



# Pippins Pre-School and Nursery Registration Form

Market Square House, Market Street, Crediton, Devon, EX17 2BN Tel. 01363 772474

Charity number 1153073 Company number 08538426

[www.pippinspre-school.co.uk](http://www.pippinspre-school.co.uk)

[email:- pippinsnurserycrediton@gmail.com](mailto:pippinsnurserycrediton@gmail.com)

*Please complete all sections and ensure the registration form is signed and dated. All information is kept private and confidential. **PLEASE BRING IN YOUR CHILDS ORIGINAL BIRTH CERTIFICATE***

Child's first name:..... Middle name..... Surname .....

Name known as.....

Date of birth: ..... NHS number.....

Ethnic Origin ..... Home language(s).....

When would you like the child to start at Pippins? .....

Parent 1 will be the first emergency contact followed by parent 2 if applicable, or alternative emergency contacts

Parent 1	Parent 2
Title .....	Title .....
Name .....	Name .....
Date of birth.....	Date of birth .....
NI number.....	NI number .....
Postal Address.....	Postal Address (if different from parent 1)
.....	.....
.....	.....
Post Code .....	Post Code .....
Does the child live at this address? Yes/No	Does the child live at this address? Yes/No
Email .....	Email .....
Home Tel .....	Home Tel .....
Mobile .....	Mobile .....
Work Tel .....	Work Tel .....
Occupation .....	Occupation .....
Does this parent have parental responsibility? Yes/ No (Yes if they are on birth certificate)	Does this parent have parental responsibility? Yes/ No (Yes if they are on birth certificate)
Does this parent have legal access to the child? Yes/No	Does this parent have legal access to the child? Yes/No

**ALTERNATIVE EMERGENCY CONTACT DETAILS: I consent to the named persons to collect my child in the event of an emergency if parents are not contactable.**

<b>1</b> Name .....	<b>2</b> Name .....
Relationship to child .....	Relationship to child .....
Address .....	Address .....
.....	.....
Mobile .....	Mobile .....
2 <sup>nd</sup> Tel .....	2 <sup>nd</sup> Tel .....

Doctors Surgery ..... Doctor (if known).....

Doctors tel no .....

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

If yes, health visitor's name: ..... Telephone no: .....

Is your child registered with the Children's Centre? .....

Names of any other professionals involved with child (e.g. social services, Early Years Advisory Teacher, speech therapist):

<b>1</b> Name .....	<b>2</b> Name .....
Agency .....	Agency .....
Telephone number .....	Telephone number .....
<b>3</b> Name .....	<b>4</b> Name .....
Agency .....	Agency .....
Telephone number .....	Telephone number .....

Has your child been immunised against: HIBS..... Whooping cough..... Diptheria..... Tetanus.....  
Measles..... Mumps..... Rubella.....

Has your child had Chickenpox Yes/No What is your childs stable temperature? (if known).....

Does your child have any allergies/specific needs or requirements?

<b>Celebrating Religious or Cultural Festivals</b> Yes/No If yes please specify.....	<b>Health/Medical Diagnosis eg Asthma, eczema</b> Yes/No If yes please specify .....
<b>Allergies/Dietary requirements or preferences</b> Yes/No If yes please specify .....	<b>Is your childs first language English?</b> Yes/No If No please specify .....

*\*Please feel free to discuss the above in confidence with any member of staff. For dietary requirements, you will be required to complete and sign a separate form with full details.*

## **Consents:**

If you have any queries relating to the following, please speak to any member of staff.

**General Data Protection Regulation/CCTV:** I consent to Pippins Pre-school (Crediton) Ltd using my personal data in accordance with their privacy notice for purposes of Ofsted regulations, Devon County Council and emergency contact details. I understand my child will be recorded audio and visually by CCTV in all areas including toilet/nappy changing areas.

Please sign.....

**Policies:** I agree for Pippins Early Years Educators to comply with and implement all of the policies and procedures to give high quality care and education to my child. I will read the GDPR privacy statement and policies on the website or ask for a paper copy if required.

Please sign .....

**Tapestry:** I consent to my child having an online learning journey set up on Tapestry which will be updated by Pippins Pre-School and Nursery using a secure log in.

Signed .....

**Tapestry:** I understand that my child's photo may appear in another child's learning journal when he/she is playing with his/her friends or playing in the background, I consent to my child's photo appearing in another child's learning journal

Signed .....

**Facebook:** Since the new GDPR laws introduced on 25<sup>th</sup> May 2018 I consent to my child photo appearing on the Pippins Pre-School and Nursery's Facebook page.

Signed .....

**Record keeping/Sharing developmental records:** I consent to Pippins practitioners keeping developmental records on my child and sharing them with other settings.

Please sign .....

**Professionals:** I consent to the aforementioned developmental records being regularly discussed/shared with other professional agencies e.g. health visitor, teacher.

Please sign .....

**Outings:** I consent to Pippins Early Years Educators or helpers taking my child on local outings, e.g. the park, town or fire station

Please sign .....

**Photographs:** I consent to photographs being taken of my child for record keeping and display purposes in the setting (please note your child could be in another child's file in the background of a photo).

Please sign .....

**Newspaper, newsletter, poster or leaflets for publicity:** I give consent to my child having their photo in the newspaper, in a leaflet or on a poster for publicity: (PLEASE NOTE THAT MOST NEWSPAPERS ARE NOW POSTED ON THE INTERNET)

Please sign .....

**Website and Facebook:** I consent to photographs or my child's work being displayed on the Pippins website and/or Facebook page: (Names and photographs will not be displayed together)

Please sign .....

**Toilet needs/Clothes change: I consent to my child's nappy/clothing being changed as necessary (this could be from messy/water play)**

Please sign .....

**Medical and First Aid Consent: I give permission for Pippins to administer Paracetamol Suspension or Ibuprofen, seek medical advice or treatment in case of a medical emergency. For a qualified First aider to treat accidents or incidents administering first aid.**

Please sign .....

**Plasters: I give permission for Pippins Early Years Educators to apply a hypo-allergenic plaster to my child if necessary**

Please sign.....

**Arnica cream I give consent to my child having Arnica cream applied if they have had an accident and a bruise is appearing.**

Please sign .....

**Sun cream: I give permission for Pippins Early Years Educators to apply sun cream to my child as necessary**

Please sign .....

**Animals: I give permission for my child to have contact with/touch animals that may visit or live at Pippins**

Please sign .....

**Warming up food I give consent for an early years educator to heat up my child's food to the appropriate temperature using the microwave.**

Please sign.....

**Applying nappy creams I give consent to an early years educator, who is a first aider to apply nappy cream to my child when necessary. I would like Sudocrem, Bepanthen and Metanium (Please circle your preference/s) applied to my child.**

Please sign .....

**Face-painting I give consent to an early years educator, applying snazaroo face paints on occasional days such as fun raising e.g. Children in Need/Comic Relief or a theme relating to planning.**

Please sign .....

**Responsibility of my child when leaving Pippins I accept responsibility of my child once they have been released to me and I will be responsible for my child whilst on Pippins premises.**

Please sign .....

**Registration fee £10.00 is payable to secure your place.**

Fees are payable monthly in advance unless other arrangements have been agreed, *a £5 charge is levied for all arrears*. Non-payment of fees could result in your child losing their place at Pippins. Please pay by cash, on-line Sort code 56 0049 account number 32 60 20 14 or make **cheques payable to Pippins Pre-school**. Please speak to the Manager or Deputy in confidence if you have any difficulty meeting your payment.

**I confirm that I have given true and accurate information on this registration form.**

**Signed..... Print name.....**

**Date.....**



# **Pippins Pre-School and Nursery**

## **Starting session form**

[www.pippinspre-school.co.uk](http://www.pippinspre-school.co.uk)

email: pippinsnurserycrediton@gmail.com

01363 772474

Name of child \_\_\_\_\_

Kindly indicate what sessions you require. If entitled to vouchers, please put EYE for Early Years Entitlement (maximum 15 hours per week or 11 hours stretched funding 51 weeks of the year) and an X for any additional sessions.

### **Please specify which you require (Tick a box)**

<b>Term Time only</b>	<b>51 Weeks of the Year</b>
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Day of week	Blossom Club from 8am – 9.15am (Please state drop of time)	Morning with lunch 9.15am-12.15pm	Afternoon 12.15pm-3.15pm	Orchard Club from 3.15pm - 6.00pm (Please state pick up time)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Please note we are unable to swap sessions or refund any sessions booked due to sickness or other days off, due to adult to child ratios. This is a binding agreement for the following term and not subject to change. Thank you.

Print

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Please note we will contact you if we are unable to offer you the sessions you require, please assume your child will be allocated a place unless you hear otherwise.

The management trustee directors agreed you must give 4 weeks' notice to avoid being charges for holidays and occasional days.

**If your child is absent from Pippins, kindly telephone us as soon as possible, to let us know the reason they are away.**



# Economic Early Years Pupil Premium Declaration Form



**Provider  
Name:**

**Pippins Pre-School and Nursery**

## Economic Early Years Pupil Premium Declaration

Early Years Pupil Premium could bring £300 of funding to your provider to support your child. If you receive one of the benefits below you could attract this funding:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Support under part VI of the Immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit
- Child Tax Credit (provided they are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on, which is paid for 4 weeks after they stop qualifying for Working Tax Credit
- Universal Credit –parents must have an annual net earned income equivalent to and not exceeding £7,400 assessed on up to 3 of the most recent assessment periods.

The Early Years Pupil Premium is paid to the child's early years provider based on the number of universal entitlement hours that the child is attending at a rate of 53p for each hour. A child that takes the full 570-hour entitlement will attract just over £300 which will be paid to the provider to support that child's learning and development.

**We need the following personal information to check if you are eligible.**

### Child's Details (to be completed by the parent/carer)

Legal Name:	First Name	Middle Name(s)	Last Name
<b>Date of Birth:</b>			

## Parents Details

<b>Last name:</b>	<b>Parent/Guardian 1</b>						<b>Parent/Guardian 2</b>					
<b>First Name:</b>												
<b>Date of Birth</b>	D		M		Y		D		M		Y	
<b>National Insurance Number:</b>												
<b>National Asylum Support Service (NASS) Number:</b>		/		/				/		/		
<b>Address:</b>												
	<b>Postcode:</b>						<b>Postcode:</b>					

### General Data Protection Regulation Consent

Your personal data is being used by Pippins for the purposes of claiming Early Years Pupil Premium funding from Devon County Council. We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed on our website or you can request a paper copy.

The information provided will be shared with Devon County Council to enable Pippins to claim Early Years Pupil Premium funding on behalf of your child.

For more details read [Devon County Councils Privacy Notice](#)

Please confirm that you give your consent to Pippins Pre-School and Nursery using your personal data as outlined in our privacy notice and Devon County Councils privacy notice, by completing the table below.

I give my consent for you to use my personal data as outlined in your privacy notice and <a href="#">Devon County Councils privacy notice</a> .
<b>Signed:</b>
<b>Print name:</b>
<b>Date of consent:</b>

You have the right to withdraw your consent at any time. Should you wish to withdraw consent, please contact Mrs Hazel Joan Hodge, Pippins Pre-School and Nursery, Church View, Union Road, Crediton, EX17 3AL.

If you wish to exercise any of your rights under the General Data Protection Regulations, please contact our Data Protection Officer: Mrs Hazel Hodge [Pippins-preschool@btconnect.co.uk](mailto:Pippins-preschool@btconnect.co.uk) Contact telephone - 01363 772474.

**DO NOT SEND THIS FORM TO DEVON COUNTY COUNCIL**



Pippins Pre-school and Nursery  
Starting Routine

Child's Name	
Sleep pattern	
How do they go to sleep?	
Allergies	
Interests	
Settling methods	
Comforters	
Bottles /(Formula or cows milk)	<u>Can they drink cows milk? Yes/No</u>
Food and drink - Likes and dislikes	
Nappy Creams	
Nappies	<u>Size Disposable or re-usable with liners.</u>
Breakfast	Yes/No
Lunch	Hot/cold
Tea	Hot/ cold