



# New Starter Form

Please complete and return with a non-refundable Registration fee of £30 to the address above or via online banking, using your child's surname as a reference. Account Name - Acorn Playgroup and pre-school; Acc No - 80492663; Sort Code – 20-92-54.

All details provided will be treated as strictly confidential, in accordance with the Data Protection Act 1998.

Please note Acorn Playgroup and Pre-School operate a 6 week notice period, should you wish your child to leave or reduce your child's sessions.

Date Form Returned  £30 Registration Fee Enclosed

## CHILD'S PERSONAL RECORD

Child's name:	
Date of birth:	Sex: (please circle) <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
	Postcode:
Parent/Carer name:	Daytime tel/mobile No:
Child's National Health number:	
Two-year-old funding reference, if applicable:	
Preferred start date: (This can be any time after your child's 2 <sup>nd</sup> birthday)	
School you believe your child will attend:	
Languages spoken at home:	
Child's main language:	1) Understands:
	2) Speaks:
We will require language interpretation support? (please circle)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Religion:	Ethnicity: (please see guidance notes)
Are there any cultural or religious observances that you would like us to be aware of when looking after your child? (For example; dress, diet, religious holidays or festivals)	

Whitehill, Welwyn, AL6 9FN  
 Telephone (01438) 840132  
 Email acornwelwyn@gmail.com  
 Registered Charity Number 1054698



## HEALTH INFORMATION

Name of your child's Doctor:			
Surgery address:			
		Postcode:	
Telephone No:			
Name of Health Visitor: (if known)			
Telephone No:			
Please answer the following questions and provide details.			
Does your child:			
Have any allergies?	Yes	No	
Have any dietary intolerances?	Yes	No	
Have an allergy towards plasters?	Yes	No	
Do you consent to us placing plasters on your child?	Yes	No	
Have an epi-pen?	Yes	No	
Have any ongoing health issues? For example; glue ear, sight problems, eczema, or asthma	Yes	No	
Have any medical condition/s?	Yes	No	
Take any regular medication?	Yes	No	
Have or need a health care plan?	Yes	No	
Has your child had any major illness, operation or hospital stay?	Yes	No	
Does your child have any special dietary requirements or preferences?	Yes	No	
Immunisations/vaccinations			
Has your child had the following immunisations? (please tick)			
Whooping cough	Diphtheria	Tetanus	Polio
Hib Meningitis	Measles	Mumps	Rubella

**Please inform us of any changes to your child's health or personal information, as soon as these may occur.**

**ADDITIONAL NEEDS/INFORMATION**

If applicable, In which area/s does your child have any additional needs?  
Please tick the following and add any notes you think may be helpful to us.

<input type="checkbox"/> Speech (for example: articulation)
<input type="checkbox"/> Language (for example: using or understanding language)
<input type="checkbox"/> Emotional and/or behavioural (for example: separating/playing with other children)
<input type="checkbox"/> Hearing
<input type="checkbox"/> Vision
<input type="checkbox"/> Physical/movement (for example: running, climbing stairs, using hands)
<input type="checkbox"/> Other (please specify)

When were these needs first identified and by whom?

Does your child have or use any specialist equipment or resources? (for example: glasses, hearing aid/s, wheelchair.....)

**Does your child have any of the following? (please tick)**

<input type="checkbox"/> Individual Plan/Individual Educational Plan	<input type="checkbox"/> Education and Health Care Plan (EHCP)
<input type="checkbox"/> Application for an Education and Health Care Plan (EHCP)	<input type="checkbox"/> CAF form (Common Assessment Framework Form)
<input type="checkbox"/> Exceptional Needs Funding	

To best support all of the children within our setting, we have a designated SENCO (Special Needs Co-ordinator) who will routinely liaise with any professionals involved with you child.

Our SENCO is: Linda McLellan

We also have access to support and advice from our Area Special Needs Co-ordinator with whom we may discuss your child. You will **always** be informed beforehand of any contact or discussions held about your child.

Please sign below to indicate that you understand and agree to the above:

Signed:

Date:

**CONTACT DETAILS**

Please tick all professionals involved with your child.	Please list name, address and telephone number, where applicable.
<input type="checkbox"/> Health Visitor	
<input type="checkbox"/> Social Worker	
<input type="checkbox"/> Speech Therapist	
<input type="checkbox"/> Paediatrician	
<input type="checkbox"/> Physiotherapist	
<input type="checkbox"/> Occupational Therapist	
<input type="checkbox"/> Outreach Worker from Children's Centre	
<input type="checkbox"/> CAMHS	
<input type="checkbox"/> Input from EYFS Send Team	
<input type="checkbox"/> Childminder	
<input type="checkbox"/> Other	

Please add any comments or information which you feel may be helpful to us.

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**'GETTING TO KNOW YOU'**

Other things you would like us to know about your child/family. For example; special people, "Who will I be brought to Acorn by?", "Who will collect me?" .....

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Who lives at home with you?

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Things your child likes and enjoys. For example; favourite stories, songs, rhymes, toys, games....

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Objects/things to do which comfort, soothe or calm my child.

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Things that make you child feel sad. For example; things that can upset, frighten, or worry my child.

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Words to describe my child (please circle)

Likes routines  
Independent  
Lively  
Quiet  
Shy  
Kind

Strong willed  
Adventurous  
Talkative  
Curious  
Sensitive  
Anxious

## STARTING ACORN PLAYGROUP AND PRE-SCHOOL

How does your child separate from you?

Has your child had any experience of the following activities?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Water play       | <input type="checkbox"/> Sand play    |
| <input type="checkbox"/> Painting         | <input type="checkbox"/> Drawing      |
| <input type="checkbox"/> Play dough       | <input type="checkbox"/> Model Making |
| <input type="checkbox"/> Sharing stories  | <input type="checkbox"/> Computer     |
| <input type="checkbox"/> Construction     | <input type="checkbox"/> Puzzles      |
| <input type="checkbox"/> Cutting/sticking | <input type="checkbox"/> Games        |
| <input type="checkbox"/> Dressing up      | <input type="checkbox"/> Singing      |

What experience does your child have of playing with other children?

Does your child join in any regular activities?  
For example; parents and toddler groups, swimming, music or dance classes.

What stage of toilet training is your child at?

How does your child tell you that they need the toilet?

Will your child spend time on things they enjoy?

Is there anything else you would like us to know or are concerned about?  
For example; snack/lunch/play times or other needs.

## PARENT/CARER INFORMATION

Details of Parent/s or Carer/s with whom the child lives.	
1. Name:	
Contact details	Mobile: Home:
Email:	
Work Address:	
Work Telephone Number:	
Does this person have parental responsibility? (please see guidance notes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do we have permission to share information and communication about your child with this person? This will include all Acorn communication; emails and online learning journal observations and reports.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name:	
Contact details	Mobile: Home:
Email:	
Work Address:	
Work Telephone Number:	
Does this person have parental responsibility? (please see guidance notes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do we have permission to share information and communication about your child with this person? This will include all Acorn communication; emails and online learning journal observations and reports.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of Parent/s or Carer/s with whom the child does not live all the time	
Name:	
Address:	
	Postcode:
Contact details	Mobile: Work:
Does this person have parental responsibility? (please see guidance notes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do we have permission to share information and communication about your child with this person? This will include all Acorn communication; emails and online learning journal observations and reports.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency contact details (if different from above)	
1. Name:	Relationship to child:
Tel:	Mobile:

2. Name:	Relationship to child:
Tel:	Mobile:
Persons authorised to collect the child. (Must be over the age of 16)	
1.	Relationship:
2.	Relationship
3.	Relationship
Please allocate a password to be used by an authorised person to collect your child.	Password:
<p>We welcome all children irrespective of ethnicity, culture or religion, home language, family background, learning difficulties or disabilities, gender or ability. The information provided will help ensure that your child has a smooth transition into our setting.</p> <p>It will also help us to plan for and support your child during their time with us.</p>	
For Office Use:	
Birth certificate and Passport seen	<input type="checkbox"/>
Parental Responsibility verified	<input type="checkbox"/>
Other (specify	<input type="checkbox"/>
Child's name:	



## PERMISSION FORM

### Medical Consent

Do you give permission for your child to be taken to hospital in an emergency?

Yes

No

Comments:

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### Walks

Do you give permission for your child to accompany us on short walks (notification will be given in advance, where possible)?

Yes

No

Comments:

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### Photographs

Do you give permission for your child's photograph to be taken?

Yes

No

Comments:

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### Observations

Do you give permission for observations and records to be kept of your child's developmental progress?  
I/We understand that these records and observations will not be accessible to any unauthorised person or agency.

Yes

No

Comments:

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### Changing Nappies

Do you give permission for a member of staff to change your child's nappy as and when required?

Yes

No

Comments:

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### Records

Do you give permission for copies of your child's records to be passed to their next teacher?  
I/We understand that we can ask to see the records that are being passed on.

Yes

No

Comments:

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### Applying Sun-cream

Do you give permission for a member of staff to apply non-prescription sun cream to your child when necessary?

Please note Acorn staff can only apply sun cream that is provided by you and purchased from a reputable shop or supplier. It is also your parental responsibility to ensure the cream is within the manufacturers expiry date. Please ensure your child's name is clearly displayed on the container.

Yes

No

Comments:

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### Applying Nappy Cream

Do you give permission for a member of staff to apply non-prescription nappy cream to your child when necessary?

Please note Acorn staff can only apply nappy cream that is provided by you and purchased from a reputable shop or supplier. It is also your parental responsibility to ensure the cream is within the manufacturers expiry date. Please ensure your child's name is clearly displayed on the container.

Yes

No

Comments:

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### Online Learning Journal Parent Permission Form

I give permission for Acorn Playgroup and Pre-school to create a Tapestry Online Learning Journal profile for my child?

Yes

No

I would like to link the online Tapestry Learning Journal to the following email address/es (please input in Block Capitals):

Linked Email Address/es:

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- Please tick this box if you do not have access to an e-mail account.  
In this event we will liaise with you to enable you to view your child's learning Journal using Acorn equipment during specific times throughout the year.

### Image Consent Form

I consent to photographs of my child being taken by authorised persons for the purpose of my child's online learning journal.

Yes

No

I consent to photographs containing my child's image being included in other children's learning journals.

Yes

No

I agree to treat photographs containing images of other children for my personal use only and will not share these on any social networking site i.e. Facebook.

Yes

No

I agree that confidential information contained within my child's online journal information will not be shared with others; posted or published in any way without the explicit consent of the parents or carers of other children who may be included.

Yes

No

**Image Consent Form Continued**

I consent to photographs of my child being used within the Acorn Playgroup and Pre-school website and Facebook account.

Please note your child's name will never be used.

Yes

No

I consent to photographs of my child being used within the Acorn Playgroup and Pre-school Prospectus; wall displays and/or Acorn newsletters.

Please note your child's name will never be used.

Yes

No

**If you share any photographs, observations or comments on social media, your child's online journal account will be suspended.**

Parent/Carers Name:	
Signed:	Date:

## INFORMATION SHARING AND CONSENT

This form gives Acorn Playgroup and Pre-School permission to share relevant discussions, assessments, records, reports (which may include photographs) and information with other appropriate professionals (for example; speech and language therapist, physiotherapist etc.) working with your child, in order to provide support and aid transition into another childcare setting or childminder.

**This information will always be carried out in discussion with you.**

I/We (Parent/Carer name/s).....  
give consent for Acorn Playgroup and Pre-School to share relevant information about my/our child with appropriate professionals working with him/her.

Name of child: .....

Child's date of birth: .....

First Parent/Carers name: .....

Relationship to child: .....

Signed: .....

Date: .....

Second Parent/Carers name: .....

Relationship to child: .....

Signed: .....

Date: .....

This consent form is valid until your child enters primary school.

You have the right to withdraw your consent to share information at any time.

Consent withdrawn (please tick)

Name: .....

Relationship to child: .....

Signed: .....

Date: .....

## TRUSTEE INFORMATION

Acorn Playgroup and Pre-School is a registered charity and is run by a group of Trustees, all of whom are current or ex Acorn parents and carers, and undertake the work on a completely voluntary basis. The managing and fundraising duties our Trustees undertake is extremely important to the day-to-day running of Acorn, so your support is greatly appreciated as it makes Acorn a better place for your child/children.

Would you like to be involved in assisting with fundraising events?	Yes	No	Maybe
Would you be interested in joining our team of Trustees?	Yes	No	Maybe

We are always interested in your views and opinions, therefore, if you have any ideas for future fundraising activities please comment below:

## GUIDANCE NOTES

### Ethnicity

The table below is used to describe ethnicity. Please complete the application form choosing the appropriate category.

Code	Ethnicity	Code	Ethnicity
ABAN	Asian or Asian British - Bangladeshi	MWBA	Mixed – White and Black African
AIND	Asian or Asian British - Indian	MWBC	Mixed – White and Black Caribbean
AOTH	Asian or Asian British – any other Asian background	MOTH	Mixed – any other mixed background
APKN	Asian or Asian British - Pakistani	WBRI	White - British
BAFR	Black or Black British - African	WIRI	White - Irish
BCRB	Black or Black British - Caribbean	WIRT	Traveller of Irish Heritage
BOTH	Black or Black British – any other Black background	OOOTH	Any other ethnic group
CHNE	Chinese	NOBT	Information not obtained
MWAS	Mixed – White and Asian	REFU	Parent preferred not to say

### Parental Responsibility

From September 2008, it is a legal requirement for all Early Years childcare settings to have information about who has legal contact with the child and who has parental responsibility.

Who has Parental responsibility?

- If parents are married – both have parental responsibility
- If parents are unmarried;
  - If both parents register the birth and are named on the birth certificate then both parents have parental responsibility.
  - If only the mother registers the birth and is the only name on the birth certificate then she alone has parental responsibility.
- Adoptive parents have parental responsibility when the child is placed.

Who does not have parental responsibility?

- Unmarried fathers who do not register the birth of their child jointly with the mother and who are not named on the birth certificate.
- Step Parents – unless a parental responsibility is awarded by a Section 8 Residence Order.

### What this means for you and our setting

- Consent forms can only be signed by those with parental responsibility.
- Children can be collected by parents who do not have parental responsibility providing Acorn Playgroup and Pre-School has written consent from the parent who does have parental responsibility.

