**CONFIDENTIAL**

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| **SECTION 1 – Child Details** | | | | | | |
| Forename: | Click or tap here to enter text. | D.O.B. *(dd/mm/yyyy)* | Click or tap to enter a date. | | | |
| Surname: | Click or tap here to enter text. | Gender: | Male |  | Female |  |
| Known As: | Click or tap here to enter text. | Birth Certificate/Passport No | Click or tap here to enter text. | | | |
| Address: | Click or tap here to enter text. | | | | | |
| Town: | Click or tap here to enter text. | | | | | |
| Postcode: | Click or tap here to enter text. | | | | | |

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| **SECTION 2** | | | | | |
| **2a. Parent/Guardian Details** | | | | | |
| **First Parent /Guardian Details (Primary Carer)** | | | **Second Parent/Guardian Contact Details** | | |
| Title: | Click or tap here to enter text. | | Title | Click or tap here to enter text. | |
| Forename | Click or tap here to enter text. | | Forename | Click or tap here to enter text. | |
| Surname | Click or tap here to enter text. | | Surname | Click or tap here to enter text. | |
| Email Address | Click or tap here to enter text. | | Email Address | Click or tap here to enter text. | |
| Telephone | Click or tap here to enter text. | | Telephone | Click or tap here to enter text. | |
| Mobile | Click or tap here to enter text. | | Mobile | Click or tap here to enter text. | |
| Relationship to Child | Click or tap here to enter text. | | Relationship to Child | Click or tap here to enter text. | |
| Address:  Postcode: | Click or tap here to enter text.  Click or tap here to enter text. | | Address:  Postcode: | Click or tap here to enter text.  Click or tap here to enter text. | |
| **Preferred contact method**  Email  Phone | | | **Preferred contact method**  Email  Phone | | |
| **Can pick up the child** | | Yes  No | **Can pick up the child** | | Yes  No |
| **Main bill payer (please just select one)** | |  | **Main bill payer (please just select one)** | |  |

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| **2b. Emergency Contact Details & Permission (we require at least one additional emergency contact who we would be able to contact in the case that we cannot reach the parent/guardians)** | | | |
| **First Emergency Contact Details** | | **Second Emergency Contact Details** | |
| Title | Click or tap here to enter text. | Title | Click or tap here to enter text. |
| Forename | Click or tap here to enter text. | Forename | Click or tap here to enter text. |
| Surname | Click or tap here to enter text. | Surname | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. | Telephone | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. | Mobile Number | Click or tap here to enter text. |
| Relationship to child | Click or tap here to enter text. | Relationship to child | Click or tap here to enter text. |
| Can pick up child | Yes  No | Can pick up child | Yes  No |

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| **2c. Collection Password** |
| For safeguarding reasons, you will be required for each child to have a password which will be used as added security. Whoever collects your child must be able to tell us the appropriate password. We cannot allow your child to leave our care unless the appropriate password is given. This password can remain constant throughout the year or it can be changed if necessary. **Please list your chosen password below** |
| Click or tap here to enter text. |
| **2d. Access Arrangements** |
| It is really important that you keep us informed about who has access to the child and if there is anyone who has restricted or prohibited access to the child, or if a parent does not have parental responsibility, or has a court order in place to prevent this.  We reserve the right to contact you to confirm pick up arrangements at any time.  **Please provide details of any access arrangements, court orders or injunctions.** |
| Click or tap here to enter text. |
| **2e. If anyone who might be collecting the child has any mobility or access needs or if English is not their first language, please let us know here. We will discuss appropriate arrangements prior to collection, e.g. bringing the child out to meet them at an accessible point** |
| Click or tap here to enter text. |

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| **SECTION 3 – Place Requested**  Please state exactly which early learning and childcare sessions you are enrolling your child to attend. | | | | | | | | | |
| **08:15 – 12:30** | **Fridays** | | | | | | | | | |
|  | | | | | | | | | |
| **Dates Requested:** | Click or tap here to enter text. | | | | | | | | | |
| **FUNDED ENTITLEMENT:** Children who are already registered at Spartans for nursery place using their funded hours can use any surplus funded hours for Forest Friday sessions. | | | | | | | | | | |
| **Please tick here if this is an option you would like to explore:** | |  | | | | | | | | |
| **If your child is attending another nursery placement, please give the details of the provider:** | | | | | | | | | | |
| **Name of other nursery provider:** | | Click or tap here to enter text. | | | **Term Time / Full Year** | | | Click or tap here to enter text. | | |
| **Please provide details of which sessions they attend:** | | | Mon | Tues | | Wed | Thurs | | Fri | |
| **Provie the hours:** | | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | |

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| **SECTION 4 – Child Health Information**  **Medical Information/Contacts – please provide details of any medical conditions of which the Nursery Team should be aware (e.g. asthma, allergies, eyesight, hearing problems, speech therapy, epilepsy etc)** | | | | | | | |
| Does the child have any medical condition, disability, additional support needs or receive regular medication? | | | | | | | Yes  No |
| **If yes, please give details:**  Click or tap here to enter text. | | | | | | | |
| Does your child have any special dietary requirements? | | | | | | | |
| **If yes, please give details:**  Click or tap here to enter text. | | | | | | | |
| Does your child wear glasses? | Yes  No | Please let us know if there is anything we need to know around your child’s glasses wearing: | | Click or tap here to enter text. | | | |
| Doctor’s Surgery: | Click or tap here to enter text. | | Name of Doctor: | | Click or tap here to enter text. | | |
| Surgery Address: | Click or tap here to enter text. | | Surgery Telephone Number: | | Click or tap here to enter text. | | |
| Please provide details below of any other professionals currently involved with the child (e.g., Social Worker, Speech and Language Therapy etc.) Please provide as much detail as possible including the Agency, Name of the Contact, Contact Details and the reason for involvement with the child.  If none, please type **n/a** | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| Do you give Willow Den consent to share information about your child to other agencies as required including a Health Visitor, Social Worker?  *Willow Den may be required to share your child’s information to the appropriate professionals without consent if we are concerned about the welfare of the child.* | | | | | | Yes  No | |

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| **SECTION 5 – Additional Information About Your Child** | | | |
| Languages Spoken | | | |
| At home I speak this language: | Click or tap here to enter text. | I also speak this language: | Click or tap here to enter text. |
| Here are come common words and phrases in my second language that would be useful for you to learn: | | | |
| Click or tap here to enter text. | | | |
| Do you wish to provide any information relating to religion or religious practices (e.g. the observance of religious festivals)? If yes, please provide details below: | | | |
| Click or tap here to enter text. | | | |
| Please provide details of any other information you think it is important for Willow Den to know about your child: | | | |
| Click or tap here to enter text. | | | |

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| **SECTION 6 – Consent**  **Please carefully read the following consent statements. It is important that you fully understand the information contained. If you are unsure, please ask the Nursery Manager for more information. By selecting YES to the following statements, you are confirming that you have read and fully understood all the information and are providing your informed consent for the items described.** | ***Delete as appropriate*** |
| I give permission for staff to apply sun screen/insect repellent/nappy cream to my child if it is deemed necessary | Choose an item. |
| I give permission for staff to take my child off the nursery site for planned excursions such a local walks, visits to business or services in the local community e.g. supermarket, library etc. | Choose an item. |
| I declare my child is medically fit to participate in the Willow Den Scotland outdoor activities both on and off site. I undertake to notify Willow Den Scotland in the event of any change in my child’s health. I understand that there is an element of risk involved in taking part in outdoor activities and I accept that risk.  **By selecting YES in this box I give consent for my child to partake in Willow Den Scotland Activities** | Choose an item. |
| In the case of any incident, I give Willow Den personnel the authority to administer any first aid treatment considered necessary to preserve my child’s life. I agree to emergency medical surgical and dental treatment considered necessary to preserve my child’s life. I agree to emergency medical, surgical and dental treatment being administered to my child, as considered necessary, by professional medical authorities.  **By selecting YES in this box I give consent for my child to receive emergency medical treatment** | Choose an item. |
| **If there are any medical procedures for which consent is prohibited for any reason (e.g. blood transfusion) please confirm details below:** | |
|  | |
| I accept that personal belongings are not covered by Willow Den Scotland insurance and that Willow Den Scotland will not be held liable for damage to, or loss of, these items.  **By selecting YES in this box I acknowledge my awareness of this policy** | Choose an item. |
| I understand that at drop off and pick up times I am responsible for my child  **By selecting YES in this box, I acknowledge my awareness of this policy** | Choose an item. |
| Photographs and videos are taken during Willow Den sessions.  These will be used in the assessing, evaluation and monitoring process.  **By selecting YES in this box, I give consent for use of images for my child for assessment, evaluation and monitoring purposes**  At times they may be used within the nursery site, e.g. on notice boards and within the floorbook.  **By selecting YES in this box, I give consent for use of images for my child for display around the nursery site**  At times they may be used in Willow Den Scotland’s publicity, publications and website, including social media. At times the press may ask to take photographs of the children involved in nursery activities.  **By selecting YES in this box, I give consent for use of images for my child in marketing and social media** | Choose an item.  Choose an item.  Choose an item. |
| I consent to my personal email being added to the Willow Den mailing list. This list will be used to provide information/updates regarding nursery, provide induction materials, and marketing of upcoming Willow Den events. At no time will your email be given, sold or passed on to a 3rd party without consent.  **By selecting YES in this box, I give consent for my email to be added to the Willow Den mailing list** | Choose an item. |

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| **SECTION 7 – Declaration of Parent/Carer** | | | |
| I declare that the information contained in this form to be correct to the best of my knowledge. | | | |
| **Parent/Carer Name (please print)** | | Click or tap here to enter text. | |
| **Signature:** | Click or tap here to enter text. | **Date:** | Click or tap to enter a date. |

**The information on this form is covered by the DATA PROTECTION ACT and will be entered into a computer system for the purpose of Early Years administration.**

**Willow Den Scotland cannot be held responsible for the consequences of non-disclosure of information.**

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| **Registration Form Checklist**  **Please review this checklist to ensure you have completed the form and included any supporting documents before you return it to us:** | ***COMPLETED***  ***(initial & date)*** |
| Section 1 Child Details - completed |  |
| Birth certificate OR passport has been attached |  |
| Proof of address *(council tax or utility bill included)* |  |
| Section 2a Primary Care Contacts, b and c completed |  |
| Section 2b Emergency Contacts completed |  |
| Section 2c Collection Password completed |  |
| Section 3 Place requested completed |  |
| Section 4 Child Health Information completed |  |
| Section 5 Additional Information About Your Child completed |  |
| Section 6 Consents completed |  |
| Section 7 Declaration signed and dated |  |
| Consent Form Photos\_Videos\_Social Media – completed, signed and attached |  |
| About Me Form Completed and attached |  |
| Appendix i. Completed (optional) |  |

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| **Appendix i.**  **As a social enterprise Willow Den is committed to our social impact. The following information is provided entirely voluntarily and is used only for the purposes of reporting on the wider social impact of Willow Den, including diversity of opportunity.** | | | | | | | | | | | | |
| Please indicate below if a parent or carer is in receipt of at least one of the following benefits: | | | | | | | | | | | | |
| Income Support | | | | |  | Child Tax Credit ONLY and your annual income is below £16,480 | | | | |  | |
| Income Based Job Seekers Allowance | | | | |  | Both maximum Child Tax Credit and Working Tax Credit and your annual income is below £7,500 | | | | |  | |
| Income Based Employment and Support Allowance | | | | |  | Support under Part VI the Immigration and Asylum Act 1999 | | | | |  | |
| Incapacity Benefit or Server Disablement Allowance | | | | |  | Universal Credit where household take-home pay is less than £625 a month or less | | | | |  | |
| State Pension Credit | | | | |  |  | | | | |  | |
| Please indicate below if one of the following is applicable to the child: | | | | | | | | | | | | |
| Looked After or considered at risk of becoming looked after by a Local Authority | | | | |  | Under a Kinship care order | | | | |  | |
| Living with a parent-appointed guardian | | | | |  | Has a parent who is care-experienced | | | | |  | |
| In temporary accommodation/homeless | | | | |  |  | | | | |  | |
| **Ethnic Background**  **Please tick ONLY ONE of the following categories** | | | | | | | | | | | | |
| African – African/British/Scottish | | | | |  | Not known | | | | |  | |
| African – Other | | | | |  | Other - Arab | | | | |  | |
| Asian – Bangladesh/British/Scottish | | | | |  | White – Gypsy Traveller | | | | |  | |
| Asian – Chinese/British/Scottish | | | | |  | White - Irish | | | | |  | |
| Asian – Other | | | | |  | White - Other | | | | |  | |
| Asian – Pakistani/British/Scottish | | | | |  | White – Other British | | | | |  | |
| Caribbean or Black Caribbean/British/Scottish | | | | |  | White – Polish | | | | |  | |
| Caribbean or Black - Other | | | | |  | White – Scottish | | | | |  | |
| Mixed or multiple origins | | | | |  | Other | | | | |  | |
| Not disclosed | | | | |  | If Other, please provide details below: | | | | | | |
| **Child’s Religion** | | | | | | | | | | | | |
| Buddhist | |  | | Sikh | | |  | | Not disclosed | | |  |
| Christian | |  | | Jewish | | |  | | Not known | | |  |
| Christian (RC) | |  | | Muslim | | |  | | Other: | | |  |
| Hindu | |  | | None | | |  | | If other, please provide details: | | | |
|  | | | | | | | | |  | | | |
| **Child’s National identity** | | | | | | | | | | | | |
| British |  | | Scottish | | |  | | Not Known | |  | | |
| English |  | | Welsh | | |  | | Other | |  | | |
| Northern Irish |  | | Not Disclosed | | |  | | If other, please provide details: | | | | |
|  |  | |  | | |  | |  | | | | |