Stepping Stones Pre-School

**Entry Profile**

Child’s Full Name.............................................................................. Date of Birth................................... Country of Birth........................................................ Male/Female

 Name of parent(s) with whom the child lives .............................................................................................................................................................................. Address.............................................................................................................................................................................................................................................................................................................................................Telephone........................................................................... Mobile................................................................. Email.............................................................................................. Does this parent have parental responsibility? Yes/No (delete) Name of parent with whom the child does not live.................................................................................. Does this parent have parental responsibility? Yes/No (delete) Address.............................................................................................................................................................................................................................................................................................................................................Telephone........................................................................... Mobile................................................................. Does this parent have legal access to the child? Yes/No (delete)

Other Children in the family Name........................................................................... Age.............................. Male/Female Name........................................................................... Age.............................. Male/Female Name........................................................................... Age.............................. Male/Female

**Emergency Contact Details** Parent 1 – Work/daytime contact number................................................................................................ Parent 2 – Work/daytime contact number................................................................................................ Any other emergency contact numbers..................................................................................................... Name 1................................................................................... Relationship...................................................... Telephone.......................................................................... Mobile............................................................... Name 2................................................................................... Relationship...................................................... Telephone............................................................................ Mobile............................................................... Person Authorised to collect the child (must be over 16 years of age) Name....................................................................................... Relationship.................................................... Telephone............................................................................... Mobile.............................................................

 **Personal Details of Child**

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

Status? (Please tick) Refugee ( ) Asylum Seeker ( ) Traveller Family ( ) Permanent Residency ( ) Temporary Visa ( ) Other ( ) .............................................................

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)

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

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

Are any of the following in place for your child? (please tick) Early Years Action ( ) Early Years Action Plus ( ) Statement of special educational need ( ) What special support will he/she require in our setting?

Does your family have a social care worker? Name............................................................................. Based at................................................................ Telephone.................................................................... What is the reason for the involvement of the social care department with your family?

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

Is/has your child been cared for frequently by any of the following?(please tick) Childminder ( ) Relative ( ) Friend ( ) Day Nursery ( ) Other ( ) (please specify) Which other groups or pre-schools is your child attending or attended?

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

**Health and Development**

Has your child had their two year check? Yes/No (delete) If no please contact your Health Visitor for an appointment before your child starts Pre School.

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

Immunisation Record (please tick) Polio ( ) Diphtheria ( ) Whooping Cough ( ) Tetanus ( ) MMR ( ) HIB ( ) Name of GP..................................................................... Telephone No...................................................

Does your child have any other medical needs that we need to be aware of? Yes/No (delete)

Has your child ever been referred to any of these specialists (Please tick) Speech therapist ( ) Ortoptist ( ) Occupational therapist ( ) Psychologist ( ) Audiologist ( ) Dietician ( ) Community paediatrician ( ) Physiotherapist ( ) Portage ( ) Health visitor ( ) Other ( ) (please specify) ....................................................

Name of professional involved with your child: Name 1......................................................................................... Role............................................................ Agency................................................................................ Telephone............................................................. Name 2......................................................................................... Role............................................................ Agency................................................................................ Telephone.............................................................

Do you have a health visitor? Name.......................................................................... Based at................................................................. Telephone.....................................................................

Child’s birth weight....................................... Born at..............................weeks

My child was...........................months when he/she first walked My child was...........................months when he/she said first word/s My child goes to bed at........................................................(time)

IN THE EVENT OF AN ACCIDENT AND STEPPING STONES PRE SCHOOL BEING UNABLE TO CONTACT ME, I HEREBY GIVE CONSENT FOR HOSPITAL TREATMENT TO BE ADMINISTERED.

Signed................................................................... (Parent/Guardian) Dated.........................................

**To be completed with Key Person when starting at setting**

Agreed start date...................................................... Days preferred Mon/Tues/Wed/Thur/Fri

Name of key person..................................................... SENCO............................................................

Fees payable (if any) ............................................... Review date..................................................

Agreed settling-in process? Yes/No

I give my permission for both written and photographic observations to be taken of my child during pre-school sessions. I understand that these observations will only be used for my child’s record of achievement folder.

Signed...................................................................... (Parent/Carer) Dated........................................

I give permission for my child to be included in any outdoor activities and short walks within the vicinity of the pre-school

Signed...................................................................... (Parent/Carer) Dated........................................

Please note that we may change your child’s key person should there be the need. E.G. Your child may bond more with another member of staff, therefore this will help their learning development or should your child require extra needs.

**PARENT/CARER DECLARATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** | **Forename:** | **Date of Birth:** | **Gender:** |
| **Address (including post code):** | **Ethnic Code (see list of codes below):** |

**Parents/Carers:** On initial registration at our setting, please show evidence of your child’s date of birth. An original Birth Certificate is preferable, if not then a current Passport/ Health Record or European ID Card.

|  |
| --- |
| **Ethnic Codes:** It is important that when claiming grant you indicate your child’s ethnicity code. Please note we may not be able to pay the grant for a child whose ethnic code has not been completed |

|  |  |  |  |
| --- | --- | --- | --- |
| WBRI | White, British | WIRI | White, Irish |
| WIRT | Traveller of Irish Heritage | WROM | Gypsy/Roma |
| WOTH | White, any Other White Background | MWBC | Mixed, White and Black Caribbean |
| MWBA | Mixed, White and Black African | MWAS | Mixed White and Asian |
| MOTH | Mixed, any Other Mixed Background | AIND | Asian or Asian British, Indian |
| APKN | Asian or Asian British, Pakistani | ABAN | Asian or Asian British, Bangladeshi |
| AOTH | Asian or Asian British, Any Other Asian Background | BCRB | Black or Black British, Caribbean |
| BAFR | Black or Black British, African | BOTH | Black or Black British, Any Other Black Background |
| CHNE | Chinese | OOTH | Any Other Ethnic Background |
| REFU | Did not wish to be recorded |  |  |

**Parent/Carer Declaration**

I confirm that all the details above are correct, and that my child is not claiming more than the maximum entitlement of 15 hours per week across all settings, including maintained nurseries attached to a school within Harrow or another Borough.

**Please note:** If your child attends more than one setting it is your responsibility to inform them both.

|  |
| --- |
| Name of Parent/Carer (BLOCK CAPITALS)  |
| Signature of Parent/Carer: | Date: |

It is a criminal offence to make false claims for funding and any suspected false claims will be treated seriously and the appropriate action taken.

Stepping Stones Pre-School

17th Harrow Scout HQ, Roxborough Park, Harrow, Middlesex, HA1 3BE, Tel: 0795 2204022 Email: donnahoare@yahoo.co.uk

Website: [www.steppingstonesharrow.com](http://www.steppingstonesharrow.com) Registered Charity No. 1029770

Please take the time to fill in our entry profile carefully as it contains important information about your child to help us plan their learning and development. If you need any help or advice about filling in this form, please speak to a member of staff at Stepping Stones who will be happy to help you.

Please go to [www.steppingstonesharrow.com](http://www.steppingstonesharrow.com) to remind yourselves of our prospectus information, policies and procedures, terms and conditions etc.

It is our intention that when your child progresses from this setting to school the information on this form will be shared with your child’s school. We would like your consent for this information to be passed to the school at the point of transfer. Please be assured that all information that you share with us is completely confidential.

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

Name (please print).......................................................................... Date..................................................

*Charity Registration Number: 1029770*

Stepping Stones Pre-School

17th Harrow Scout HQ, Roxborough Park, Harrow, HA1 3BA, Tel: 07952 204022

Website: [www.steppingstonesharrow.com](http://www.steppingstonesharrow.com) Registered Charity No. 1029770

Email address donnahoare@yahoo.co.uk

Our Website and WhatsApp

As we update our website regularly, we would like it to include photos during our sessions with the children. In order for us to do this, we need your authorisation to allow us to have your child on our website.

We will never put your child’s name on the website.

We would also like to send you short videos or a photo of just your child, to your WhatsApp for you to see during our sessions. We sometimes feel it would be nice for you to capture moments of your child’s development that we can share with you. It will only be your child in your video and send to you only. Video’s will only be recorded on the Pre School mobile telephone.

Please can you advise the above or not, by returning this signed document.

Child’s Name………………………………………………………………………..

I will/will not allow my child to be on your website

I do/do not want to receive WhatsApp videos of my child

Parent/ Carers name………………………………………………………………

Signature ………………………………………………………………………………..