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:	Preferred name:
Date of birth:	Sex: (please circle) Male Female
Address:	
	Postcode:
Parent/Carer 1	Name:
Daytime phone No:	Email Address:
Parent/Carer 2	Name:
Daytime phone No:	Email Address:
Child's National Health number:	
Childcare Funding code, if applicable:	
Preferred start date: (This can be any time after your child's 2nd birthday)	
Languages spoken at home:	
Child's main language:	1) Understands:
	2) Speaks:
Religion:	Ethnicity: (please see guidance notes at back)

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:			
Does your child …			
Have any allergies? Further information:		Yes	No
Have any dietary intolerances? Further information:		Yes	No
Have an allergy towards plasters? Do you consent to us placing plasters on your child?		Yes Yes	No No
Have an epi-pen? Further information:		Yes	No
Have any medical conditions or ongoing health issues? Further information:		Yes	No
Take any regular medication? Further information:		Yes	No
Has your child had any major illness, operation or hospital stay? Further information:		Yes	No
Was your child born prematurely?		Yes	No
Immunisations/vaccinations			
Has your child had the following immunisations? (please tick)			Chicken Pox
Whooping cough	Diphtheria	Tetanus	Polio
Hib Meningitis	Measles	Mumps	Rubella

ADDITIONAL NEEDS INFORMATION

Please tick the following and add any notes you think may be helpful to us.	
☐ Speech	
☐ Language	
☐ Emotional and/or behavioural	
☐ Hearing	
☐ Vision	
☐ Physical/movement	
☐ Other (please specify)	
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)	
☐ Individual Plan/Individual Educational Plan	☐ Education and Health Care Plan (EHCP)
☐ Application for an Education and Health Care Plan (EHCP)	☐ Exceptional Needs Funding (SEN, DLA, DAF)
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 Inclusion Development Officer with whom we may discuss your child. You will **always** be informed beforehand of any contact or discussions held about your child.	

CONTACT DETAILS

Please tick all professionals involved with your child.	Please list name, address and telephone number, where applicable.
☐ Health Visitor	
☐ Social Worker	
☐ Speech Therapist	
☐ Paediatrician	
☐ Physiotherapist	
☐ Occupational Therapist	
☐ Outreach Worker from Children's Centre	
☐ CAMHS	
☐ Input from Early Years SEND (Special Educational Needs and Disabilities) Team	
☐ Childminder	
☐ Other	

PARENT/CARER INFORMATION

Details of parents/carers **with whom the child lives.**		
1. Name:		
Contact details	Mobile: Other:	Home:
Occupation:	NI no: (for funding purposes only)	
Does this person have parental responsibility? (please see guidance notes at the back)	☐ Yes	☐ No
Do we have permission to share information and communication about your child with this person?	☐ Yes	☐ No
2. Name:		
Contact details	Mobile:	Home:
Occupation:	NI no: (for funding purposes only)	
Does this person have parental responsibility? (please see guidance notes)	☐ Yes	☐ No
Do we have permission to share information and communication about your child with this person?	☐ Yes	☐ No
Details of parents/carers **with whom the child does not live** (if applicable)		
Name:		
Address:		
	Postcode:	
Contact details	Mobile:	Home:
Does this person have parental responsibility? (please see guidance notes at the back)	☐ Yes	☐ No
Does this person have authorisation to collect your child?	☐ Yes	☐ No
Does this person have authorisation to be contacted in an emergency?	☐ Yes	☐ No
Do we have permission to share information and communication about your child with this person?	☐ Yes	☐ No

For Office Use:	
Child's Birth certificate/ Passport photocopied	☐
Parent Identification seen to verify parental responsibility	☐

CHILD ABSENCE AND ADDITIONAL NOMINATED CONTACTS

As part of the EYFS (Early Years Foundation Stage) Safeguarding Reforms, from September 2025, all early year's providers must follow up absences in a timely manner. For prolonged or absence without notification from a child's parents and/or carers, attempts must be made to contact those with parental responsibility first and, if unsuccessful, additional nominated emergency contacts.

To enable us to comply with the reforms, we must hold contact information for a minimum of three people, including parents/carers, who we can contact in an emergency or prolonged absence scenario.

EMERGENCY CONTACT/CHILD COLLECTION INFORMATION

Additional Emergency contact details (different from parents/carers from previous page)		
1. Name:	Relationship to child:	
Mobile No:	Home/Other Tel No:	
Does this person have authorisation to collect your child?	☐ Yes	☐ No
2. Name:	Relationship to child:	
Mobile No:	Home/Other Tel No:	
Does this person have authorisation to collect your child?	☐ Yes	☐ No
3. Name:	Relationship to child:	
Mobile No:	Home/Other Tel No:	
Does this person have authorisation to collect your child?	☐ Yes	☐ No
4. Name:	Relationship to child:	
Mobile No:	Home/Other Tel No:	
Does this person have authorisation to collect your child?	☐ Yes	☐ No
5. Name:	Relationship to child:	
Mobile No:	Home/Other Tel No:	
Does this person have authorisation to collect your child?	☐ Yes	☐ No
6. Name:	Relationship to child:	
Mobile No:	Home/Other Tel No:	
Does this person have authorisation to collect your child?	☐ Yes	☐ No

PLEASE ALLOCATE A PASSWORD TO BE USED BY AN AUTHORISED PERSON TO COLLECT YOUR CHILD.	**PASSWORD:**

PERMISSION AND CONSENT

Medical Consent

Do you give permission for your child to be taken to hospital in an emergency? Please be advised that you will be notified immediately in any emergency.

☐ Yes ☐ No

Walks

Do you give permission for your child to accompany us on short walks and local outings?

☐ Yes ☐ No

Observations

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

☐ Yes ☐ No

Changing Nappies

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

☐ Yes ☐ No

Records

Do you give permission for copies of your child's Transition records to be passed to their new school/setting?
These records will be made available for you to view.

☐ Yes ☐ No

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 that it is your responsibility to ensure the cream is within the manufacturer's expiry date. Please ensure your child's name is clearly displayed on the container.

☐ Yes ☐ No

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 that it is your responsibility to ensure the cream is within the manufacturer's expiry date. Please ensure your child's name is clearly displayed on the container.

☐ Yes ☐ No

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:

Image Consent Form

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

☐ Yes ☐ No

I consent to photographs of my child being taken by Acorn staff 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 online or via any social networking sites.

☐ Yes ☐ No

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

☐ Yes ☐ No

I consent to photographs of my child being used for Acorn wall displays, our medical and allergy boards, self-registration station and cloakroom pegs.

☐ Yes ☐ No

If you share any photographs, observations or comments about children with whom you do not hold parental responsibility, 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 them.

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. Please advise us in person or via email if you wish to exercise this right.

TRUSTEE INFORMATION

Acorn Playgroup and Pre-School is a registered charity and is run by a group of volunteer Trustees. Our Trustees undergo a thorough suitability process including enhanced DBS (Disclosure and Barring Service) checks which are reviewed termly.

The 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 our 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	OOTH	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.

Acorn Playgroup and Pre-school Privacy Notice
Acorn Playgroup and Pre-school adheres to a strict Privacy Policy regarding the personal data that we collect during your child's registration process and educational journey with us. This can be viewed on our website via the following link:
https://www.acornwelwyn.com/_files/ugd/36dc86_48acfc6191a244d09c2696c09c667b0a.pdf