



## HASLINGTON NURSERY REGISTRATION FORM

(This needs to be completed before your child starts nursery)

|   |  |                |  |
|---|--|----------------|--|
| Start Date:   |  |                |  |
| Child's Name:   |  |                |  |
| Known as:   |  | Date of Birth: |  |
| Religion:   |  | Ethnic Origin: |  |
| First/Home Language:  |  |                |  |
| Details of any Disability:                                  |  |                |  |
| Access Requirements:  |  |                |  |
| Names of Parents/Person(s) holding Parental Responsibility: |  |                |  |
| Home Address:   |  |                |  |
| Home Telephone:   |  |                |  |
| Mobile:   |  |                |  |
| Email:  |  |                |  |
| Work Address:   |  |                |  |
| Work Telephone:   |  |                |  |

### ADDITIONAL EMERGENCY CONTACT NUMBERS

|                        |  |            |  |
|------------------------|--|------------|--|
| Name:                  |  | Telephone: |  |
| Relationship to Child: |  | Mobile:    |  |
| Name:                  |  | Telephone: |  |
| Relationship to Child: |  | Mobile:    |  |
| Name:                  |  | Telephone: |  |
| Relationship to Child: |  | Mobile:    |  |

### PERSONS AUTHORISED TO PICK UP CHILD

|       |  |            |  |
|-------|--|------------|--|
| Name: |  | Telephone: |  |
| Name: |  | Telephone: |  |

**EMERGENCY PASSWORD** (For you to pass to a person not on the authorised list to quote to a staff member if, in an emergency situation, you require them to pick up your child. A child will only be released to anyone who gives the password or is on the authorised list unless prior written consent is provided)

|           |  |
|-----------|--|
| Password: |  |
|-----------|--|

### MEDICAL INFORMATION

|   |  |
|---|--|
| Important Medical Conditions:<br>(e.g. Allergies) |  |
| Injections Received:                              |  |

### DOCTOR'S DETAILS

|                        |  |
|------------------------|--|
| Child's Doctor's Name: |  |
| Address:               |  |
| Telephone:             |  |

I give my consent for my child to receive any medical treatment which is urgently ☐ necessary:

### DENTIST DETAILS

|                         |  |
|-------------------------|--|
| Child's Dentist's Name: |  |
| Address:                |  |
| Telephone:              |  |

I give my consent for my child to receive any medical treatment which is urgently ☐ necessary:

## DIETARY INFORMATION

|   |  |
|---|--|
| Print Name:   |  |
| Any special dietary requirements:   |  |
| Any other relevant information:<br><br>( Is your child subject to a CIN/CP plan, Does your child have a social worker/Family service worker)<br><br>I understand that any other carer who suspects that a child in his/her care has been abused or neglected has a duty to report this to Social Services Department. |  |

|   |      |       |  |
|---|------|-------|--|
| Sessions: (Please circle)   |      |       |  |
| Monday  | 9-12 | 12-3  |  |
| Tuesday   | 9-12 | 12-3  |  |
| Wednesday   | 9-12 | 12-3  |  |
| Thursday  | 9-12 | 12-3  |  |
| Friday  | 9-12 | 12-3  |  |
| Nursery fees are currently £14.00 per session (3/4 year olds) and £15.00 (2 year olds). Fees are payable half termly in advance during the first two weeks of each half term. <b>A £50 Admin fee is payable for fee paying children to secure a place, this is non refundable. Fees are not refundable if the child is absent for any reason.</b> If an unforeseen emergency arises whereby nursery has to close and staff must be paid, fees will not be refunded unless nursery is closed for longer than one week. If your child is to leave nursery for any reason 4 weeks written notice is required. Changes to the above instructions and details must be authorised by a parent or carer and given to the nursery manager in writing. |      |       |  |
| Signed:   |      | Date: |  |



## HASLINGTON NURSERY REGISTRATION FORM

### Permission Slip

In order to save time completing several permission slips, we ask you to complete the following to cover many such activities.

I give permission for my child (name) ..... to participate in the following:

☐

Food Tasting and Religion (small group activities)

☐

Pre-arranged Visits

☐

Activities with Pets/Animals

☐

Nappy changing/Toileting accidents

☐

If your child attends another setting, you agree to us discussing any issues which we need to share

☐

Transitions to school – i.e. Assembly's and Visits

☐

Activities in school – i.e. Woodland area and Pond area

☐

Can we speak to outside professionals if we have any concerns about your child?

Please state Health Visitors name: .....

Signed (Parent or Carer): .....

Date: .....

If your child is unable to attend nursery, please could you ring the setting before 11am on the day.



**HASLINGTON PRIMARY ACADEMY AND NURSERY**  
**PHOTOGRAPH PERMISSION FORM**



Dear Parents/Carers/Guardians,

Photographic evidence is an important part of the record keeping at Haslington Primary Academy and Nursery. We regularly take photographs and videos to record the children's activities. These photographs and videos may be used as displays within the Academy and on the Academy website and the Academy's new social media pages including Facebook and Twitter.

**Please complete the form below to indicate your permission for this:**

Thank you.

**Please circle your answer**

I give consent to my child's photograph and video being taken and used in the Academy. YES NO

I give consent to my child's photograph to be used on our website. YES NO

I give consent to my child's photograph to be published on our social media sites YES NO

(e.g Facebook and Twitter).

I give consent to my child's photograph to be used in the Academy Newsletter and YES NO

Prospectus.

I give consent to my child's photograph being published in the press **without** their name. YES NO

I give consent for my child's photograph to be placed on Tapestry and used in YES NO

another child's learning record for a group observation.

Child's Name ..... Class .....

Parent Name (Print) .....

Signature of Parent/Carer/Guardian .....

Date .....

This consent for will last for as long as your child attends Haslington Primary Academy and Nursery. If at any time you wish to change your consent, please advise the Academy/Nursery in writing to the Principal/Manager.



## Getting to know My Family and Me!

Name: \_\_\_\_\_

My age on starting at Haslington Nursery is \_\_\_\_\_

I Like to be called \_\_\_\_\_

My first language at home is \_\_\_\_\_

Other languages in my family are \_\_\_\_\_

Who lives in my house? \_\_\_\_\_

My experience of being away from my family \_\_\_\_\_

My experience of playing with other children \_\_\_\_\_

Special people in my life \_\_\_\_\_

My family and I celebrate \_\_\_\_\_

Important events in my life \_\_\_\_\_

## Interests and Preferences

Things that excite me and make me happy \_\_\_\_\_

My favourite books, rhymes, activities, toys, and places to go \_\_\_\_\_

Things I like doing outside \_\_\_\_\_

My weekly routines \_\_\_\_\_

Things I can sometimes get angry or upset about \_\_\_\_\_

Things that comfort me \_\_\_\_\_

## Food and Drink

I usually eat \_\_\_\_\_

My favourite foods \_\_\_\_\_

My favourite drinks \_\_\_\_\_

I do not like \_\_\_\_\_

## Health and Development

Medical information \_\_\_\_\_

Any allergies? \_\_\_\_\_

Do they have regular contact with health professionals or agencies?

\_\_\_\_\_

Healthcare \_\_\_\_\_

What are they good at? \_\_\_\_\_

What do they need help with? \_\_\_\_\_

How do they communicate? \_\_\_\_\_

How do they respond to new people and new situations? \_\_\_\_\_

Do you have any developmental concerns? \_\_\_\_\_

How would they handle disappointment? \_\_\_\_\_

## Sleep and Toileting Routines?

Does your child require a sleep? \_\_\_\_\_

Nappy changing/toileting info \_\_\_\_\_

## Goals

What would the family like them to achieve? \_\_\_\_\_

What would the child like to achieve? \_\_\_\_\_





## Haslington Sunscreen Policy and Disclaimer

### Sun Safety

Haslington Nursery believes in sun safety to ensure that children and staff are protected from skin damage

1. During the summer months we require all children to bring their own labelled sun cream and sun hat in their blue bags.
2. It is requested that before your child arrives sun cream has already been applied (once a day creams are recommended).
3. It is our policy that we can apply a generic 5 star suncream for emergency use.
4. All children shall be kept out of the sun during the middle of the day and where possible all children will be encouraged to play in the shade.
5. If a child does not have sun cream on they will not be permitted to go outside (unless you sign to say that your child does not wear sun cream).
6. Parents/Carers must be given a sun cream consent form.
7. All staff have been briefed on the correct application of sun cream and take the upmost care to ensure complete coverage. Staff use different disposable gloves for each child.
8. Sun cream will be reapplied to all children at lunchtime, or whenever needed during the day.

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I have read the above instructions and agree to provide sun protection for my child.

**I agree** to apply the sun cream to my child prior to their arrival on the days as appropriate and will send in a labelled sun cream bottle and hat.

**I agree** to the Staff re-applying sun cream at lunchtime and whenever needed during the day.

**Child does not need sun cream:** \_\_\_\_\_

**Childs Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Date: \_\_\_\_\_



## Tapestry Policy

As a nursery, we have invested in a digital learning journey. This means that staff can take pictures, videos, and record observations of the children individually in the setting. All the observations taken will show a progression within our care. The learning journey can be shared with parents easily and parents will be able to see what activities they have completed at pre-school. Tapestry will enhance 'working in partnership' with parents as it allows parents to comment, communicate and to see our dedication to each individual child in our setting.

All staff members will be given a smart tablet to use in the setting. For security reasons, tablets will not be taken home and should remain in the setting. Following GDPR, staff members will understand that they will NOT be allowed, under any circumstances, to share any information of children outside of the setting. If any staff member found to be sharing such information, disciplinary action will be taken.

Each day, all observations are uploaded daily which leaves the tablet clear of personal information and images of your child. All tablets are stored in a locked cabinet.

Parents and carers will be able to log onto tapestry to see their child's profile. For security reasons, we ask that you DO NOT post information on to any social networking sites.