emergency** (if we are unable to contact either parent) and **who would be willing to collect your child if he/she became ill.** | | | | | | | |
| Name /Address | | |  | | | | |
| Telephone | | |  | | | Mobile |  |
| Name/Address | | |  | | |  |  |
| 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 (if applicable). | | | |  | |

**Personal details of child**

**Health and development**

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes □ No □

If yes please give details below.

|  |
| --- |
|  |

Has a health care plan and agreement to administer medicine, if required, been completed? Yes □ No □

Does your child have any special needs or disabilities? Yes □ No □

Details:

|  |
| --- |
|  |

Are any of the following in place for your child?

SEN action plan Yes □ No □

Education, Health and Care Plan Yes □ No □

What special support will he/she require in our setting?

|  |
| --- |
|  |

**Names of professionals involved with child**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Doctor | |  | Telephone |  | |
| Address | |  | | |
| Do you have a health visitor? | | | Yes/No (delete) | | |
| Name |  | | Based at |  | |
| Telephone |  | |  |  | |

**Please provide details of any other professional who has regular contact with your child:**

**Has your child received all the immunisations recommended by the NHS? (See your red book for details).**

**YES / NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |
| 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? This question is optional.  *Ethnicity* - *Gathered for monitoring purposes only.* | |
| 󠄀ABAN Bangladeshi | 󠄀MWBC White and Black Caribbean |
| 󠄀AIND Indian | 󠄀MOTH Any other mixed background |
| 󠄀APKN Pakistani | 󠄀OOTH Any other ethnic group |
| 󠄀AOTH Any other Asian background | 󠄀WBRI White British |
| 󠄀BAFR Black African | 󠄀WIRI White Irish |
| 󠄀BCRB Black Caribbean | 󠄀WIRT Traveller of Irish heritage |
| 󠄀BOTH Any other Black background | 󠄀WROM Gypsy/Roma |
| 󠄀CHNE Chinese | 󠄀WOTH Any other White background |
| 󠄀MWAS White and Asian | 󠄀REFU Refused |
| 󠄀MWBA White and Black African | 󠄀NOBT Information not yet obtained |
|  |  |

|  |  |
| --- | --- |
| 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 |  | | | | |
| 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 | □ | |
| Does your child need a bilingual support plan? | | Yes | □ | No | □ | |
| If so, discuss and agree with the key person how [we/I] can work together to support your child when settling-in: | | | | | | |
|  | | | | | | |

Does your child have previous experience of attending a childcare setting or will they also be attending another setting as well as Blackberry Lane Pre-School? If so, please specify:

|  |
| --- |
|  |

**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 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policies and procedures**  I have been provided with a copy of the Blackberry Lane Pre-School prospectus. I understand the policies are all listed on the company website, including the Safeguarding Children Policy, Information Sharing Policy and Privacy Notice, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent. (Please see our privacy notice for more detail)  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 | | Date |  |
| Signature |  | | | |

**Transfer of records**

With your consent we will transfer your child’s records to the receiving school when they leave our setting. This will enable the school to continue to effectively manage any special education, health or medical needs, and to continue with their development.

I agree for my child’s records to be transferred to their receiving school

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child: | |  | | |
| Signed |  | | Date |  |

|  |
| --- |
| **To be completed by the key person/manager** |
| Start date: |
| Birth certificate number:  Seen by (staff signature): Date: |



**BLACKBERRY LANE PRE-SCHOOL**

**REGISTRATION CONSENT FORM**

**Child’s details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname of child |  | First name | |  |
| Date of birth |  | Gender |  | |

**Consents:**

**Daily outings:**

I agree that my child can be taken out of the setting as part of the daily activities.

YES NO

The regularly venues used are detailed here:

|  |
| --- |
| Northwood Park / Short local walks, e.g. Cowes Seafront |

For any outings further afield, we will inform you and ask for your specific consent.

**Children’s names and photographs:**

Please indicate your consent to each below by **ticking** the boxes.

Please note photographs may be taken of your child as part of a key person’s observation and assessment records.

I agree to photographs of my child being used in the following\*:

I agree to my child having photographs taken for educational purposes.

County Press articles

Pre-School Newsletters and Blackberry Lane Pre-School and Nursery Website (the newsletters are published on the website, so permission for both is required).

Blackberry Lane Preschool and Nursery Facebook page.

I agree to my child’s name and photo being used for the following purpose within the setting:

Wall displays

Notice boards within the setting.

Notices, e.g. The key person board

Allergy/dietary needs information notice (this will also include details of your child’s allergy/dietary needs)

\*Please tick as appropriate.

**Medical advice:**

I agree that the pre-school staff can administer first aid and seek emergency medical advice or treatment if necessary. **YES NO**

For minor accidents an accident form will be completed at the setting and parents are required to sign the form.

In the event of a major 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 member of staff for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence. **YES NO**

**Written and recorded observations by staff and students:**

Staff are required to record observations to complete the Unique Child Profile and transition information for your child. These may be written observations or entries made onto our electronic learning journey journals (please see separate form). Our privacy notice is attached to our Prospectus.

We also have a number of students, who are working towards childcare qualifications and are on work experience, placements with us. Part of their training requires them to carry out written observations on the children. None of the identities of the children are used within these observations and the work is only seen by their course work tutors and members of Blackberry Lane.

I agree to written observations being carried out by:

**Staff** YES NO

**Students** YES NO

\*Please tick as appropriate.

**Nappy cream**

|  |
| --- |
| I give permission for nappy cream (supplied by me) to be administered to my child when required, in accordance with manufacturer’s instructions. |
| YES NO Not applicable |

I have indicated my preferences to the consents requested above.

Name: ……………………………………………………………

Signed .............................................................. Date ..................................

Blackberry Lane Pre-School



Tapestry Learning Journal and EYMan Consent

Date: September 2022

Dear Parents and Carers,

All children attending Blackberry Lane Pre-School have a personal on-line Learning Journey which records photos, observations and comments, in line with the Early Years Foundation Stage, to build up a record of your child’s experiences during their time with us.

We are using Tapestry, a secure system, which has been developed for early years settings. The benefits to yourselves from Tapestry being on-line means you will have secure access (via a website which you login to using your email address and a password) to your child’s Learning Journey and, in addition to viewing our contributions, we encourage you to add to it by uploading photos and comments or commenting on observations made by us. Tapestry can also be used to pass on information to parents, such as the newsletter.

For your Tapestry account to be created please give us permission by completing the attached slip and consent form. Also, if you provide your email address, we will send an invitation for you to set up an account, enabling you to access your child’s learning journey. (Please note each parent only has access to their own child’s Learning Journey). At the end of the year the information will be downloaded and passed onto your child’s reception class for their information.

If you have any questions or queries about the on-line Learning Journeys, please do not hesitate to ask your child’s key person or another member of staff.

We will also be using EYMan which is a software management system. This will be used to produce monthly invoices and weekly registers, and to hold details about your child such as allergies, siblings, doctor’s details and ethnicity. Please sign below to give your consent for us to add your details to the system. We will be using your child’s name and DOB, both parents’ names, addresses and emails, the sessions your child will be attending, their health and immunisation details and doctor details. Any information will be shared in accordance with our Privacy policy.

If you have any questions, please don’t hesitate to ask.

**Permission Slip**

I give permission for Blackberry Lane Pre-School to create an online Tapestry Learning Journey and an EYMan account for…………………………………………………………………(child name)

D.O.B. …………………………………………………………………………………

The e-mail address I would like use for each account is………………………………………………………………….

Parent name:………………………………………………………………………

If both parents would like accounts, please add details below:

Email:……………………………………………………………………………………

Parent name:………………………………………………………………………

## Image Consent Form for Tapestry

We may take photographs for a number of reasons whilst your child is with us:

* to document what they enjoy doing;
* to record their learning and development progress;
* to include in newsletters, learning journals and displays;
* to record special events and achievements;
* occasionally, we may invite the media to take photographs or film footage for publicity purposes and to record any special events;
* images may also be used in our publicity, in our prospectus or on the website.

A learning journal will be used to reflect your child’s time at our setting. It will include photographs of your child at play with other children, for example in a group of children wearing costumes pretending to be *Goldilocks and the Three Bears* in the home corner.

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I consent to photographs of my child being taken by authorised personnel representing the Nursery. | Yes |  | No |  |
| (tick as appropriate) | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I consent to photographs containing my child’s image being included in other children’s learning journals | Yes |  | No |  |
| (tick as appropriate) | | | |

(Please note that you have the option to view any photographs before they are included in any learning journal, should you request this in writing.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I consent to treat photographs containing images of other children as **for my own personal use only** | Yes |  | No |  |
| (tick as appropriate) | | | |

(This means that the information cannot be shared with others, or published in any way, without the explicit consent of the parents or carers of those children who may be included. For example, any such photographs **cannot** be posted on a social networking site or displayed in a public place.)

|  |
| --- |
| Signed by parent/carer: |

|  |  |
| --- | --- |
| Name of child: | Date: |

**Please note that you can withdraw your consent, in writing, or request to see photos taken at any time. This form is valid for the duration of your child’s time at Pre-School.**

**Sessions Request Form**

2023 - 2024

**Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_**

Please indicate which sessions you would like your child to attend and sign below.

Our pre-school setting has a maximum number of children (40 per am/pm session) who can attend at any one time. Sessions will be allocated on a first come, first served basis. It is not possible to reserve spaces for later in the year and we operate a waiting list system.

Your child is entitled to 15 hours funding from the term starting after their 3rd birthday or up to 30 hours if certain criteria are met. Please refer to the information sheet about 30 hours funding in the parent pack for more details or [www.childcarechoices.gov.uk](about:blank). If you want to increase your child’s sessions during the year (e.g. once they are receiving funded hours), indicate in the tables below and we will add their name to the waiting list.

We run holiday clubs for all the school holidays *except for Christmas*. Booking forms are available if you wish to book your child into the holiday clubs.

I would like my child to attend the sessions indicated below at Pre-School.

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

The parent paid sessions available are in Table 1 and the funded sessions available are in Table 2.

**Please indicate sessions required:**

|  |  |  |
| --- | --- | --- |
| **AUTUMN TERM**  **(Sep 23 – Dec 23)** | Parent paid sessions | Funded session pattern and days required |
| MONDAY |  |  |
| TUESDAY |  |  |
| WEDNESDAY |  |  |
| THURSDAY |  |  |
| FRIDAY |  |  |

|  |  |  |
| --- | --- | --- |
| **SPRING TERM (Jan 24 – Mar 24)** | Parent paid sessions | Funded session pattern and days required |
| MONDAY |  |  |
| TUESDAY |  |  |
| WEDNESDAY |  |  |
| THURSDAY |  |  |
| FRIDAY |  |  |
| **SUMMER TERM (Apr 24 – Aug 24)** | Parent paid sessions | Funded session pattern and days required |
| MONDAY |  |  |
| TUESDAY |  |  |
| WEDNESDAY |  |  |
| THURSDAY |  |  |
| FRIDAY |  |  |

**Table 1. Fee Prices and session times available from September 2023**

|  |  |  |  |
| --- | --- | --- | --- |
| **Session** | **Session times** | **0-2 Years** | **2-4 years** |
| A | 7.45am – 8am | £3.00 | £3.00 |
| B | 8am – 9am Breakfast club\* | £6.50 | £6.00 |
| C | 9am – 12pm Core hours | £19.50 | £18.00 |
| D | 12pm – 3pm Core hours | £19.50 | £18.00 |
| E | 3pm – 4pm Afterschool club\* | £6.50 | £6.00 |
| F | 3pm – 6pm Afterschool club\* | £19.50 | £18.00 |
| G | 4pm – 6pm Afterschool club\* | £13.00 | £12.00 |
| H | 8am – 6pm Discounted by 5% | £61.75 | £57.00 |

\* Can only be booked before or after a core hours session or funding pattern.

**Table 2. Funding patterns available from September 2023**

|  |  |
| --- | --- |
| **2 Year funded sessions – 12 hours per week stretched over 47 weeks** | |
| Pattern 1 | 1 x 9am-3pm + 2 x 9am-12pm = 12 hours |
| Pattern 2 | 1 x 9am-3pm + 2 x 12pm-3pm = 12 hours |
| Pattern 3 | 2 x 9am-3pm = 12 hours |
| Pattern 4 | 4 x 9am-12pm = 12 hours |
| Pattern 5 | 4 x 12pm-3pm = 12 hours |
| **2 Year funded sessions – Term Time, 15 hours per week** | |
| Pattern 6 | 2 x 9am-3pm + 1 x 9am-12pm = 15 hours |
| Pattern 7 | 2 x 9am-3pm +1 x 12pm-3pm = 15 hours |
| Pattern 8 | 5 x 9am-12pm = 15 hours |
| Pattern 9 | 5 x 12pm-3pm = 15 hours |
|  |  |
| **15 hours funded sessions – 12 hours per week stretched over 47 weeks** | |
| Pattern 10 | 2 x 9am-3pm = 12 hours |
| Pattern 11 | 3 x 8am-12pm = 12 hours |
| Pattern 12 | 3 x 12pm-4pm = 12 hours |
| Pattern 13 | 4 x 9am-12pm = 12 hours |
| Pattern 14 | 4 x 12pm-3pm = 12 hours |
| **15 hours funded sessions – Term Time, 15 hours per week** | |
| Pattern 15 | 2 x 9am-3pm +1 x 9am-12pm = 15 hours |
| Pattern 16 | 2 x 9am-3pm + 1 x 12pm-3pm = 15 hours |
| Pattern 17 | 5 x 9am-12pm = 15 hours |
| Pattern 18 | 5 x 12pm-3pm = 15 hours |
|  |  |
| **30 hours funded sessions – 24 hours per week stretched over 47 weeks** | |
| Pattern 19 | 2 x 8am-6pm + 1 x 8am-12pm = 24 hours |
| Pattern 20 | 2 x 8am-6pm + 1 x 12pm-4pm = 24 hours |
| Pattern 21 | 3 x 8am-4pm = 24 hours |
| Pattern 22 | 4 x 9am-3pm = 24 hours |
|  |  |
| **30 hours funded sessions – Term time, 30 hours per week** | |
| Pattern 23 | 3 x 8am-6pm |
| Pattern 24 | 4 x 8.30am-4pm |
| Pattern 25 | 5 x 9am-3pm |
| *All patterns are subject to availability. Any combinations of parent paid sessions can be booked and paid for in addition to your funded hours.* | |

**All About Me**

**Name:**



**Getting to Know My Family and Me:**

* My age on starting at Blackberry Lane Pre-School is:
* I like to be called:
* My first language at home is:
* Other languages in my family are:
* Who lives in my house?:
* My experience of being away from my family:
* My experience of playing with other children:
* Special people in my life:
* My family and I celebrate:
* Important events in my life:

**Interests and Preferences**

* Things that excite me and make me happy:
* My favourite books, rhymes, activities, toys and places to go:
* Things I like doing outside:
* My weekly routines:
* Things I can sometimes get angry or upset about:
* Things that comfort me:

**Food and Drink**

* I usually eat:
* My favourite foods:
* My favourite drinks:
* I do not like:

**Health and Development**

* Medical info:
* Does your child have any allergies?:
* Does your child have regular contact with health professionals or agencies?:
* Healthcare:
* What is your child good at?:
* What does your child need help with?:
* How does your child communicate?:
* How does your child respond to new people or situations?:
* Do you have any concerns about your child’s development?:
* How would your child handle disappointment?:

**Sleeping and Toileting Routines**

* When does your child sleep?:
* Nappy changing / toileting info:

**Blackberry Lane Pre-School and Nursery**

**T-shirt and Sweat-shirt**

**Order Form**

**Our uniform is not compulsory.**

**Name of child: ...............................................**

|  |  |  |
| --- | --- | --- |
|  | **Quantity** | **Total £** |
| **T-shirt @ £4.00:** |  |  |
| **2-3 yrs Blue / Red** |  |  |
| **3-4 yrs Blue / Red** |  |  |
| **5-6 yrs**  **Blue / Red** |  |  |
| **Sweat-shirt @ £7.00:** |  |  |
|  |  |  |
| **3-4 yrs Blue / Red** |  |  |
| **5-6 yrs**  **Blue / Red** |  |  |
| **Grand total:** |  |  |

The cost of the items will be added to your next invoice.

*Many thanks.*

*Office use: PAID ON:................................. ORDER TAKEN: YES/NO*