

# EARLY YEAR REGISTRATION FORM

## DETAILS OF YOUR CHILD

Child's name	Child's surname
Address and postcode:	
Gender	Date of Birth
Ethnicity	Country of Birth
Home language	Religion
GP Name	
GP address	
Health Visitor name and phone number	
Is your child registered with a dentist? Yes / No	
Are your child's immunisations up-to-date? Yes / No	
If 'no', please tell us which immunisations you opted not to have	
Does your child have any medical diagnoses, disability, special educational or additional needs? Yes / No	
If 'yes', please give details	
Does your child have any allergies? Yes / No	
If 'yes', please give details	
Please give details of any other professionals involved with your child e.g. social care Name, role and organisation/Telephone no.	
Is there, or has there been, an Early Help Assessment or Social Care involvement for your child? Yes / No	
If 'yes', please give details	

## CONTACT DETAILS OF PARENTS/CARERS

First Name	Surname
Relationship to child	Gender
Address and postcode	
Does your child live at this address? Yes or No	
Phone contact details: please give us numbers that we can reach you during the day	
Email address (used for invoicing, correspondence and for access to Tapestry)	
Date of birth	Country of Birth
Ethnicity	Home language
If you have any additional needs, disabilities or communication preferences, please let us know here	

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## 2 EMERGENCY CONTACTS

### People we will contact if you can't be reached

First name	Surname
Relationship to your child	
Address and postcode	
Phone contact details	

First name	Surname
Relationship to child	
Address	
Postcode	
Phone contact details	

## PEOPLE AUTHORISED TO COLLECT YOUR CHILD/REN

Please give the details of people, aged 18 and over, who can collect your child/ren if you can't

First name	Surname
Relationship to child	
Telephone no.	

Forename	Surname
Relationship to child	
Telephone no.	

Please create a verbal password so that 'authorised persons' are allowed to collect your child/ren.  
Please make a note of this for your records.

Password
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## PARENT/CARER CONSENT

All cream, nappies and wipes must be supplied by home

Written consent is required from parents/carers as below:

I give consent for Hope Early Years to apply the following:	
Sun cream	Yes / No
Nappy cream	Yes / No
Name and signature:	Date
I give consent to Hope to apply their supplies if I forget:	
Sun cream	Yes / No
Nappy cream (Sudocrem)	Yes / No
Nappies	Yes / No
Wipes	Yes / No
Name and signature	Date

## Photographs and Videos

I give consent for Hope Early Years to use the following imagery sources of my child:	
Photos for Social Media use	Yes / No
Photos for in Centre Promo use	Yes / No
Photos for External Media/Internet use	Yes / No
Name and signature	Date

## Consent to Information Being Shared with Other Professionals & Third Parties

<p>As a parent/carer of a child or children attending Hope Early Years your details will be registered with the Hope Centre. The data you provide is held securely and will be shared only for matters relating to Early Years. For more details, please see our Privacy notice and our Data Information Policy.</p> <p>By completing this form, you agree to Hope Early Years sharing information with other agencies and that any information obtained by Hope Early Years will be used to risk assess and safeguard children, staff and parents who use the Hope Centre.</p>	
Name and signature	Date

## SESSIONS

Please fill in the times you would like your child to attend. All requests are subject to confirmation and the current charges per hour according to age

	Monday	Tuesday	Wednesday	Thursday	Friday
8am - 9am	<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"/>
Lunch: Will you be providing a packed lunch Yes or No Do you want your child to have a cooked lunch Yes or No					
All year round <input type="checkbox"/>		Term-time only <input type="checkbox"/>			
Preferred start date (subject to confirmation)					

## CONFIRMATION SIGNATURE

Name of parent/carer:  I confirm that all the information and details in this form are correct and that I must notify Hope Early Years <b>immediately</b> 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.
Name and Signature of parent/carer Date