



Early Years Registration Document

Child's Name

Date of Birth



CHILD'S DETAILS

Forename/s		Surname	
Gender	Male/Female	Date of birth	
Ethnicity		Country of birth	
Language spoken at home		Religion	
Does your child have any medical conditions?		Yes/No	
If 'Yes', please give details			
Does your child have any allergies?		Yes/No	
If 'Yes', please give details			
Does your child have any disabilities?		Yes/No	
If 'Yes', please give details			
Is your child in receipt of Disability Living Allowance (DLA)?		Yes/No	
Does your child have any Special Educational Needs?		Yes/No	
If 'Yes', please give details			
Is there or has there been an Early Help Assessment for your child?		Yes/No	
If 'Yes', please give details			
GP name		GP phone no.	
GP address			
Health Visitor		HV phone no.	
HV address			
Is your child registered with a dentist?		Yes/No	
Please give details of any other professionals involved with your child *			
Name		Telephone no.	
Job Title		Organisation	
Are your child's immunisations up-to-date?		Yes/No	
If 'No', please list the immunisations you opted out of			



***If you need to add details of additional persons involved with your child, or if there is any other information you would like to give regarding your child (e.g. home life, family dynamics, behaviour, etc.) please use the box on the following page**

Any other information.....

SIBLING DETAILS

Forename	Surname	DOB	Gender M/F	Ethnicity	Registered with a dentist?	In receipt of DLA?

If any of your children has a disability or special need please give details below

--



PARENT/CARER DETAILS

Forename		Surname	
Relationship to child		Gender	M/F
Address			
			Postcode
Does your child live at this address?		Yes/no/part-time	
If part-time please give details			
Mobile no.		Landline number	
Email address (used for correspondence and to view your child's online Tapestry journal)			
Date of birth		Country of birth	
Ethnicity		First language	
Lone parent	Yes/no	If 'No' please complete second parent/carer details	
Pregnant	Yes/no	Due date?	
Smoker	Yes/no	Would you like help to stop?	Yes/no
Are you registered with a dentist?			Yes/no
Are you in employment?			Yes/no
Occupation?		Work number	
Place of work			
Is anyone in your household in employment?			Yes/no
Are you entitled to claim income related benefits?			Yes/no
Are you interested in back-to-work initiatives?			Yes/no
Do you have a disability or special needs?			Yes/no
If 'Yes' please specify			
Are you in receipt of DLA?	Yes/no	Do you have your own transport?	Yes/no



SECOND PARENT/CARER DETAILS

Forename		Surname	
Relationship to child		Gender	M/F
Address			
			Postcode
Does your child live at this address?		Yes/no/part-time	
If part-time please give details			
Mobile no.		Landline number	
Email address (used for correspondence and to view your child's online Tapestry journal)			
Date of birth		Country of birth	
Ethnicity		First language	
Lone parent	Yes/no	If 'No' please complete second parent/carer details	
Pregnant	Yes/no	Due date?	
Smoker	Yes/no	Would you like help to stop?	Yes/no
Are you registered with a dentist?			Yes/no
Are you in employment?			Yes/no
Occupation?		Work number	
Place of work			
Is anyone in your household in employment?			Yes/no
Are you entitled to claim income related benefits?			Yes/no
Are you interested in back-to-work initiatives?			Yes/no
Do you have a disability or special needs?			Yes/no
If 'Yes' please specify			
Are you in receipt of DLA?	Yes/no	Do you have your own transport?	Yes/no



EMERGENCY CONTACTS

Please give details of people who may be contacted if main carers are unreachable.

Forename	Surname
Relationship to child	
Address	
	Postcode
Mobile no.	Landline number
Work no.	

Forename	Surname
Relationship to child	
Address	
	Postcode
Mobile no.	Landline number
Work no.	

AUTHORISED PERSONS

Please give details of people, aged 18 and over, who may collect your child if parents/carers and emergency contacts are not available.

Forename	Surname
Relationship to child	
Telephone no.	

Forename	Surname
Relationship to child	
Telephone no.	

Please create a password to ensure 'authorised persons' are granted access to HOPE Early Years.
Please make a note of this for your records

Password



PARENTAL CONSENT

HOPE Early Years requires written consent for the following:

Cream, nappies and wipes

I,.....parent/carer of.....			
give consent for HOPE Early Years to apply the following:			
Sun cream – supplied by me		Yes/no	
Nappy cream – supplied by me		Yes/no	
In the unlikely event that my child's supplies from home run out, I give consent to HOPE to use their supply of :			
Sun cream		Yes/no	
Nappy cream (Sudocrem)		Yes/no	
Nappies		Yes/no	
Wipes		Yes/no	
Signed		Date	

Photographs and Videos

I,.....parent/carer of.....			
give consent for HOPE Early Years to use the following imagery sources:			
Photos in house (HOPE)	Yes/no	Filming in house (HOPE)	Yes/no
Photos for press coverage	Yes/no	Filming for press coverage	Yes/no
Photos for HOPE website	Yes/no	Filming for HOPE website	Yes/no
Photos on HOPE Facebook	Yes/no	Filming on HOPE Facebook	Yes/no
No photos	<input type="checkbox"/>	No filming	<input type="checkbox"/>
Signed		Date	

Observations

I,.....parent/carer of.....			
give consent for HOPE Early Years to make regular observations of my child in order to further their learning and development, using the online 'Tapestry' Learning Journal.			
Signed		Date	



SESSIONS

Please indicate agreed sessions in the grid below. Please also indicate agreed start date and whether you require sessions 'all year round' or 'term-time only'.

You will be invoiced according to the sessions you have chosen. We will do our best to accommodate all requests.

	Monday	Tuesday	Wednesday	Thursday	Friday
8am - 9am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9am - 1pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1pm - 4pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4pm - 5.30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All year round	<input type="checkbox"/>		Term-time only	<input type="checkbox"/>	
Agreed start date					

FINAL SIGNATURE

<p>I.....parent/carer of.....</p> <p>confirm that all the information and details in this form are correct and that I will notify HOPE Early Years immediately of any changes.</p> <p>I understand that the consent I have signed is valid for the time that my child remains at HOPE Early Years unless I amend that consent in writing.</p> <p>I confirm that I have read and signed the HOPE Early Years Terms and Conditions and agree that any late collection of my child will result in a charge of £5 for the first 15 minutes and each further 15 minutes or part thereof.</p>			
Signed		Date	





HOPE for Children & their Families Ltd,
Hereford Road,
Bromyard,
Herefordshire
HR7 4QU

 01885 488495

 info@hopefamilycentre.org

 www.hopefamilycentre.org

 The HOPE Centre

 @hopecentre15

A Sure Start Children's Centre



Registered Charity No: 1077336 | Registered Company No: 03791772

Pre-school Learning Alliance No: 55273 | Ofsted No: EY333183



ms documents & templates\Early Years\Early Years Registration Document SFR13