



Also Breakfast and After School Club

IMAGE CONSENT FORM

Childs Name: _____

I/We, _____, as parents/guardians of
_____ **give/do not give*** Ugborough and Bittaford Pre-school the right
and permission to publish, without charge, any photographs (images) taken of
_____ whilst attending the pre-school or participating in any pre-school related
activities.

These images may be used in the construction of a pre-school website, for promotional literature, advertising,
newspaper articles or in other similar ways. Children will not be identified by name in any publication.

I also understand that once photographs are posted on the pre-school's website, images can be downloaded by
any computer user accessing the website. Therefore I agree to indemnify and hold harmless the pre-school
and any photographer whose activities are used by the pre-school, whether paid or unpaid, from any and all
claims.

Date: _____

Name: _____

Signature: _____

***Please delete as appropriate**

Permissions Form

Medical Permissions

I consent to my child being given emergency treatment by a qualified First Aider at Ugborough and Bittaford Pre-School/Breakfast and After School Club.			
Name of child		Date	
Parent's signature		Print Name	

In the event of sudden illness or accident, if I am not immediately contactable or able to reach the pre-school in time, I consent for the medical authorities to give my child any advice or urgent medical treatment deemed necessary. I understand that Ugborough and Bittaford Pre-School, Breakfast and After School Club cannot be held responsible for the decisions made by medical professionals or their outcome, effects etc.			
Name of child		Date	
Parent's signature		Print Name	

Permission to attend local outings

I consent to my child attending any local outings organised by Ugborough and Bittaford Pre-School/Breakfast and After School Club (Outings other than in the immediate vicinity of the village hall will be notified by letter and permission requested in advance.)			
Name of child		Date	
Parent's signature		Print Name	

Suncream permission form

I give/do not give permission for my
child..... to have Johnson Suncare Kids
SPF 50 suncream applied by Ugborough and Bittaford Pre-School/Breakfast and
After School Club staff.

Signed.....Date.....

.....

If you prefer to bring your own labelled suncream please sign here

Signed.....Date.....

.....

Great links with parents and carers are crucial, please find the time to tell us about your child.

Name of child.....

ABOUT YOUR CHILD

What makes your child happy?	What sort of things does your child enjoy doing at home?
Sad?	Is there anything he/she does not enjoy?
Excited?	Favourite toy?
Upset?	Favourite story?
What makes you proud about your child?	What exciting things have happened to your child? Are there any things we ought to know about?
Does he/she have any special friends at Pre-School/Breakfast and After School Club?	Are there any improvements in resources or routines you would like to see?

Registration form

Ugborough and Bittaford Pre-School/Breakfast and After School Club

It is helpful for key persons or managers to complete this form with the parent(s) when the child starts at the setting.

Basic details

Name of child _____ Date of birth _____

Name known as _____ Gender (male or female) _____

Name of parent(s) with whom the child lives

1 _____

Does this parent have parental responsibility? Yes/No (delete)

2 _____

Does this parent have parental responsibility? Yes/No (delete)

Address _____

Telephone _____ Mobile _____

E-mail address-----

Name of parent with whom the child does not live

Does this parent have parental responsibility? Yes/No (delete)

Address _____

Telephone _____ Mobile _____

Does this parent have legal access to the child? Yes/No (delete)

Emergency contact details

Parent 1 - Work/daytime contact number

Parent 2 - Work/daytime contact number

Any other emergency contact numbers

Name

Telephone

Mobile

Name

Telephone

Mobile

Persons authorised to collect the child (must be over 16 years of age)

Name

Relationship to child

Telephone

Mobile

Name

Relationship to child

Telephone

Mobile

Personal details of child

Does your child have any special dietary needs or preferences? Yes/No (delete)

Does your child have any medical needs the playleaders need to know about? Yes/No (delete). If yes, please detail these below.

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

What language(s) is/ are spoken at home

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

If so, discuss and agree with the key person how you will support your child when settling-in:

Does your child have any special needs or disabilities? Yes/No (delete)

Details

Are any of the following in place for the child:

Early Years Action? Yes/No (delete)

Early Years Action Plus? Yes/No (delete)

Statement of special educational need Yes/No (delete)

What special support will he/she require in our setting?

What other information is it important for us to know about your child? For example, do they have any siblings, what they like, what fears they may have, any special words they use, or what comforter they may need and when.

Names of professionals involved with child

Name 1	_____	Role	_____
Agency	_____	Telephone	_____
Name 2	_____	Role	_____
Agency	_____	Telephone	_____
Name 3	_____	Role	_____
Agency	_____	Telephone	_____

Do you have a health visitor? Yes/No (delete)

Name	_____	Based at	_____
Telephone	_____		_____

Does your family have a social care worker for any reason? Yes/No (delete)

Name:	_____	Based at:	_____
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Tel: _____

What is the reason for the involvement of the social care department with your family?

NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

We see each child as unique and wish to deal with him/her holistically. Due to this we ask permission to contact any other settings that your child attends in order to best meet his/her needs.

I give permission for other settings to be contacted YES/NO (please delete as applicable)

My child also attends.....

To be completed by the key person/manager

Date starting at Ugborough and Bittaford Pre-School

Days and times of attendance

Are any fees payable? If so, note here _____

Name of key person _____

Signed by

Parent 1 _____ Parent 2 _____

Key person _____ Manager _____

Date _____

Equalities monitoring form - to be completed by the provider

Ethnicity, where collected, should be recorded according to the following categories:

White - British

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Mixed - White and Black Caribbean

- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

- Chinese

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Any other ethnic background

- Please state _____

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A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need

Early Years Action

Early Years Action Plus

Statement

Providers should refer to the SEN Code of Practice for an explanation of the terms above.