

**ALONIM KINDERGARTEN
REGISTRATION FORM**
PLEASE COMPLETE IN BLOCK CAPITALS



ק"ק שערי צדק
Sha'arei Tsedek
North London Reform Synagogue

ENROLMENT FOR TERM COMMENCING:

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120 Oakleigh Road North

London N20 9EZ

T: 020 8445 3400

E: roz.levenson@shaarei-tsedek.org.uk

W: shaarei-tsedek.org.uk

Company No: 10514105

Charity No: 1171418

CHILD'S DETAILS

FIRST NAME (S)	
SURNAME	
NAME KNOWN AS	
DATE OF BIRTH	
GENDER	
HOME ADDRESS	
BIRTH CERTIFICATE SEEN AND COPY MADE	YES <input type="checkbox"/> NO <input type="checkbox"/>

FAMILY DETAILS

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

Contact details 1

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 <input type="checkbox"/> NO <input type="checkbox"/>

FAMILY DETAILS *(cont'd)*

Contact details 2

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 <input type="checkbox"/> NO <input type="checkbox"/>

FAMILY DETAILS *(cont'd)*

Other person (s) with legal contact *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?	

Emergency contact details if parents are not available *Emergency contacts must be local.*

	CONTACT 1	CONTACT 2
NAME		
RELATIONSHIP TO CHILD		
ADDRESS		
DAYTIME/WORK PHONE		
HOME PHONE		
MOBILE		

FAMILY DETAILS (cont'd)

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/I] will check before releasing*

NAME (Person 1)	
ADDRESS	
DAYTIME/WORK TELEPHONE	
HOME TELEPHONE	
MOBILE	
RELATIONSHIP TO CHILD	

NAME (Person 2)	
ADDRESS	
DAYTIME/WORK TELEPHONE	
HOME TELEPHONE	
MOBILE	
RELATIONSHIP TO CHILD	

NAME (Person 3)	
ADDRESS	
DAYTIME/WORK TELEPHONE	
HOME TELEPHONE	
MOBILE	
RELATIONSHIP TO CHILD	

Password for the collection of child by authorised person

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:

Health and development

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

Two months old	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:
Three months old	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:
Four months old	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:
Between 12 and 13 months old	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:
Two to three years	Flu vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Three years and four months or soon after	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

About your child (cont'd)

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?	
Is your child known to have any allergies or food intolerances? If so, please specify:	
<i>A risk assessment will be completed and kept on the child's file for any known allergies or food intolerances as mentioned above</i>	
What are your child's dietary requirements? Please specify:	

It is [our/my] usual practice to provide both a meat and vegetarian option. If this is not in-keeping with your child's dietary requirements, please discuss this with [our setting manager/me] to ensure that we are working in partnership to meet your child's needs. Please refer to our Food and Drink Policy.

About your child (cont'd)

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?				
SEN action plan				
Education, Health and Care Plan				
What special support will he/she require in [our/my] 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 No

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.

About your child (cont'd)

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/my] 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

Does your child need a bilingual support plan?

Yes

No

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 a feeding routine (for children under 2 years)?

Yes

No

Does your child have any food preferences?

Yes

No

Does your child have a pacifier i.e. dummy or thumb?

Yes

No

Does your child have a special toy or object they might bring with them?

Yes

No

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

What other information is it important for [us/me] to know about your child? For example, what they like, or what fears they may have, or any special words they use.

DETAILS OF PROFESSIONALS INVOLVED WITH YOUR CHILD

GP

NAME	
ADDRESS	
TELEPHONE	

HEALTH VISITOR *(if applicable)*

NAME	
ADDRESS	
TELEPHONE	

SOCIAL CARE WORKER *(if applicable)*

NAME	
ADDRESS	
TELEPHONE	

What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. [We/I] will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.*

DETAILS OF PROFESSIONALS INVOLVED WITH YOUR CHILD (cont'd)

DENTIST (if applicable)

NAME	
ADDRESS	
TELEPHONE	

Any other professional who has regular contact with the child

NAME 1	
AGENCY	
ADDRESS	
TELEPHONE	

NAME 2	
AGENCY	
ADDRESS	
TELEPHONE	

NAME 3	
AGENCY	
ADDRESS	
TELEPHONE	

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.

SIGNED	
PRINTED NAME	
DATE	

For inhalers/auto-injectors (e.g. Epipens) only

I give permission for a named member of staff who has been appropriately trained to administer the inhaler / Epipen or Anapen (supplied by me) to (name of child). The named staff are:

NAME 1	
NAME 2	
NAME 3	
SIGNED	
PRINTED NAME	
DATE	

For Childminding provision:

Please provide your agreement for your child(ren) to be left in the sole care of my assistants for short periods under two hours. As a childminder I am accountable for the quality of the work of my assistants, and will only do this when I am satisfied that they are competent in the areas of work they undertake.

SIGNED	
DATE	

I give permission for (name of childminder) to administer the inhaler/Epipen or Anapen (supplied by me) to(name of child) after receiving the appropriate training.

SIGNED	
DATE	

GENERAL PARENTAL PERMISSIONS (*cont'd*)

Teething gel (*babies*)

I give permission for teething gel (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	

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 (staff/name of childminder) 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 making arrangements for my child to be collected as soon as possible in accordance with

SIGNED	
PRINTED NAME	
DATE	

For sun cream

I give permission for (staff/name of childminder) to administer hypoallergenic sun cream (supplied by me) to (name of child) when necessary and to record its use.

SIGNED	
PRINTED NAME	
DATE	

GENERAL PARENTAL PERMISSIONS (cont'd)

Short trip - general outings

Your child will be taken out of Alonim Kindergarten setting as part of the daily activities. The venues used are detailed here:

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.

SIGNED	
PRINTED NAME	
DATE	

Photographs

As part of the on-going recording of our curriculum and for children's individual development records, [staff/I] regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child's records within the setting. [We/I] are happy to provide duplicate photos of your child to you if requested, [although this might incur a small charge to cover our costs]. [We/I] may also record events and activities on video. Photos/videos are stored on the setting's computer only; [we/I] only store images during the period your child is with [us/me]. If [we/I] would like to use any image of your child for training, publicity or marketing purposes, [we/I] will always seek your written consent for each image [we/I] 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.

SIGNED	
PRINTED NAME	
DATE	

GENERAL PARENTAL PERMISSIONS (cont'd')

Animals

Alonim Kindergarten may occasionally have supervised visits of animals to our setting and we have the following pets on site (please list all):

Alonim Kindergarten will ensure that our pets are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals, and parents informed.

Please state below any known allergies or aversion (name of child) has to animals.

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SIGNED	
PRINTED NAME	
DATE	

Key Persons—Information for parents

[Each child joining the setting will have a key person appointed to them/I am your child's key person.] It will be [the key person's/my] responsibility to ensure that your child receives the best possible attention whilst in [our/my] care and to ensure that their records are kept up-to date. [Your child's key person may change as your child progresses through the setting. You will be notified of these changes.] [Your child's key person is/I am] your first point of contact for anything you wish to discuss about your child.

Your child's Key Person will be	
Your child's 'back up' person will be	

To be completed by the [key person/manager/childminder]:

Date starting at Alonim Kindergarten	
Days and times of attendance	
Are any fees payable? If so, note here	
Has the settling in process been agreed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please specify	

POLICIES AND PROCEDURES

I have been provided with details of Alonim Kindergarten's early years prospectus for parents, and its policies and procedures. 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	
PRINTED NAME	
DATE	

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.

PARENT NAME	
SIGNED	
DATE	

[For group provision:]

NAME OF KEY PERSON	
SIGNED	
DATE	

EQUALITIES MONITORING FORM

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			

FEE STRUCTURE FOR ACADEMIC YEAR 2018-19

Breakfast Club —8.00 am—9.30 am	£8.00 per morning
Morning Session 9.30 am—12.30 pm (Children 2—3 yrs)	£1,577.00 per term (Fee is based on pupil attending five mornings per week, per term)
Pupils receiving LBB 3 yr Grant (Term after third birthday) - 15 hrs Including: Limmud Kodesh, Hebrew, Phonics Group, Exercise Class	£546.00 per term
Pupils receiving LBB 3 yr Grant (Term after third birthday) - 30 hrs Including: Limmud Kodesh, Hebrew, Phonics Group, Exercise Class	£1,105 per term
Pupils attending	
Two mornings per week/per term	£635.00
Three mornings per week/per term	£950.00
Four mornings per week/per term	£1,265.00
Daily rate (part-time pupils—extra morning 9.30 am—12.30 pm)	£29.80

Please note there is an additional Security Admin Fee of £35.00

LUNCH CLUB—12.30 pm—3.00 pm

One session per week	£267.00 per term
Two sessions per week	£515.00 per term
Three sessions per week	£745.00 per term
Four sessions per week	£957.00 per term

UNIFORM

Sweat shirt	£17.00
T-shirt	£14.00
Legionnaires hat	£9.00
Rain suit	£16.00
Book bag	£8.00
Kippot	£8.00

There is a discount available to Sha'arei Tsedek members (paying Full Membership fees). For details please speak to Roz Levenson, Head Teacher.

Please make cheques payable to: **Sha'arei Tsedek North London Reform Synagogue**

Please note that Security costs are at present covered by a Government Grant to Faith Based Settings. This could be withdrawn at anytime and we would look to you for a contribution against costs.

If paying by Direct Debit please ensure that your form is completed and submitted before the Term begins otherwise we will be unable to accept this mode of payment.

Childcare Vouchers will be accepted if the Payment schedule is submitted at the beginning of the Term.

BACS Details

Barclays, Whetstone Branch
120 High Road, Whetstone, N20 0PB
A/C No: 00976369
A/C Name: Sha'arei Tsedek North London
Sort Code: 20-98-21

Ref: Alonim Kindergarten + Account No.

All acknowledgements and advice notes should be sent to roz.levenson@shaarei-tsedek.org.uk