



CENTRE

Café • Child Contact • Support Services • Early Years

SFR134

Early Years Registration Document

Child's Name

Date of Birth

CHILD'S DETAILS

Forename/s	Surname
Gender	Male / Female
Date of Birth	
Please provide a photocopy of your child's birth certificate (to be used for funding purposes only)	
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? 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 not to have	
<p>*If you need to add details of additional persons involved with your child, or if there is any other information that you would like to give regarding your child (e.g. home life, family dynamics, behaviour, etc.), please use the box on the following page</p>	

Any other information.....

SIBLING DETAILS

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

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

PARENT / CARER DETAILS

Forename		Surname	
Relationship to child		Gender	Male / Female
Address			
Postcode			
Does your child live at this address?		Yes / No / part-time	
If part-time, please give details			
Mobile no.		Landline no.	
Email address (used for correspondence and to view your child's online Tapestry journal)			
National Insurance number (used for funding purposes only)			
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 no	
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 give details			
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	Male / Female
Address			
Postcode			
Does your child live at this address?		Yes / No / part-time	
If part-time, please give details			
Mobile no.		Landline no.	
Email address (used for correspondence and to view your child's online Tapestry journal)			
National Insurance number (used for funding purposes only)			
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 no	
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 give details			
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 no.
Work no.	

Forename	Surname
Relationship to child	
Address	
Postcode	
Mobile no.	Landline no.
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	
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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 to be '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

I,.....parent / carer of.....	
confirm that all the information and details in this form are correct and that I will notify HOPE Early Years immediately of any changes.	
I understand that the consent I have signed is valid for the time that my child remains at HOPE Early Years unless I amend the consent in writing.	
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 a further £5 for each additional 15 minutes or part thereof.	
Signed	Date



CENTRE

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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 | ISO9001:2015