



Childcare Registration and Agreement Form

Please complete this form and return it with a signed contract and terms and conditions
 This form must be completed by someone who has parental responsibility.

Family Details

Requested start date			
Child's full name			
Preferred name			
Date Of Birth			
Mother's Name		Father's Name	
Place of Work Address		Place of Work Address	
Home Telephone Mobile Work Number		Home Telephone Mobile Work Number	
E-mail		E-mail	
Other Carers			
Parent/Carer's Address			
Telephone Mobile E-mail			
Name, address and number of any other person with permission to pick up your child			
Must be over 16 years of age			
Who will collect your child?			
Collection Password?			

Daytime emergency contact details

1 st Alternative Contact (required)	
Name and relationship to child:	Telephone Number:
2 nd Alternative Contact (required)	
Name and relationship to child:	Telephone Number:
School/Nursery (<i>name of establishment, address, contact tel. number, favourite teacher and subject</i>)	
Do they require drop off/ pick up from here – if so what time/s?	

Initial Parent:

Date:

Initial AGC:

Date:



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Health Information

Doctors name, address and telephone number:	
Health Visitor's name, address and telephone number:	
Does your child have any special health requirements, please give details (<i>Is your child on long term or temporary medication? Does your child have an epipen</i>)	
Does your child have any known allergies? (medicines, plasters, nuts, foods, animals etc) <i>Does your child have a severe or mild allergy?</i> <i>How does this manifest (if triggered)</i>	
Does your child have any special dietary requirements, preferences or food allergies?	
Are all childhood vaccinations up-to-date?	
Does your child suffer from car sickness? If yes please can you state in miles approximately how far they can travel before becoming ill?	
Has your child had chickenpox?	
Has your child had the swine flu injection?	
Is there anything else I need to know about your child?	

It is important you notify us about any changes in your child's health or the above information as soon as possible.

All About your child

Sleep

Does your child require a Sleep? Sleeping/nap routine:	
Baby routine (<i>When does your baby sleep, do they like to sit and watch activity? When do they nap? Where do they sleep? Do they like to be held or put down? Do they use a sleeping bag or blankets?</i>)	
Where does your child prefer to sleep?	
How do you settle your child to sleep? (<i>If any? Does your child have a dummy/comforter etc?</i>)	
How does your child like to be treated after waking? E.g. Left to come round or cuddled	

Likes and Dislikes

Does your child have any commonly used or favourite words? (<i>A translation of your child's commonly used names for food and drink and body parts are essential!</i>)	
Favourite Toys	

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Favourite Books	
Favourite Programmes/ Films	
Favourite Games	
What are your child's current interests/hobbies?	
What is your child scared of?	
Dressing	
Can your child:	
Dress themselves?	
Put on their shoes?	
Tie shoelaces?	
Zips/ Buttons?	
Do they require privacy to do this?	
Food	
Favourite and least favourite foods (<i>essential for menu planning!</i>)	
Food Allergies?	
What will your child drink?	
Dentist actively encourage that children do not drink anything except milk or water until the age of two.	
Do you have set meal times?	
Are there any particular foods, which you do not want your child to eat for other reasons? i.e. religion	
Can your child eat the foods which we pick from bushes or fields on an outing (Washed first)?	
Toileting/ Training	
Does your child wear a nappy or pull ups?	
How often do you normally change your child's nappy?	
Do you require any particular routine for nappy changing i.e. special creams?	
Does your child use the toilet/ potty?	
Are you potty training?	

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How does your child indicate that they wish to go to the toilet?	
Does your child need any help with toileting e.g. small child's fitted seat? etc	
Social, Emotional and Development	
Does your child have any special emotional or educational needs?	
Behaviour Management at home (<i>how do you manage temper tantrums, what is acceptable to you?</i>)	
Does your child have any delays in any area/s of development?	
Any other relevant information about your child/special requests from you?	
Does your child have any brothers or sisters?	
Does your child have a best friend/ cousins?	

Other Information

Other languages used at home:
Ethnic Origins:
How do you celebrate special occasions? (<i>e.g. any family traditions for Birthdays, Christmas, a New Year, Passover, Harvest time, Diwali etc</i>)
Information of any other childminders or childcare settings your child has previously attended:
Details of any other agencies or professionals working with your child and their role:

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Personal Plan (Planning, Assessment and Observations)

This part of your child’s registration is crucial to enable Adventure Glen Childcare to provide the right care environment for you and your child. This section will go hand in hand with your child’s milestone/ observation checklist, which will need to be completed.

For those that are involved in assessment and decision-making processes, the following elements are indications of sound practice, in line with Getting it right for every child principles.

Family members/those involved

- have sufficient information at an early stage, both verbally and in writing, to help them make informed choices
- have opportunity to give consent to the sharing of information between parties as appropriate in the circumstances
- are aware of the various consequences of decisions they may take
- are actively involved in assessments, planning meetings and reviews
- are given help to express their views and wishes and to prepare written reports and statements for meetings where necessary
- are heard (as children, as parents, or as those with other responsibilities towards the child) by key professionals
- are given advice about how to challenge decisions taken by professionals and how to make a complaint if necessary
- have their needs taken in to account for example in decisions about the location and timing of meetings to ensure their attendance
- are helped to prepare for decision making meetings such as reviews and children’s hearings
- are encouraged to contribute to a plan which engages the strengths and addresses the risks in the family network in relation to the needs of the child
- There are examples of models of practice that encompass many aspects of Getting it right for every child and may be applied

		Comments
Do you understand that you will need to make yourself available for regular discussions about your child?		
Do you understand that you will need to regularly update milestone achievement checklists to ensure we are both working to help your child reach their potential, and support them together in other areas where it may be required?		
Do you understand that there will be a record (kept confidential) for your child in a folder and that it is available to view at any time?		
Health		
Do you have any concerns with your child’s general health? (Weight, Height, coughs/colds, oral hygiene etc)		
Do you give permission for me to help and encourage your child to brush their teeth after meals while they are in my care?		
May I regularly measure and log the height and weight of your child for their record?		
Is your child generally happy? or do they regularly have mood swings?		
Does your child appear to have any emotional difficulties or problems?		
Is there anything, which your child prefers to be said or done to encourage them to do something new?		
How easily do you feel your child learns to trust? Are they trusting?		
Are there any issues/ situations in any environments surrounding your child, which you feel may be affecting your child’s wellbeing/ stress levels/ mood at present?		
Safe		

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Adventure Glen Childcare

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Are there any situations which I need to know about within your home environment, which you feel could be detrimental to your child's safety?		
Does anyone in your child's home use drugs or drink regularly?		
Is your child exposed to smoke at home or in the car?		
Is your child exposed to environments where people are intoxicated with either drink or drugs?		
Does your child have any mental health or learning difficulties, which may cause them to harm themselves? Do they require additional support?		
Is your child exposed to domestic abuse?		
Is your child aware of road safety and The Green Cross Code?		
Do you give me permission to take your child out in my car?		
Do you give me permission to ask your child to wear an Adventure Wood Childminding branded high visibility vest over their clothes on our outings (school run, shopping etc)?		
Inclusion		
Does your child regularly go on trips to public facilities (i.e. swimming pools, library etc)		
Is there any activity or outing, which you would prefer your child not to partake in?		
Is your child shy or outgoing?		
Achieving		
Are there any concerns on either your behalf or your child's teacher's behalf for your child's learning stage and ability?		
Do you actively promote learning at home (Teaching numeracy, literacy etc)		
Do you require your child's homework to be carried out while they are in Adventure Wood's care?		
Does your child currently have additional tutoring at home?		
Was your child's recent report from school what you expected? Have you been given any suggestions for your child, which you feel would be beneficial for me to know?		
Has your child's nursery expressed any concerns?		
Nurturing		
Does your child have the opportunity to regularly have one-to-one time with you?		
Activity		
Does your child regularly do any sports?		
How many hours a day (roughly) does your child watch TV?		
Does your child like being active or any particular sport? (i.e. going on walks, dancing , football etc)		
How many hours a day does your child normally spend being active?		
Respect		
Does your child normally feel comfortable with asking for what they want?		
Does your child normally express their opinions openly?		
Responsible		
Does your child partake in any schools events or clubs?		

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Parental Communication (<i>Please indicate your preferred method of communication for things such as newsletters ,notes and reminders etc. This could be e-mail, phone, text and/or letter.</i>)	
I give permission for Photographs/ videos to be taken of my child and possibly used in my materials such as the website and newsletters.	
I give permission for my child to travel by all reasonable means of transport with the childminder.	

Other Information

How did you hear about us? Please tick appropriate box		
Care Inspectorate	Website	Yellow Pages
Childcare link	Recommendation	Postcard in shop/post office
Sign in Car	Flyer	

Important - We ask that you keep us informed of any changes to your details. Periodically, we may ask you to confirm your details for our records.

Please be assured that all the information you provide on this form will remain confidential and is intended to assist in the settling in process and in getting to know your child.

I.....(Parent/ Guardian) have written a true representation of my child to my knowledge. I will express any concerns with Adventure Glen Childcare and be happy to use a multi- agency approach to help support my child if any concerns with development, health or wellbeing need to be addressed with other agencies.

I am also happy for my child's data to be used in the ways stated in the contract which I have signed in addition to this registration form.

Signed:

PRINT:

Date:

Place:

Initial Parent:

Date:

Initial AGC:

Date: