**WELCOME TO OUR NURSERY**

Parents know their child better than anyone and are the main source of information when getting to know a child. Effective communication and the sharing of information is crucial in building positive relationships.

This pack must be completed to enable us to register your child at our setting and gain valuable information to meet your child’s needs and to support a positive impact on your transition experience. Should you wish to discuss your child’s individual needs, please contact us directly by speaking to a member of our team.

As part of this registration pack, we ask that you fully complete the form which will include important details about your child. We require your most recent and up to date information and ask that you notify us of any changes.

 **DETAILS ABOUT YOUR CHILD:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Child’s Full Name*:**(Attach Birth Certificate)** |  |  *Date of birth*: |  |
| Address and postcode: |  |
|  *Have you or your child attended another nursery or parenting group. (Please provide details)* |  |
| Home Language: |  | No of Siblings: |  | Male: **☐** | Female: **☐** |

 **PARENT OR CARER DETAILS 1:**

|  |  |  |
| --- | --- | --- |
| *Name of Parent or Carer (where the child resides)* |  | *Your Date of Birth:* |
|  |
| *Contact Details:* *(Notify us of changes)*  | *Home Number* | *Mobile Number* | *Work Number* |
|  |  |  |
| *Do you have parental responsibility of this child?* |  | *Relationship to the child:* | Main Language: |  |
| *Email address:*  |  |

 **PARENT OR CARER DETAILS 2:**

|  |  |  |
| --- | --- | --- |
| *Name of Parent or Carer (where the child resides)* |  | *Your Date of Birth:* |
|  |
| *Contact Details:* *(Notify us of changes)*  | *Home Number* | *Mobile Number* | *Work Number* |
|  |  |  |
| *Do you have parental responsibility of this child?* |  | *Relationship to the child:* | Main Language: |  |
| *Email address:*  |  |

|  |  |  |
| --- | --- | --- |
| *Signed by Parent or responsible Carer:*  |  | *Dated:* |
|  |

**Please read our Leaving and Collecting Children policy and procedure with regards to parents who are separated or those with shared care responsibilities or temporary care orders.**

 **COLLECTION OF CHILD AND EMERGENCY CONTACT DETAILS**

|  |  |  |
| --- | --- | --- |
| **A PASSWORD is required for collection of your child:***(Please ensure the person is over 16 years of age)* | **Collection password:** |  |

 **PERSON 1:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | DOB: |  | Relationship to child: |  |
|  Physical Description:Examples: (eye colour, hair, build) |  | Contact Details |
|  |

 **PERSON 2:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | DOB: |  | Relationship to child: |  |
|  Physical Description:Examples: (eye colour, hair, build) |  | Contact Details |
|  |

 **PERSON 3:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | DOB: |  | Relationship to child: |  |
|  Physical Description:Examples: (eye colour, hair, build) |  | Contact Details |
|  |

***Data Collection*** *– First Steps is committed to ensuring the security and fair processing of any data we receive and conforms with the requirements of the GDPR\*. The information collected on this form will be used to enable us to provide the best care possible for your child and for no other purpose. In accordance with childcare information storage regulations. Relevant records will be kept until the child turns 25.*

*From time to time, we are legally required to share relevant information with certain agencies as disclosed on our full policy. You have the right to request access personal information we retain. For more information, to make a request or report a concern within the retention time frame, please contact* ***tania@camaucyntaf.co.uk*** ***or call 01443 209966***

*Alternatively, you can contact the Information Commissioner’s Office at* [***https://ico.org.uk/concerns/***](https://ico.org.uk/concerns/)

***Note: Processing requests will be delayed during school holidays, due to business closures***

|  |  |  |
| --- | --- | --- |
| *Signed by Parent or responsible Carer:*  |  | *Dated:* |
|  |

 **HEALTH INFORMATION**

|  |  |  |
| --- | --- | --- |
| *Name and address of GP Surgery:* |  | Contact Number |
|  |
| *Name of Main GP:* |  | *Name and contact details of the Health Visitor:* |  |
| ***Has your child had their Immunisations? (Information is available in your child’s red book or a copy is available from your GP surgery).******Please confirm which vaccinations your child has received and enter the dates below. More info is available at:*** [***Vaccinations - NHS (www.nhs.uk)***](https://www.nhs.uk/conditions/vaccinations/) |
| Pertussis (whooping cough) |  | Pneumococcal infection |  | Diphtheria |  | Tetanus |  |
| Rubella |  | Haemophilus influenza type b (Hib) |  | Polio |  | Measles |  |
| Meningococcal B |  | Meningococcal C |  | Mumps |  | Rotavirus |  |

|  |  |
| --- | --- |
| **Does your child have any medical, additional, or other needs?*****Examples include: Allergies, skin conditions, takes medication, asthma, glue ear or dietary needs.*** |  **YES: ☐ NO: ☐** |
| If yes, complete **medical** form |
| *Has your child had any recent illness or hospital appointments or overnight stays?* |  **YES: ☐ NO: ☐** |

 **Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Does your child have an individual care plan?*** |  | ***Does your child have a statement of Additional Learning Needs?*** |  |
| ***Are you applying for Statutory assessment*** |  | ***Other?*** |  |

|  |  |
| --- | --- |
| **Does your child have any additional, learning or development needs?*****Examples include: Development delay, speech, language and communication or mobility issues.*** |  **YES: ☐ NO: ☐** |
| If yes, complete **ALN** Form |
| We have an Additional Learning Needs Coordinator (ALNCO) to support your child when placed within our nursery who will liaise with consent with individuals involved with your child’s care and development. Contact us for more information. |

|  |  |
| --- | --- |
| **Do you receive support or intervention from agencies or specialist support services?** |  **YES: ☐ NO: ☐** |
| If yes, complete relevant form |
| Child and Social Services |  | Resilient Families |  | Education Psychologist |  | Speech Therapist |  |
| Physiotherapist |  | Paediatrician |  | OccupationalTherapist |  | Specialist Teacher |  |
| Flying Start Services |  | Talk and Play |  | Community Nursery Nurse |  | Neurology |  |

\*Vaccination against influenza (flu) is offered to some children depending on their age/medical history. Parents are encouraged to ensure their child receives the vaccine if offered both to protect the child and reduce the spread of flu

|  |
| --- |
| Please enter below any information about your child or personal circumstances that you would like to share with us.You are always welcome to contact us on 01443 209966 or to speak to a member of staff at the nursery during opening hours. |
|  |

|  |  |  |
| --- | --- | --- |
| *Signed by Parent or responsible Carer:*  |  | *Dated:* |
|  |

 **PERMISSION FORMS 2021**

|  |  |  |  |
| --- | --- | --- | --- |
| Childs Name: |  | Date of completion: |  |
| Please ensure you read all the following statement and sign below: | Please sign here: |
| *Permission to record development information for assessment and planning - this is also used for child’s busy books, learning journal, observation book, play plans, one-page profile and reports.* |  |
| *Permission to take photographs and videos (group and individual) to use in the children’s learning books, displays around the nursery and parent and observational apps.* |  |
| *Permission to use photographs for publicity and to use on our companies’ social pages, website and for advertising the service, including new parents.*  |  |
| *Permission for your child to be taken on community walks or any impromptu visit that supports their learning and development.* |  |
| ***Permission to apply suncream to your child****.* ***NOTE:*** *Parents must provide sun-cream minimum of factor 30 during periods of hot weather and ensure children are dressed appropriately.*  |  |
| *Permission to participate in a variety of cultural activities, stories and themed events as part of the curriculum activities.* |  |
| ***Please highlight as required:*** *Permission to use plasters / permission to use cotton wool and tape*  |  |
| *Permission to support your child during ‘nappy changing’ and ‘toiletting’. Children will also be asked to give consent as appropriate.* |  |
| *Permission to share information about your child as part of transition to your child’s feeder school:* |  |
| *I understand that I must read the companies safeguarding policy and statement of purpose prior to my child attending the setting and can request copies of all policies and procedures.* |  |
| *I give permission for my child’s details to be stored in both a paper format and electronically and am aware of the privacy notice overview (front page) and can access a full copy at any time.* |  |
| *I wish to receive information regarding my child such as progress reports, incident forms, videos, photographs or other information via electronic communication, social or parenting app.* |  |
| *I give consent for the nursery to contact my child’s Health Visitor or other professional persons to request or share information to support my child’s transition, progress and holistic development.* |  |
| ***I give permission for my child’s details to be shared with the COVID-19 Track, Trace and Protect team*** |  |
| **EMERGENCY MEDICAL TREATMENT** ***I give my consent for staff to administer emergency first aid in line with their policy and procedures*** |  |
| **NURSERY RULES AND REGULATIONS***Please sign below to acknowledge that you have read and understand the following statements* |
| ***If your child is ill during a session, you will be contacted immediately, this includes any head injuries.******If your child vomits or has diarrhea, your child cannot attend nursery for 48 hours after the last occurrence or until symptoms have cleared. We reserve the right to request that your child undertakes a PCR test or refrain from nursery for 10 days.*** |
| ***If your child suffers from an infectious disease, you will be required to keep him/her from the setting for the appointed period until they are clear of the disease. For exclusion periods see*** [***https://www.publichealth.hscni.net/sites/default/files/Guidance\_on\_infection\_control\_in%20schools\_poster.pdf***](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf) |
| ***As part of our safety checks, pre-entry checks are undertaken on all children and visitors. Examples include: Non-invasive temperature checks, visual checks, hand to forehead checks.*** |  |
| *Please confirm the language preference of your child’s busy book Welsh:* ☐ *English:* ☐  |
| *Please confirm the name of the preferred school your child will attend:* |  |

|  |  |  |
| --- | --- | --- |
| *Signed by Parent or responsible Carer:*  |  | *Dated:* |
|  |

**Parent Induction**

|  |  |  |
| --- | --- | --- |
| ***Please ensure these topics are discussed with a member of staff*** | **Parent Initial** | **Staff Initial** |
| *This setting does not allow Smoking in or around the premises, including Digital Cigarettes.* |  |  |
| *Parents must wear face masks and not enter the building unless called upon by a member of staff* |  |  |
| *Arrival & collection procedures and entrance and exit flow procedures ensuring that social distancing is maintained is shared.* |  |  |
| *Parents are informed that general information is available via social pages, setting noticeboard and through newsletters.* |  |  |
| *We take part in the Healthy Pre-school Scheme and ensure food we supply is of nutritional value and advocate Healthy lunchboxes. Bags are regularly checked, and unhealthy snacks removed.*  |  |  |
| *We participate in the Design to Smile Scheme, information is available at setting. Toothbrushing consent forms have been shared with parents.* |  |  |
| **PLEASE DO NOT BRING CHEWING GUM, ALCOHOL OR ANY OTHER DANGEROUS SUBSTANCE IN OR AROUND OUR NURSERY** |
| *Parents* ***MUST NOT*** *use mobile phones or other digital devices in or around out premises where children are present.* |  |  |
| *The nursery officers for ‘Behaviour, ALNCO, Safeguarding, Safety and Attendance ‘is shared* |  |  |
| *I have read the safeguarding policy and procedure and read through the CLOC forms overview for parents and have signed the Parent safeguarding agreement forms.* |  |  |
| *I am aware that all policies and procedures are available at nursery and copies can be emailed to me by request at: info@camaucyntaf.co.uk (An overview is available on our website)* |  |  |
| *I understand children play outdoors in all weathers as part of the curriculum and I will provide a change of clothes and wellingtons where applicable. Wetsuits are provided, but limited.* |  |  |
| *To minimise unnecessary contact Incident, Accident and CLOC forms may be sent electronically, and I am aware that I must sign or confirm my response, as necessary.* |  |  |
| ***No medicines*** *should be put into a child’s bag. If a child requires medication, please speak to staff.*  |  |  |
| *Training, closure and inset days have been shared, including payment conditions via the payment policy and parent agreement forms.* |  |  |
| *We have a legal obligation to share certain information with other agencies details of which can be found in our privacy overview (First Page) and our Data Protection Policy.*  |  |  |
| *I am aware of various policies in relation to working with Parents, behaviour for children and the Parent and Carer Conduct in Nursery policy available at nursery or via email upon request.*  |  |  |
| *Information on the way we assess, plan, observe and gather information for your child’s Learning Journey book and development records are shared.*  |  |  |
| *I am aware that I will receive a named Keyworker for my child and information about the Settling in, Toileting and an overview of what to expect during my time at nursery.* |  |  |
| Parents are encouraged to participate in new initiatives, training and be part of our nursery life. |  |  |
| A copy of our Statement of Purpose is available at nursery, on our Noticeboard and website. |  |  |
| I have received a copy of the Operational Handbook, with information about the service. |  |  |
| Details of our complaint procedure is available at nursery within the operational handbook and our Statement of Purpose. **In the first instance** please contact the Responsible Individual on 01443 209966 or email info@camaucyntaf.co.uk to request the policy or a complaint form. |  |  |
| **Any notes following induction:** |  |  |

|  |  |  |
| --- | --- | --- |
| *Signed by Parent or responsible Carer:*  |  | *Dated:* |
|  |

**Safeguarding Children Agreement**

Camau Cyntaf - First Steps believe that all Children have a right to protection from being hurt, and from violence, abuse and neglect (United Nations Convention on the Rights of the Child, Article 19) and is committed to ensuring the well-being, safety and development of every child in its care.

The nursery promotes an atmosphere and ethos which enables children, staff, and volunteers to express any concerns they have openly and know that these will be addressed. Our Safeguarding Policy is an overview of our procedures and should be read alongside the Cwm Taf Morgannwg Child Safeguarding Policy.

Our service shows regard to statutory guidance which relates to the **PREVENT DUTY.** The **‘Counter Terrorism and Security Act 2015’** places a duty on Early Years providers “to have due regard to the need to prevent people from being drawn into terrorism” as is known as **THE PREVENT DUTY.** We will ensure that all personnel in the setting are provided with training to enable them to recognise cases of abuse and respond appropriately.

**PROCEDURES**

We will always follow the LA recommended **(Safeguarding Policy Appendix 1)** procedures when dealing with safeguarding concerns and the nursery has a responsibility to refer any cases of suspected abuse.

Staffwill record all incidents, bumps or bruises in detail that they notice (**existing) on arrival** or that occur during the day and these must be recorded in the incident or accident book and/or by completing the (chronological list of concerns) **CLOC Form.** Parent or nominated guardian MUST sign these forms on arrival and/or collection.

Due to COVID 19 or where parents do not collect/ drop off forms may be sent electronically, and parents will be asked to respond to confirm that these have been received and understood. Any questions should be done via responding to the secured email address.

If a member of staff is concerned about a change in a child’s behaviour or any other sign of a minor but inexplicable physical injury, they must discuss the situation with the safeguarding lead officer or senior person in charge who will contact the parent or guardian to seek an explanation for any injury or unusual behaviour as long as this does not endanger the child in any way.

Any incident considered to be serious, significant or unexplained, however smallor if a member of staff suspects that a child is being abused as a result of observed signs or the child disclosing information, the on-site senior person **will** take action immediately by contacting the **CWM TAF MULTI AGENCY SAFEGUARDING HUB (IAA) and the Police or the NSPCC or (MASH) for open cases.**

Chronological forms are simply a means of organising and merging information in a simple to read format. They enable staff to gain a more accurate picture of the child. All information will be treated as strictly confidential and will be kept under lock and key at all times.

We understand that when we have to speak to you, that that the process may make you feel upset or you may have feeling of being accused, but we are not judging you in any way, this is the procedure we must legally follow in order to meet our duty of care to protect your child.

If you have any concerns, please notify the Leader, Keyworker or Registered Person. Please sign this sheet and return, confirming you have read and understood our policy and procedures on Safeguarding Children.

**PLEASE REFER TO OUR SAFEGUARDING POLICIES**

|  |
| --- |
| **I HAVE READ AND UNDERSTAND THE SAFEGUARDING POLICY AND PROCEDURE** |
| NAME OF CHILD: |  |
| IS YOUR CHILD KNOWN TO CHILDREN SERVICES | YES **☐** NO **☐** |
|  NAME OF SOCIAL WORKER: |  |

|  |  |  |
| --- | --- | --- |
| *Signed by Parent or responsible Carer:*  |  | ***Dated:*** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| FOR OFFICE USE ONLY(Sign to confirm) | Responsibility Verified | Proof of Address | Birth Certificate Received |
|  |  |  |