



Registration form

KYZONE KIDZ LTD

It is helpful for key persons or managers to complete this form with the parent(s) when the child starts at the setting.

Basic details

Full legal name of
child

Date of birth

Name known as

Gender (male or female)

Name of parent(s) with whom the child lives

1

Does this parent have parental responsibility? Yes/No (delete)

2

Does this parent have parental responsibility? Yes/No (delete)

Address

Telephone

Mobile

Email address

Name of parent with whom the child does not live

Does this parent have parental responsibility? Yes/No (delete)

Address

1

Telephone _____ Mobile _____

Does this parent have legal access to the child? Yes/No (delete)

Emergency contact details

Parent 1 - Work/daytime contact number _____

Daytime work address _____

Parent 2 - Work/daytime contact number _____

Daytime work address _____

Any other emergency contact numbers _____

Name _____

Telephone _____ Mobile _____

Name _____

Telephone _____ Mobile _____

Persons authorised to collect the child (must be over 16 years of age) Please add a pass word for the authorised person to give the staff at the setting.

Name _____ Relationship to child _____

Telephone _____ Mobile _____

Name _____ Relationship to child _____

Telephone _____ Mobile _____

Personal details of child

Does your child have any special dietary needs/allergies or preferences? Yes/No (delete)

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family? _____

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

What language(s) is/ are spoken at home _____

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

If so, discuss and agree with the key person how you will support your child when settling-in:

Does your child have any special needs or disabilities? Yes/No (delete)

Details _____

Are any of the following in place for the child:

- | | |
|---------------------------------------|-----------------|
| Early Years Action? | Yes/No (delete) |
| Early Years Action Plus? | Yes/No (delete) |
| Statement of special educational need | Yes/No (delete) |

What special support will he/she require in our setting?

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

Names of professionals involved with child

Name 1 _____ Role _____

Agency _____ Telephone _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Name 3 _____ Role _____

Agency _____ Telephone _____

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

Name _____ Based at _____

Telephone _____

Does your family have a social care worker for any reason? Yes/No (delete)

Name: _____ Based at: _____

Tel: _____

What is the reason for the involvement of the social care department with your family?

NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

To be completed by the key person/manager

Date starting at _____ (name of setting)

Days and times of attendance _____

Are any fees payable? If so, note here _____

(see notes below about fees) _____

Name of back up key person _____

Has the settling-in process been agreed? Yes / No (delete)

If so, detail

Have the parents read and understood the settings policies and procedures? Yes / No (delete)

Do the parents give permission for staff to:

Take photographs of your child in the setting for use in their learning Journey and in the setting?

Yes / No (delete)

Administer plasters/prescribed medication and sun cream? Yes / No (delete)

Seek medical assistance in the event of an emergency? Yes / No (delete)

Signed and agreed by

Parent 1

Parent 2

Key person

Manager

Date

Date or first
review

Important Note about Fees

Invoices are produced and delivered along with an account statement to parents and carers during the first week of each month. Accounts must be fully paid the date specified on the invoice otherwise an administration fee of £25 will be charged. Where accounts are not settled by the end of the month the child will be excluded from attending further sessions. You are agreeing to abide by these terms.

Please see www.kyzone.org.uk for more information.