



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

[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.

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 (including postcode)	Postal Address (if different from parent 1)
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:

1 Name Relationship to child Address Mobile 2 nd Tel	2 Name Relationship to child Address Mobile 2 nd Tel
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Doctors Surgery Doctor (if known).....

Doctors tel no

Is your child registered with a dentist? Yes/No

If yes, dentist's name: Telephone no:

Date of last visit

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

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

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

1 Name Agency Telephone number	2 Name Agency Telephone number
3 Name Agency Telephone number	4 Name Agency Telephone number

Does your child have any allergies/dietary needs?
For dietary requirements, you will be required to complete and sign a separate form with full details (attached)

Does your child have any health/medical needs?

Please state any cultural or religious beliefs?

Is your child up to date with all their vaccinations? (If not please state which ones haven't been received) Yes/No

Has your child had Chickenpox Yes/No

What is your child's stable temperature? (if known).....

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 visually and audio recorded in all the learning areas excluding the toilet and intimate care areas by CCTV.

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 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

I understand that my child's photo may appear in another child's learning journal when they're playing with other children or playing in the background,
I consent to my child's photo appearing in another child's learning journal

Signed

Facebook: I consent to my child's photo appearing on the Pippins Pre-School and Nursery's Facebook page.

Please sign

Professionals: I consent to my child's development being regularly discussed/shared with other professional agencies when appropriate e.g. health visitor, teacher, additional settings

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

Display boards: I consent to photographs of my child being used for display purposes in the setting

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: I consent to photographs or my child's work being displayed on the Pippins website (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 medication if needed, first aid to your child or seek medical advice or treatment in the event of an emergency.

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 note we cannot warm up rice)

Please sign.....

Applying nappy creams I give consent to an early years educator applying 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

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

Your child's session will be confirmed (if available) on receipt of this form, your child's birth certificate (for us to photocopy) and the registration fee of £25.00 (£15.00 for siblings)

Invoices are issued at the beginning of the month for the whole of that month. Invoices are due to be paid by the 15th of every month. **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 or on-line. Sort code 560049 account number 32602014. Please speak to the Manager or Deputy in confidence if you have any difficulty meeting your payment and a payment plan can be arranged.

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

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

Date.....

*Please feel free to discuss anything on this form in confidence with a member of staff.

We look forward to welcoming you to Pippins.



Pippins Pre-School and Nursery

Starting session form

www.pippinspre-school.co.uk

email: pippinsnurserycrediton@gmail.com

01363 772474

Name of child _____

Kindly indicate what sessions you require. If entitled to government funding, 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)

Term Time only	51 Weeks of the Year
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Day of week	8am - 9.15am (Please state drop of time)	Morning 9.15am- 12.15pm	Afternoon with lunch 12.15pm- 3.15pm	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.

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.



If your child has any allergies, special dietary needs or medical conditions, please give FULL details below including any medication that may need to be administered.

Childs name _____

Details:

Parents/Carers name _____

Signature _____

Date _____



Pippins Pre-school and Nursery Starting Routine

Child's Name	
Sleep pattern/length and/or maximum time	
Settling methods	
Comforters	
How do they go to sleep?	
Teething usual signs	I consent to giving teething gel/granules - _____
Allergies	
Interests	
Bottles /Cow's milk/Formula - (We make up formula kindly supply powder/carton)	<u>Can they drink cow's milk? Yes/No</u> <u>If formula please specify what brand ...How many bottles/amounts/times</u>
Food and drink - Likes and dislikes	
Nappy Creams	
Nappies	<u>Size Disposable or re-usable with liners.</u>
Breakfast - give examples of usual breakfast	Yes/No
Lunch	Hot/cold
Tea	Hot/cold



Economic Early Years Pupil Premium Declaration Form

In partnership with
Devon
County Council 

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
Date of Birth:			

Parents Details

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

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 Devon County Councils privacy notice .
Signed:
Print name:
Date of consent:

You have the right to withdraw your consent at any time. Should you wish to withdraw consent, please contact Pippins Pre-School and Nursery, Market Square House, Market Street, Crediton, Devon EX17 2BN

If you wish to exercise any of your rights under the General Data Protection Regulations, please contact our Data Protection Officer: Mrs Sharleen Treen pippinsnurserycrediton@gmail.com Contact telephone - 01363 772474.

DO NOT SEND THIS FORM TO DEVON COUNTY COUNCIL