

ק"ק שערי צדק  
Sha'arei Tsedek



North London Reform Synagogue



# Alonim Kindergarten Registration Form

Registration Fee: £150.00 Please note this fee is non-refundable and non-creditable against any fees or charges.

## CHILD'S DETAILS

The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversations with you. Does your child have previous experience of attending a childcare setting? If so, please specify:

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First Name

---

Surname

---

Name known as

---

Date of birth

---

Gender

---

Home address

---

Birth Certificate seen and copy made

Yes

No

## **FAMILY DETAILS**

Name of parent (s) / carer (s) with whom the child lives.

---

First name

---

Surname

---

Relationship to child

---

Home address

---

Daytime / Work phone

---

Home phone

---

Mobile

---

Email

---

Work address

---

Date of birth

---

NI Number

---

Does this parent / carer have parental responsibility for the child

Yes

No

First name

---

Surname

---

Relationship to child

---

Home address

---

Daytime / Work phone

---

Home phone

---

Mobile

---

Email

---

Work address

---

Date of birth

---

NI Number

---

Does this parent / carer have parental responsibility for the child

Yes

No

Name

---

Address

---

Contact telephone numbers

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Relationship to child

---

What are the contact arrangements that [we/I] need to be aware of?

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Name

---

Address

---

Relationship to child

---

Daytime / work phone

---

Home phone

---

Mobile

---

Name

---

Address

---

Relationship to child

---

Daytime / work phone

---

Home phone

---

Mobile

---

Name (Person 2)

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Address (Person 2)

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Relationship to child (Person 2)

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Daytime / work phone (Person 2)

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Home phone (Person 2)

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Mobile (Person 2)

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Password for the collection of child by authorised person:

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## About your child

The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversations with you.

Does your child have previous experience of attending a childcare setting? If so, please specify:

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# Immunisations

## Two months old

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5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).

Yes

No

Pneumococcal (PCV) vaccine.

Yes

No

Rotavirus vaccine.

Yes

No

## Three months old

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5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).

Yes

No

Meningitis C vaccine.

Yes

No

Rotavirus, second dose.

Yes

No

## Four months old

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5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).

Yes

No

Pneumococcal (PCV) vaccine, second dose.

Yes

No

## Between 12 and 13 months old

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Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.

Yes

No

MMR vaccine – mumps, measles, and rubella.

Yes

No

Pneumococcal (PCV) vaccine, third dose.

Yes

No

## Two to three years

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Flu vaccine

Yes

No

## Three years and four months or soon after

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MMR vaccine, second dose – mumps, measles, and rubella.

Yes

No

4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.

Yes

No

For office use:

Yes

No

Have child's Health Record Book been seen to confirm immunisation dates?

Does your child have any on-going medical conditions? If so, please specify.

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If yes, please specify which external agencies are involved e.g., Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc

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Does your child require a health care plan?

Yes

No

## **Developmental Information**

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Is your child known to have any allergies or food intolerances? If so, please specify: A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance's as mentioned above.

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What are your child's dietary requirements?

**[please refer to our Food & Drink Policy]**

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If your child is aged three years or over, does he or she have difficulty with any of the following. (Please tick where applicable)

- Speaking and communicating
- Listening and attending
- Understanding simple instructions
- Eating and drinking
- Sitting and sharing a book
- Walking and climbing
- Rolling a ball
- Holding a crayon
- Socialising with adults and other children
- Using the toilet

Putting on their shoes and socks

Any other concerns:

Does your child have any special needs or disabilities? If so, please specify:

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Are any of the following in place for the child?

SEND Action Plan

Education, Health and Care Plan

What special support will he/she require at Alonim Kindergarten?

Please tick if applicable

## Two-year old progress check – children aged 24 – 36 months.

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If your child is aged between 24-36 months, has a two-year old progress check already been completed for your child?

Yes

No

Insert For Office completion

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Date of Progress Check

Date seen

As per the requirements of the Early Years Foundation Stage, Alonim Kindergarten will complete a progress check on your child between the ages of 24-36 months. Alonim Kindergarten will ask you to be involved in completing the check and will discuss it with you.

## Cultural background

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**How would you describe your child's ethnicity or cultural background? What is the main religion in your family (if applicable)? 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 at Alonim Kindergarten?**

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

Yes

No

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?

Does your child need a bilingual support plan?

Yes

No

If so, discuss and agree with the key person how Alonim Kindergarten can work together to support your child when settling in.

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Ethnicity (Gathered for monitoring purposes only. Parents are not obliged to complete this data.)

- White British
- White Irish
- White other
- Black British
- Black African
- Black Caribbean
- Black Other
- Bangladeshi
- Pakistani
- Indian
- Asian other
- Chinese
- Chinese other
- White and Black Caribbean
- White and Black African
- White and Black Asian
- Other

If Other, please state

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## General Information

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What is your child's usual sleep pattern? Please tick if 'Yes'

- Does your child have any food preferences?
- Does your child have a pacifier i.e., dummy or thumb?
- Does your child have a special toy or object they might bring with them?

What sort of things does your child enjoy doing at home, i.e., drawing or cooking?

What other information is important for Alonim Kindergarten to know about your child? For example, their likes and dislikes and any fears or any special words they use.

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Doctor

Medical Practitioners Contact Information Name Address Telephone

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Health Visitor (if applicable)

Name Address Telephone

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**Social Care Worker (if applicable)**

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

Name (Social Care Worker)

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Address (Social Care Worker)

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Telephone (Social Care Worker)

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What are the reasons for the involvement of the social care department with your family? (Social Care Worker)

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Dentist (if applicable)

Name Address Telephone

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**Any other professional who has regular contact with the child**

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Name 2

Agency Address Telephone

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Name 3

Agency Address Telephone

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Name

Agency Address Telephone

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### General parental permissions

Emergency Treatment Declaration In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary, and I understand my child may be taken to hospital accompanied by the manager or authorised deputy for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

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### Emergency Treatment Declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary, and I understand my child may be taken to hospital accompanied by the manager or authorised deputy for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

---

Name

Signed

Date

Print

**For inhalers/auto-injectors (e.g., EpiPens) only**

I give permission for a member of staff who has been appropriately trained to administer the inhaler / EpiPen or Anapen (supplied by me) to (Name of child).

SIGNED

PRINTED NAME

DATE

**Nappy Cream**

I give permission for nappy cream (supplied by me) to be administered to ..... (Name of child) when necessary – in accordance with manufacturer’s instructions – and for staff to record its use.

SIGNED

PRINTED NAME

DATE



#### Paracetamol-based medicine (e.g., Calpol or Sudafed)

I give permission for Alonim Kindergarten to administer paracetamol-based products. (e.g., Calpol) to ..... (Name of child) in the case of a raised temperature and on the understanding that I will be planning for my child to be collected as soon as possible in accordance with Managing Children who are sick, infectious or with allergies Policy

NAME OF CHILD

SIGNED

PRINTED NAME

DATE

**For Sun Cream**

I give permission for nappy cream (supplied by me) to be administered to ..... (Name of child) when necessary – in accordance with manufacturer's instructions – and for staff to record its use.

NAME OF CHILD

SIGNED

PRINTED NAME

DATE



### Short-Trip / General Outings

Your child will be taken out of Alonim Kindergarten as part of their daily activities. You will be informed of these venues with details nearer the time. They may include: An environment walk in the local area, visit to the church grounds, visit to the neighbouring schools including All Saints' Primary School and a walk to the local post box. I give permission for ..... (Name of child) to take part in short trip or outings. I understand that individual risk assessments are carried out for each type of trip or outing taken and are available for me to see as required. For any planned outings, I understand I will be informed, and my specific consent obtained.

NAME OF CHILD

SIGNED

PRINTED NAME

DATE



## Photographs

- I / We GRANT permission for filming of my child/children and a photo/image that includes my child / children without any other personal identifiers to be published on the nursery website, newsletter, bulletin, Facebook page, or other social media outlets and publications.
- I / We DO NOT GRANT permission for filming of my child/children and a photo/image and that includes my child / children without any other personal identifiers to be published on the nursery website, newsletter, bulletin, Facebook page, or other social media outlets and publications.

As part of the on-going recording of our curriculum and for children's individual development records, Alonim Kindergarten regularly take photographs of the children during their play. Only iPads supplied by Alonim Kindergarten are used for this purpose, photographs taken are used for display and for your child's records within Alonim Kindergarten. Alonim Kindergarten may also record events and activities on video. Photos / videos are stored on the Alonim Kindergarten's computer and iPads only; Alonim Kindergarten only stores images during the period your child is with Alonim Kindergarten. Alonim Kindergarten shares your children's activities and achievements on our website and social media by filming your child/children and taking images/photos of them without any other personal identifiers. Please tick one of the following choices to either give consent or not give consent.

## Publicity

If Alonim Kindergarten would like to use any image of your child for training, publicity, or marketing purposes, Alonim Kindergarten will always seek your written consent for each image we intend to use. I give permission for ..... (name of child) to have his/her photo taken, or to be videoed, as per the above conditions.