**Maiden Lane Community Centre Pre-school**

**Registration Form**

**Section A**

**Child details**

Surname of child First name/s of child Date of birth: Day Month Year Male Female

Nursery/ School attended?

Are there any court orders active in relation to your child? Yes No

If yes, we do require a copy which will be stored confidentially.

We also require that you notify us promptly of any changes to such orders.

**Parent/guardian details**

**Parent/Guardian 1**

Full name Relationship to child Home address

Home tel no

Mobile no

Email

Work/study address

Work tel no Work email

Does this person have parental responsibility?

Yes No

Is this person currently working?

Yes No

If yes, do they work? Less than 16hrs

More than 16hrs

**Parent/Guardian 2**

Full name Relationship to child Home address

Home tel no Mobile no Email Work/study address

Work tel no Work email

Does this person have parental responsibility?

Yes No

Is this person currently working?

Yes No

If yes, do they work? Less than 16hrs

More than 16hrs

**Emergency contacts (other adults with permission to collect your child)**

Full name Address

Relationship to child Home tel no Mobile no

Email

Full name Address

Relationship to child Home tel no Mobile no

Email

**Health/social care contact details**

Childs GP Address

Telephone No

**Other health/social care contacts, e.g: Social Worker/Community Nurse**

Name Role Address

Telephone No

**Section B Health/Disability/Personal Needs**

Name Role Address Telephone No

Please answer the following 10 questions. You will also need to complete a separate Personal Needs Form as part of the process of registering your child.

**Health/disability**

Does your child have a longstanding illness,

medical condition or is your child disabled? Yes No

**Medication**

Does your child require medication for

a long-standing illness? Yes No

**Allergies**

Does your child have any allergies

(including sunblock)? Yes No

**Eating/drinking**

Does your child require support with eating/

drinking (eg: use of special equipment or

dietary requirements)? Yes No

**Personal care**

Does your child require assistance

with personal care (e.g: dressing/toilet)? Yes No

**Mobility**

Does your child require assistance moving

around the playcentre or on trips, use a

wheelchair or mobility aid? Yes No

**Communication**

Does your child require support with

communication systems (eg: PECS,

Makaton, BSL)? Yes No

**Behaviour**

Does your child have behaviour

difficulties which you would like us

to recognise and support? Yes No

**Cultural practice**

Does your child uphold any cultural practice

which you would like us to recognise (.eg:

holiday celebrations, dietary requirements)? Yes No

**Other Personal Needs**

Does your child have any other personal

or additional needs? Yes No

**Section C Consent**

**Consent and signature of parent/guardian**

• I understand the questions on the form and have given full replies to them.

• I confirm that I have parental responsibility for the child named in this registration form.

• In relation to Maiden Lane Community Centre Pre-school, I give my permission for photographs of my child to appear in my child’s or other children’s ‘Learning Journeys’. In the event of any publicity/promotion, this may include Camden Square and Maiden Lane Play Spaces leaflets, newspapers and a part of an exhibition for LB Camden promotions or on a LB of Camden/partners website.

• I give my consent for Maiden Lane Community Centre Pre-school to gather and share information with relevant professional groups in order that my child receives a safe and appropriate level of care.

• I give my consent to any medical treatment necessary during Camden Square and Maiden Lane Play Spaces activities, and therefore authorize Maiden Lane Community Centre Pre-school staff to sign on my behalf any written form of consent required by a doctor, medical staff or hospital teams. This is provided every effort has been made to contact me and that delay in treatment is likely to endanger the child’s health or safety in the opinion of the doctor, medical staff or hospital.

Signed (as proof of consent) Relationship to child Date

**Consent for supervised outings**

The play centre sometimes organises outings travelling on public transport and/or hired coaches or minibuses (all hired vehicles are fitted with seatbelts). Standard outings include activities like swimming, theatre, seaside excursions, city farm trips, and visits to parks and playgrounds. We would let you know beforehand if we were planning any other activities.

Are there any activities listed above which you do not wish your child to participate in? Yes No

Please specify I give my consent for my child to participate in activities with the exemption of those listed above.

Signed (as proof of consent and given information) Relationship to child Date

Where did you hear about Maiden Lane pre-school?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section D**

**Monitoring**

Maiden Lane Community Centre Pre-school aims to provide access to all children. In order to ensure this, it is important to monitor who uses our services. Please help us to gather this information by completing the form below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s gender | Male | □ | Female | □ |
| Child’s age |  | | | |

|  |  |
| --- | --- |
| Ethnic Origin: Please tick (**√**) | |
| *Our ethnic background describes how we think of ourselves.* ***Ethnic background is not the same as nationality or country of birth.*** *The groups listed below reflect the largest ethnic groups in Camden.* | |
| White:   * British * Irish * Greek or Greek Cypriot * Turkish or Turkish Cypriot * Albanian, excluding Kosovan * Kosovan   Any other White background,please specify ……………………………………………………………………  Asian or Asian British:   * Indian * Pakistani * Bangladeshi * Any other Asian background, please specify …………………………………………………………………………   Chinese or other ethnic group:   * Chinese   Any other group, please specify ………………………………………………………………………………………………………………………………………………………………… | Mixed:   * White and Black Caribbean * White and Black African * White and Asian * Any other Mixed background,please specify …………………………………………………………………………   Black or Black British:   * Congolese * Nigerian * Ghanian * Kenyan * Caribbean * Somali * Any other African background, please specify …….………..………………………………………………………… * Any other Black background**,** please specify ………..…………………………………………………………………   Please add your child’s country of birth:  …………………………………………………………………………………………………………………………………………………………………… |

Health and Disability

The Disability Discrimination Act (1995) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long term adverse effect on his or her ability to carry out day to day activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your child have a longstanding illness, medical condition or disability? | Yes | □ | No | □ |

If yes, please tick the boxes below that describe your child’s particular needs

□ Health or medical needs e.g. allergies, asthma

□ Cognitive or learning needs e.g. dyslexia, learning difficulties

□ Mental health difficulties e.g. anxiety, phobias

□ Sensory impairment e.g. hearing impairment, visual impairment

* Speech language, communication or interaction needs and difficulties

□ Autistic spectrum disorder e.g. Asperger’s syndrome, autism

□ Physical needs and difficulties e.g. arthritis, cerebal palsy

* Behaviour, emotion and social development needs e.g. attention deficit (hyperactivity) disorder, conduct disorder, emotional and behavioural difficulties
* Other (Please specify):

……………………………………………………………………………………………………………………………………….