



Child's details

Child's first name(s) _____ Surname _____

Name known as _____

Child's full address _____

Gender _____ Date of birth _____ Birth certificate seen **Yes/No** (*delete*)

Address confirmed with utility bill **Yes/No** (*delete*) Staff Signature _____

Family details

Parent/carer 1 full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Does this parent have parental responsibility for the child? **Yes/No** (*delete*)

Parent/carer 2 full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Does this parent have parental responsibility for the child? **Yes/No** (*delete*)



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 and Address _____

Relationship to child _____

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

Emergency contact details if parents are not available *Emergency contacts must be local*

Contact 1 - Name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Contact 2 - Name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Persons other than parent(s) authorised to collect the child *Must be over 16 years of age*

Person 1 - Name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____



Has your child received the following immunisations?
(Please confirm and provide date of immunisations given)

<p>Two months old</p> <p>Yes/No (delete) Date: _____</p>	<p>Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Pneumococcal infection.</p>	<p>DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)</p>
<p>Three months old</p> <p>Yes/No (delete) Date: _____</p>	<p>Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C).</p>	<p>DTaP/IPV/Hib and MenC</p>
<p>Four months old</p> <p>Yes/No (delete) Date: _____</p>	<p>Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C). Pneumococcal infection.</p>	<p>DTaP/IPV/Hib and MenC and PCV</p>
<p>12 months old</p> <p>Yes/No (delete) Date: _____</p>	<p>Haemophilus influenza type b (Hib) and meningitis C.</p>	<p>Hib/MenC</p>
<p>13 months old</p> <p>Yes/No (delete) Date: _____</p>	<p>Measles, mumps and rubella (German measles). Pneumococcal infection.</p>	<p>MMR and PCV</p>
<p>Three years and four months or soon after</p> <p>Yes/No (delete) Date: _____</p>	<p>Diphtheria, tetanus, pertussis (whooping cough) and polio. Measles, mumps and rubella.</p>	<p>DTaP/IPV (or dTaP/IPV) and MMR</p>

Has the child's health record book been seen to confirm immunisation dates? **Yes/No (delete)**

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? **Yes/No (delete)** If so, please provide details:



Has a risk assessment, if required, been completed? **Yes/No** (*delete*)

Has a health care plan and agreement to administer medicine, if required, been completed? **Yes/No** (*delete*)

Does your child have any special needs or disabilities? **Yes/No** (*delete*)

If so, please provide details:

Are any of the following in place for the child?

Early Years Action **Yes/No** (*delete*)

Early Years Action Plus **Yes/No** (*delete*)

Statement of special educational need **Yes/No** (*delete*)

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

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? _____

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** (*delete*) If so, discuss and agree with the key person how we can work together to support your child when settling-in.

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 comforter they may need and when.

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. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.*

Any other professional who has regular contact with the child

Name 1 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 3 _____ Role _____

Agency _____ Telephone _____

Address _____

Does your child attend another Pre-school or Nursery? Yes/No (*delete*)

If yes which one:

General parental permissions

Emergency treatment declaration

Charity No: 1157751
OFSTED No: EY486920

Appleton Thorn Village Hall, Stretton Road, Appleton, Warrington, WA4 6RT
Telephone: 07938 511441



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 setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed

Date

Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by me) to _____
(*name of child*) when necessary.

Signed

Date

Short trip - general outings

Your child will be taken out of the setting as part of the weekly activities. The venues include Appleton Thorn Primary School, St Cross Church and walks down Green Lane. 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 major outings, I understand I will be informed and my specific consent obtained.

Signed

Date

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. 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; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use.

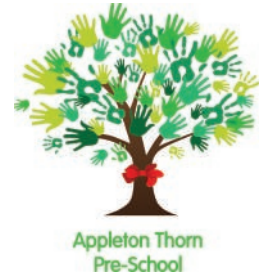
I give permission for _____ (name of child) to have her/his photo taken, or to be videoed, as per the above conditions.

Signed

Date

Local Authority Database

The information on your child that you provide will be held on an Excel database. Throughout your child's time in the setting, staff will monitor his/her development and record his/her progress on the same database. This



will allow the setting to share personal reports with you about your child's progress. At set times throughout the year, this information will also be shared with the Local Authority to allow them to plan for future early years provision in settings, children's centres and primary schools. When this data is shared with the Local Authority, your child's personal details will not be published and the Local Authority will not refer to any individual child or family.

Do you agree that this information can be shared with the Local Authority? **Yes / No**

I understand the reasons for information sharing and that consent to share information can be limited or withdrawn at any time by contacting the setting in writing.

Signed

Date

Please note that the information we hold is stored securely on a computer and processed in line with the Data Protection Act 1998.

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.

Your child's key person will be

Your child's 'back up' person will be

Has the settling-in process been agreed? Yes/No (*delete*)

If so, detail:

To be completed by the key person/manager:



Date starting at Appleton Thorn Pre-School

Days and times of attendance _____

Are any fees payable? If so, note here _____

Policies and procedures

Please sign below to confirm that you have been provided with details of the setting's policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent.

Signed _____ Date _____

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify is of any changes as they arise.

Parent 1 _____

Signed _____ Date _____

Parent 2 _____

Signed _____ Date _____

Staff _____





Signed _____ Date _____



Equalities monitoring form – to be completed by the provider

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




White – British

-  White British
-  Traveller of Irish Heritage
-  Gypsy/Roma
-  Irish



Asian or Asian British

-  Indian
-  Pakistani
-  Bangladeshi
-  Any other Asian background

White – British

-  White and Black Caribbean
-  White and Asian
-  Any other mixed background

Black or Black British

-  African
-  Any other Black background

Chinese

-  Chinese 

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Any other ethnic background _____

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

- No special educational need
- Early Years Action
- Early Years Action Plus Statement

Providers should refer to the SEND Code of Practice for an explanation of the terms above.



It will help us greatly if we can understand a little about your child's learning before they start Pre-school. Please give each comment a tick if you have seen your child enjoy this. Please do not see this as a test, it is just to help us to meet your child's needs better when they join us. Try to answer as honestly as you can and don't worry if you don't know. Feel free to add any additional comments which you think may be important. Thank you.

Personal, Social & Emotional Development

Making Relationships

Plays alongside others
Starting to play with others
Plays in a group

Self-Confidence

Is happy to explore new toys and environments
Is happy to be left with a known adult
Enjoys responsibility to carry out small tasks

Managing Feelings

Is aware of others' feelings
Can seek comfort when needed
Can usually tolerate delay

Physical Development

Fine Motor Skills

Balances blocks to make a tower
Beginning to hold a pencil
Can make snips with scissors

Moving Around

Walks upstairs holding hand
Runs safely on whole foot
Moves confidently in a range of ways, e.g. jumping, skipping

Self-Care

Holds cup and drinks without spilling
Tries to help with dressing/undressing
Can go to the toilet

Communication and Language

Listening

Concentrates on an activity of their choosing
Likes to listen to stories
Shows interest in play with sounds

Understanding

Understands single words and simple sentences
Understands Who? What? Were?
Understands under, on and next to

Speaking

Copies familiar expressions
Asks simple questions



Holds a conversation
Can retell a simple past event

Literacy

Reading

Is interested in books
Has some favourite stories
Can retell parts of a story from a book

Writing

Likes to make marks in sand or paint
Distinguishes between different marks they make
Gives meaning to marks that they see

Mathematics

Numbers

Categorise objects, putting them in lines or separate piles
Recites some number names in sequence
Uses number names spontaneously in play

Shapes

Attempts simple jigsaw puzzles
Notices simple shapes and patterns
Talks about the shapes of objects e.g. round and tall

Understanding The World

People

Enjoys looking at pictures of themselves and family
Beginning to have their own friends
Talks about significant experiences

The World

Likes to explore objects
Enjoys playing with small world toys e.g. farm or train
Talks about why things happen and how things work

Technology

Enjoys toys with buttons, flaps and simple mechanisms
Operates mechanical toys independently
Can turn on CD player and use a remote control

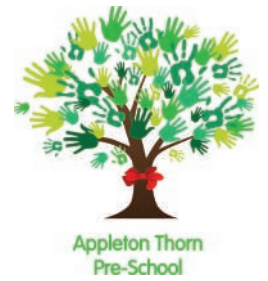
Expressive Arts and Design

Media and Materials

Likes to move to music
Likes to join in singing favourite songs
Joins construction materials to build and balance

Being Imaginative

Pretends that one object represents another
Beginning to make-believe by pretending
Builds stories around toys



Thank you very much for taking the time to complete this for us. Please use this space to tell us anything else that you think is important and might affect your child's learning.