

CALTON PLAYGROUP

www.caltonprimary.co.uk

playgroup@caltonprimary.co.uk

admin@caltonprimary.co.uk

01452 522202

01452 527689

Child's details

Child's first name(s) _____ Surname _____

Name known as _____

Child's full address _____

Postcode _____

Gender _____ D.O.B. _____

Birth certificate seen: Yes / No (Date: _____ Staff Initials: _____)

Family details

Contact details 1 (Including emergency information):

Parent/carer full name: Mr/Mrs/Miss/Other _____

Relationship to child: _____

Daytime/work telephone: _____ Mobile: _____

Home telephone: _____ Email: _____

N.I. Number _____ D.O.B. _____

Home address: _____

Work address: _____

Does this parent have parental responsibility for the child? Yes ☐ No ☐

Contact details 2 (including emergency information):

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

N.I. Number _____ D.O.B. _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes ☐ No ☐

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 _____

Address _____

Contact telephone numbers _____

Relationship to child _____

Contact arrangements that we need to be aware of:

Siblings within the family

Please provide the following details of **ALL** siblings:

| Full Name | Sex | Current childminder/nursery/playgroup If school age, current school |
|-----------|-----|--|
| | | |
| | | |
| | | |
| | | |

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

Contact 1 – Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Contact 2 – Name _____

Relationship to child _____

Address _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Persons other than parent(s) authorised to collect the child *Must be over 16 years of age. Please note that the authorised person will need a password, staff will check before releasing the child.*

Person 1 – Name _____
Relationship to child _____
Address _____
Daytime/work telephone _____
Home telephone _____ Mobile _____
Password for the collection of child by authorised person(s) _____

About your child

The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.

Does your child currently attend another childcare provider? Yes / No

Name of setting _____

Does your child have any previous experience of attending a childcare setting? Please specify:

Is your child still in nappies? Yes / No

If yes, please supply a changing bag with spare nappies, wipes and disposal bags, and confirm you give consent for playgroup staff to change their nappy Yes / No

Health and development

Has your child received the following immunisations? *Please confirm and provide date of immunisations given.*

| | | |
|--|---|--|
| Two to three years | Flu vaccine | Yes <input type="checkbox"/> No <input type="checkbox"/> Date: |
| Three years and four months or soon after | MMR vaccine, second dose – mumps, measles and rubella. | Yes <input type="checkbox"/> No <input type="checkbox"/> Date: |
| Pre-School | 4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio. | Yes <input type="checkbox"/> No <input type="checkbox"/> Date: |

Is your child known to have any allergies (including animals), food tolerances or dietary requirements? If so please specify:

In some circumstances a risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.

Name of your child's registered practices:

| | | |
|------------------|--|-------------------|
| Name of Doctor | | |
| Name of Practice | | Telephone Number: |

| | | |
|------------------|--|-------------------|
| Name of Dentist | | |
| Name of Practice | | Telephone Number: |

If your child has any medical needs, please complete the separate medical form supplied.

In the event of an accident or emergency involving your child every effort will be made to contact you immediately. In the meantime, if your child requires hospital treatment, may this be given? Yes / No

Name other professionals involved with your child:

| | | |
|---|--|-------------------|
| Name of Health Visitor (If applicable) | | Telephone Number: |
|---|--|-------------------|

| | | |
|---|--|-------------------|
| Name of Social Care Worker (If applicable) | | Telephone Number: |
|---|--|-------------------|

Any other professional who has regular contact with the child

| | | |
|-------------------------|--|-------------------|
| Name: | | Telephone Number: |
| Job Title / company: | | |

The information you provide here will be used to compile statistics and to establish appropriate school support for your child. However, these statistics will not allow individual pupils to be identified. The information will be shared with the Local Authority (Gloucestershire County Council) and the Department for Education (DFE).

Child's First Language

| | | | |
|---------|--|-----------------------|--|
| English | | Other, please specify | |
|---------|--|-----------------------|--|

What language(s) is/are spoken at home?

Ethnic Origin

| White | | Mixed | |
|------------------------|-----------------------------|------------------------|---|
| | English | | White and Black Caribbean |
| | Scottish | | White and Black African |
| | Welsh | | White and Asian |
| | Other White British | | White and Chinese |
| | Irish | | Other mixed background |
| | Traveller of Irish Heritage | Black or black British | |
| | Eastern European | | Caribbean |
| | White other | | African |
| | Gypsy / Roma | | Any other Black background |
| Asian or Asian British | | Other | |
| | Indian | | Chinese |
| | Pakistani | | Any other ethnic background |
| | Bangladeshi | | I do not wish an ethnic background to be recorded |
| | Any other Asian background | | |

Parents are not obliged to complete this data.

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?

Permission

Sharing Information

We aim to work in partnership with other settings and professionals in order to support every child's progress and development. We request your permission for Calton Playgroup to share information regarding your child's learning and development with practitioners at any other setting attended by them or any professionals involved in their care, this includes Calton Primary School. You will of course be informed of any information shared.

I give permission to share information as outlined above. Yes / No

Suncream

I give permission for staff to administer suncream (supplied from home). Yes / No

I have completed the separate medical form (if applicable). Yes / No

I have completed the separate photo permission form. Yes / No

Policies and procedures

Calton Playgroup's policies and procedures are available on the Calton Primary School website: www.caltonprimary.co.uk.

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

| | |
|----------------------|--------------|
| Signed: | Date: |
| Printed Name: | |