



ASK KINDERGARTEN & CLUBS

All Saints' Church, Church Street, Old Isleworth, Middlesex TW7 6BE
www.askkindergarten.co.uk 07306 086666 ask@askkindergarten.co.uk

KINDERGARTEN REGISTRATION FORM

Please ensure all sections are fully completed and signed.

1. NAME & DETAILS OF CHILD

First name:

Middle name(s):

Surname:

Known as:

Date of birth:

Age on entry:

Position in family: (e.g. youngest/oldest)

Boy / girl:

Nationality:

Main language:

Any other languages:

Preferred start date:

2. PARENTS/GUARDIANS *(Please complete fully for both parents/guardians.)*

First name:

First name:

Surname:

Surname:

Address + postcode:

Address + postcode:

Home phone:

Home phone:

Mobile:

Mobile:

Email:

Email:

Parental responsibility: **YES / NO**

Parental responsibility: **YES / NO**

Signed:

Signed:

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Work/Company name:

Work/Company name:

Address + postcode:

Address + postcode:

Work phone:

Work phone:

We require your work/company details in case there is an emergency and we are unable to make contact by any other method.

These next details are required for both parents/guardians for the 3 & 4 year old funding and to determine Early Years Pupil Premium (EYPP) eligibility:

Date of birth:

Date of birth:

NI Number:

NI Number:

Other person(s) with legal contact: *(To be completed where those persons with parental responsibility are separated and a Section 8 Order is in place.)*

Name:

Relationship to child:

Address + postcode:

Home Phone:

Mobile:

What are the contact arrangements that we need to be aware of?

3. EMERGENCY CONTACTS

In order of contact, please give details of who we can call in case parents/guardians are unavailable. At least one of these contacts should be someone living in the local area.

1. Name:

Relationship to child:

Home phone:

Mobile:

Address + postcode:

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2. Name: Relationship to child:
Home phone: Mobile:
Address + postcode:

3. Name: Relationship to child:
Home phone: Mobile:
Address + postcode:

Names of persons over 16 years of age (other than parents) who are permitted to collect your child from ASK:

1. Name: Relationship to child:
Home phone: Mobile:

2. Name: Relationship to child:
Home phone: Mobile:

3. Name: Relationship to child:
Home phone: Mobile:

I have obtained consent from all those listed in section 3 for ASK to store their personal data as recorded above. **YES / NO**

4. 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 have previous experience of attending a childcare setting? **YES / NO**

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If yes, please give details:

Are all childhood vaccinations up to date?

Diphtheria:	YES / NO	Hib Meningitis:	YES / NO
Measles:	YES / NO	Mumps:	YES / NO
Polio:	YES / NO	Rubella:	YES / NO
Tetanus:	YES / NO	Whooping cough:	YES / NO

If the answer to any of the above is no, please give details:

Does your child have any on-going medical conditions? **YES / NO**

If yes, please give details and specify which external agencies are involved:
(*e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc.*)

Does your child take any regular medication e.g. for asthma or life threatening conditions?
(*e.g. allergic reaction requiring adrenaline pens etc.*) **YES / NO**

If yes, please give details:

If your answer to the above question is yes, please ask for a copy of our Administering Medicines Policy and discuss this with our Manager.

Please note that no medicines can be administered without prior consent.

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Does your child require a health care plan? **YES / NO**

Does your child have any allergies? (e.g. food, animals, plasters, medication etc.) **YES / NO**

If yes, please give details:

Does your child have any special dietary requirements? **YES / NO**

If yes, please give details:

Is your child still in nappies? **YES / NO**

If your child is aged three years or over, does he or she have difficulty with any of the following:

Speaking and communicating	YES / NO
Listening and attending	YES / NO
Understanding simple instructions	YES / NO
Eating and drinking	YES / NO
Sitting and sharing a book	YES / NO
Walking and climbing	YES / NO
Rolling a ball	YES / NO
Holding a crayon	YES / NO
Socialising with adults and other children	YES / NO
Using the toilet	YES / NO
Putting on their shoes and socks	YES / NO

Any other concerns:

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Does your child have any Special Educational Needs and/or disabilities? **YES / NO**

If yes, please give details:

Are any of the following in place for your child?

SEN action plan: **YES / NO**

Education, Health and Care Plan (EHC): **YES / NO**

If yes to any of the above, what special support will he/she require at ASK?

Has your child had their two year old check up? **YES / NO**

If yes, can we see a copy of the report? **YES / NO**

Has the EYFS progress check at age two been done? **YES / NO**

If yes, can we see a copy of the report? **YES / NO**

If it has not already been done, we will complete the progress check if your child is between the ages of 24-36 months. We will ask you to be involved in completing the check and we will discuss it with you.

Details of professionals involved with your child:

GP

Name: _____ Phone: _____

Address: _____

Health Visitor (if applicable)

Name: _____ Phone: _____

Address: _____

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Social Care Worker *(if applicable)*

Name:

Phone:

Address:

What is the reason for the involvement of the social care department with your family? *(If your child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in your child's file.)*

What sort of things does your child enjoy doing at home? *(e.g. drawing, cooking, etc.)*

What other information is it important for us to know about your child? *(e.g. what they like, what fears they may have, any special words they may use, any special toy or comforter etc.)*

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Which primary school do you hope your child will attend?

These next 3 questions are optional but form an important part of our Valuing Diversity and Promoting Equality Policy, our British Values Policy and the Equality Act 2010.

Ethnic origin:

Religion or belief:

Festivals celebrated at home: *(so we can learn about these at ASK and share with the children)*

Please let us know how you heard about ASK:

Details of any accidents which occur whilst your child is attending ASK will be recorded in the Accident Book and will need to be signed when you collect your child.

5. PREFERRED SESSIONS OF ATTENDANCE *(please circle)*

09:00 - 12:00 Morning:

Monday | Tuesday | Wednesday | Thursday | Friday

12:00 - 15:00 Afternoon:

Monday | Tuesday | Wednesday | Thursday | Friday

09:00 - 15:00 Whole Day:

Monday | Tuesday | Wednesday | Thursday | Friday

For children who also attend The Blue School or St. Mary's School Nursery class:

09:00 - 12:30 Extended Morning + drop-off at local primary school nursery:

Monday | Tuesday | Wednesday | Thursday | Friday

11.40 - 15:00 Extended Afternoon + pick-up from local primary school nursery:

Monday | Tuesday | Wednesday | Thursday | Friday

Children attending either the whole day session, the extended morning session or the extended afternoon session should bring a packed lunch with them.

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6. PARENTAL CONSENT

CONSENT TO EMERGENCY MEDICAL TREATMENT

I consent to any emergency medical treatment whilst my child is attending ASK. I authorise a member of staff to sign, on my behalf, any written form of consent required by medical authorities if the delay in getting my signature is considered by the doctor or the medical authorities to endanger my child's health and safety.

YES / NO Signed:

Date:

PLASTERS

My child has no known allergy to plasters and in the event of a minor injury I give my permission for a plaster to be applied to minimise distress and risk of infection.

YES / NO Signed:

Date:

SUN CREAM

In sunny weather please bring your child to ASK with sun cream already applied. If you would like us to re-apply during the day please supply a named bottle of sun cream. I consent to the re-application of sun cream.

YES / NO Signed:

Date:

LEARNING JOURNAL

An important part of tracking children's progress at ASK is to observe and record their daily activities for their Learning Journal which is an individual learning record specific to each child. This may include photographs which will only be used for your child's Learning Journal. When your child leaves ASK you will be given the Learning Journal and any photographs remaining on the ASK camera will be deleted. I consent to my child being observed and photographed for the purposes of compiling their Learning Journal.

YES / NO Signed:

Date:

PHOTOGRAPHS

From time to time we take photographs of the children at play to use in promotional displays or publicity materials including use on our website. **The children are never named or identified.** I consent to the taking and using of photographs of my child for use as described above.

YES / NO Signed:

Date:

OUTINGS

From time to time we may take the children out on local outings such as visits to Syon Park or the library. I consent to my child going on these outings.

YES / NO Signed:

Date:

CANCELLATION

If I wish to remove my child from ASK I agree to give 1 month's notice. If I have registered my child but then decide for them not to attend I understand that I have to give 1 month's notice. I understand that I will be liable to a 1 month charge if I fail to do this.

YES / NO Signed:

Date:

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7. DATA PROTECTION AGREEMENT

I have read the ASK Privacy Notice and I agree that ASK may hold the information I have given on this Registration Form securely and confidentially.

I undertake to advise the Registered Provider/Owner or the Manager of any changes to these details.

I understand that ASK may have a legal obligation to pass on confidential information without my consent as stated in the Information Sharing policy which I have read.

I understand that I may inspect the information relating to my child by giving reasonable notice as stated in the ASK Policies and Procedures.

I understand that if I want to know more about how or why ASK collects personal data or how ASK uses and protects personal data, I can speak to the person who controls the data for ASK or I can find out more by reading the ASK Policies and Procedures, in particular:

- 35. Children's Records
- 36. Provider Records
- 37. Transfer of Records to School
- 38. Confidentiality & Access to Records
- 39. Information Sharing

I understand that all of the ASK Policies and Procedures are available for me to read, either at ASK in the Policies and Procedures folder, or on the ASK website at:

<http://www.askkindergarten.co.uk/policiesandprocedures.html>

I agree to the terms of this Data Protection Agreement as stated above and I consent to ASK storing personal information about me and about my child securely and confidentially in accordance with data protection laws.

Parent/Guardian 1:

Parent/Guardian 2:

YES / NO

YES / NO

Name:

Name:

Signed:

Signed:

Date:

Date:

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8. TERMS & CONDITIONS

These Terms & Conditions serve as a contract between you, the parents/guardians, and ASK Kindergarten & Clubs (ASK).

You agree to the following:

To ensure that your child arrives on time at the start of the session and is collected promptly at the end of the session.

To transfer your fees promptly on receipt of the half-termly invoice. If the fees remain outstanding for a period of two weeks after receipt of the invoice, ASK reserves the right to charge a late payment fee of an additional 5%. In the event of continued non-payment of fees, ASK reserves the right to remove the child's name from the register until such time as the fees are paid.

Notice should be given in advance for absence due to holidays or appointments and as soon as possible in the case of illness. Fees will be charged at the full rate for any periods of holiday taken during term time or for days missed due to sickness.

If your child is unwell or suffering from a contagious illness or infection, he/she must not attend ASK. In the event of your child becoming ill whilst at ASK, you will be contacted to arrange to take your child home. In the case of an infectious illness, the recommended exclusion time must elapse before your child can be readmitted to ASK. ASK will adhere to the guidelines provided by the Health Protection Agency. In the case of a medical emergency, ASK will contact the appropriate health professionals. If attendance at a hospital is required, a senior member of staff will accompany your child and remain with him/her until you arrive. ASK will continue with attempts to make contact with you, or with the emergency contacts named above on this form, if we have not been able to reach you, or them, immediately.

If, at any time, you decide that you no longer wish to retain your child's place at ASK, a minimum of one month's notice, in writing via email, is required or a month's payment in lieu.

In the event of the closure of ASK due to extreme weather conditions, loss of utility supplies, heating failure or other causes beyond our control, ASK will close and you accept that no refund of fees will be made. This is due to the continued operational costs of ASK.

ASK has a comprehensive set of Policies and Procedures to which we adhere for the safe and smooth running of the kindergarten. These are found on our website on the Information page and you are requested to read these prior to your child starting at ASK.

ASK reserves the right to change the above Terms and Conditions as and when the need arises. One month's notice of any changes, in writing by email, will be given to you.

We ask that you keep us informed of any changes to your details. Periodically we may ask you to confirm your details for our records.

(Please note that both parents/guardians are required to sign as their agreement to these Terms and Conditions.)

We, the parents/guardians, acknowledge that we have read and agree to these Terms and Conditions.

Parent/Guardian 1

Parent/Guardian 2

Signed:

Signed:

Date:

Date: