

CHUCKLEBERRIES  
PRE-SCHOOL  
**Enrolment Pack**

Thank you for requesting the enrolment pack and we look forward to welcoming you and your child to the world of Chuckleberries.

In order for us to enrol your child at Chuckleberries Pre-School we ask that you go through the following forms and fill out the requested information.

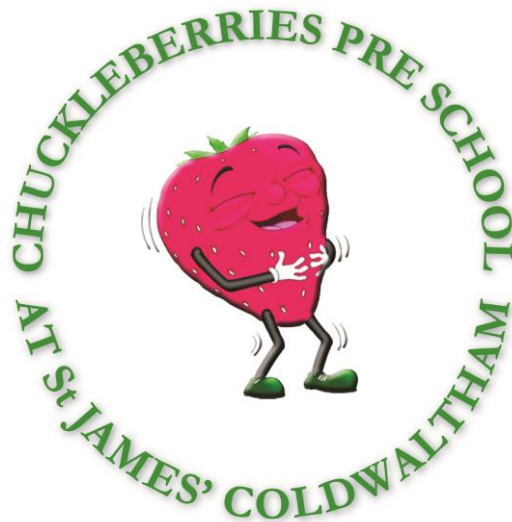
There are a number of forms but we need to ensure we have as much information regarding your child so that their time at Pre-school is a safe and happy one.

If you have any questions regarding any of the forms, please don't hesitate to contact the Supervisor who will be happy to help.

If you would like to arrange to visit, then please contact:

Jo Kent, Supervisor on 01798 300 588

or by email at [info@chuckleberries.co.uk](mailto:info@chuckleberries.co.uk)



Chuckleberries Pre-School  
At St James' C.E. Primary School  
Church Lane  
Coldwaltham  
Nr. Pulborough  
West Sussex RH20 1LW

Ofsted Registration No.:  
Charity Registration No.: 1099029

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## REGISTRATION FORM

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

Child's first name(s)		Surname	
Name known as			
Child's full address			
Gender		Date of birth	Birth certificate seen and copy made Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Family details</b>			
Name of parent(s)/carer(s) with whom the child lives:			
Contact details 1 (including emergency information):			
Parent/carer full name			
Relationship to child			
Daytime/work telephone		Mobile	
Home telephone		Email	
Home address			
Work address			
Does this parent have parental responsibility for the child? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Contact details 2 (including emergency information):			
Parent/carer full name			
Relationship to child			
Daytime/work telephone		Mobile	
Home telephone		Email	
Home address			
Work address			
Does this parent/carer have parental responsibility for the child? Yes <input type="checkbox"/> No <input type="checkbox"/>			

<b>Other person(s) with legal contact</b> To be completed where those persons with parental responsibility are separated and an S8 Order is in place.	
Name	
Address	
Contact telephone numbers	
Relationship to child	
What are the contact arrangements that [we/I] need to be aware of?	

<b>Emergency contact details if parents are not available</b> Emergency contacts must be local.			
CONTACT 1 – NAME			
Relationship to child			
Address			
Daytime/work telephone			
Home telephone		Mobile	
CONTACT 2 – NAME			
Relationship to child			
Address			
Daytime/work telephone			
Home telephone		Mobile	

**Persons other than parent(s) authorised to collect the child** Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, staff will check before releasing the child.

PERSON 1 – NAME			
Relationship to child			
Address			
Daytime/work telephone			
Home telephone		Mobile	
Home telephone		Mobile	
Password for the collection of child by authorised persons			

## 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 conversation with you.

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

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### HEALTH AND DEVELOPMENT

Has your child received the following immunisations? Please confirm and provide date of immunisations given.

<b>Two months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	Rotavirus vaccine.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
<b>Three months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	Meningitis C vaccine.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	Rotavirus, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
<b>Four months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
<b>Between 12 and 13 months old</b>	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	MMR vaccine – mumps, measles and rubella.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
<b>Two to three years</b>	Flu vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
<b>Three years and four months</b>	MMR vaccine, second dose – mumps, measles and rubella.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	

For internal use: Has the child's health record book been seen to confirm immunisation dates?

Yes  No

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

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

Does your child require a health care plan? Yes  No

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 as mentioned above.

What are your child's dietary requirements? Please specify:



IF YOUR CHILD IS AGED THREE YEARS OR OVER, DOES HE OR SHE HAVE DIFFICULTY WITH ANY OF THE FOLLOWING:				
Speaking and communicating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Listening and attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Understanding simple instructions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eating and drinking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sitting and sharing a book	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walking and climbing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rolling a ball	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Holding a crayon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Socialising with adults and other children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Putting on their shoes and socks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any other concerns:				
Does your child have any special needs or disabilities? If so, please specify:				
ARE ANY OF THE FOLLOWING IN PLACE FOR THE CHILD?				
Early Years Action	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Early Years Action Plus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Statement of special educational need	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What special support will he/she require in our setting?				
TWO YEAR OLD PROGRESS CHECK – CHILDREN AGED 24 – 36 MONTHS				

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Setting completing check		Date completed		
As per the requirements of the Early Years Foundation Stage [we/I] will complete a progress check on your child between the ages of 24-36 months. [We/I] will ask you to be involved in completing the check and will discuss it with you.				
Cultural background				
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 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	<input type="checkbox"/>	No <input type="checkbox"/>
Does your child need a bilingual support plan?		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If so, discuss and agree with the key person how [we/I] can work together to support your child when settling-in:				

## GENERAL INFORMATION

What is your child's usual sleep pattern?			
Does your child have any food preferences?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Does your child have a pacifier i.e. dummy or thumb?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Does your child have a special toy or object they might bring with them?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
What sort of things does your child enjoy doing at home, i.e. drawing or cooking?			
What other information is it important for us to know about your child? For example, what they like, or what fears they may have, or any special words they use.			
Please provide details of any skills that you have that may be useful and contribute to the development and running of Chuckleberries such as; builder, lawyer, accountant, media, PR etc..			

## KEY PERSON

To be completed by the settings Supervisor:

Your child's key person will be	
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Date starting at	Chuckleberries Pre-School	
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Days and times of attendance	
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Are any fees payable? If so, note here	
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Has the settling-in process been agreed? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please specify:

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### Policies and procedures

I have been provided with details of Chuckleberries Pre-School Early Years' prospectus for parents, and parents handbook. I have seen the Policies and Procedures document which is on the website. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

Signed		Date	
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Printed name	
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Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.
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Parent name	
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Signed		Date	
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## EQUALITIES MONITORING FORM:

Ethnicity, where collected, should be recorded according to the following categories:

Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.			
White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>
Other please state			

A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need	<input type="checkbox"/>
Early Years Action	<input type="checkbox"/>
Early Years Action Plus	<input type="checkbox"/>
Statement	<input type="checkbox"/>

Providers should refer to the SEN Code of Practice for an explanation of the terms above.

## **APPENDICES**

- 1. ADMISSIONS FORM**
- 2. CONSENT FORM**
- 3. MEDICAL FORM**
- 4. PHOTOGRAPHIC CONSENT FORM**
- 5. TERMS AND CONDITIONS**