

All About Me

Child Record Book

Working in partnership with parents



Child's Name:



Introduction

Dear Parents,

Many thanks for choosing Stone with Woodford Playgroup for your child. We're committed to ensuring they'll be very happy during their time with us.

To help us create a development plan for your child and to ensure they receive the best care, we need to collect some important information from you.

As such, can you help by completing the questions contained within this booklet.

How do I complete the Forms?

Your child's **ALL About Me** booklet is designed to be quick and easy to complete. You will find it requires a combination of signatures, tick boxes and short answers. Please ensure the person signing these forms has legal parental responsibility.

- 1. Start by filling in the Child Details, Parent & Legal Access Details & Session Detail sections.
- 2. Then fill in the **My Family** section
- 3. Next fill in the pages relevant to your child's age.
 - Children (2 3 years) or Preschool (3 4 years)
- 4. Now Complete the **Early Years Foundation Stage** Section.
- 5. Then complete and sign the four **Consent Forms**. These are:
 - © Emergency Medical Treatment & Application of Sunscreen
 - Local Village Walks/School Visits, Emergency Evacuation and Relocation & Use of Play leader's Personal Mobile Phone
 - Photography/Video Photography & Observations & Social Media Photography/Video Photography
 - Sharing Information Consent Form
 - Collection Consent Form
- 6. Finally include any other relevant information about your child on the **Parental Information** page.

Your booklet will be kept safely at our setting and we will ensure we have to hand all relevant information about your child and contact details for you.

What if my Child's details change?

If the information you have provided in this booklet changes, it's important you let us know ASAP. It will help us ensure everything is current and up to date.

I have also enclosed a Playgroup Welcome and Information Leaflet to hopefully answer some of the questions you may have.

Many thanks for your time,

Laura

P.S. If you still have any questions, please do let us know. We're very happy to help.



Child Details

Please notify us immediately if there are any changes in the following details

Childs Name and Contact Details	
Full Name	Name Used
Address	Date of Birth
	Language Spoken at Home
Postcode	Ethnic Origin
Home Telephone Number	Family Religion
Home Life Details Are both Parents at Home?	
Child's Siblings	
Name	Age
Does Your Child have any special needs	/ requirements
provide is kept private and not shared with a protection issue. Some of the data we collect	ts (GDPR) Compliant meaning that all information you nyone without your written consent, unless it is a child is purely to benefit your child's learning experience & erstand and consent to us collecting this information.
Signature of Parent / Guardian:	Date:



Child Details

Please notify us immediately if there are any changes in the following details

Emergency Contact Details			
Primary Contact Details	Secondary Contact Details		
Name	Name		
Relationship to Child	Relationship to Child		
Telephone Number	Telephone Number		
Please sign to confirm that you have	e permission to use all contacts		
Signature of Parent / Guardian: _	Date:		
People authorised to collect or take (e.g. another playgroup parent)	your Child home from Playgroup in an emergency		
registration or by telephoning whilst in se	ecial arrangements you have made on any specific day at ession (emergencies only). nnot be contacted, we will endeavour to contact the primary		
Medical History			
Doctor's Name	Medical Conditions e.g. allergies, asthma Please discuss any conditions with the Play leader		
Doctor's Address			
	Are your Child's immunisations up to date?		
	☐ Yes		
Doctor's Telephone Number	□ No		
	Does your Child have any Dietary Restrictions?		
Child's Health Visitor	-		



Parent and Legal Access Details

Please notify us immediately if there are any changes in the following details.

Parent Details Name of People with whom Child lives Name	Name
Relationship to Child	Relationship to Child
Parental Responsibility	Parental Responsibility
☐ Yes ☐ No	□ Yes □ No
Legal Access ☐ Yes ☐ No	Legal Access Ves No
Guardian/Control or Parental Care Please State which applies	Guardian/Control or Parental Care Please State which applies
Telephone Number & Email Address	Telephone Number & Email Address
Where a Child lives with someone other that information on who has parental responsibility	an his/her parents(s) it is important that we have
This is always the natural mother and where father as long as he is registered on the bi	parents are married at the time of birth the natural rth certificate.
Please be prepared to show the Play lead	er the Child's birth certificate.
If parents are separated or divorced has a ☐ Yes ☐ No	a court order been granted
What condition(s) does it state	



Parent and Legal Access Details

Please list who has **Parental Responsibility** and is living at a different address but has **EQUAL PARENTAL RESPONSIBILITY**.

Parent Details	
Name of People with whom Child DOES	NOT live
Name	Name
Address	Address
Relationship to Child	Relationship to Child
Work Address	Work Address
Telephone Number & Email Address	Telephone Number & Email Address
	_



Session Details

Playgroup Terms and Conditions of Registration

Signature of Parent / Guardian: _____

- Session Fees are currently in the Welcome and Information Leaflet and are paid termly in advance & are non-refundable, unless approved by the committee due to exceptional circumstances. Fees are due irrespective of holidays or sickness.
- 2. The setting reserves the right to take legal action to pursue unpaid fees in line with our debt collection policy.
- 3. Hours not covered by funding need to be paid by the parents & will be invoiced accordingly.
- 4. Parents must show the Child's Birth Certificate to the Play leader.
- 5. Notice Period **Four weeks' notice** is required should you wish to remove your child from the setting or change their hours. There are 6 terms per academic year.
- 6. It is your responsibility to register your child with the School of your choice.
- 7. Children are only eligible to attend the school session in their pre-school year. Attending DOES NOT guarantee entry into Stone with Woodford C of E Primary School.

Start Date		Collection P	assword	
Which Sessions do you v	vant your Child to	attend? Please	e tick	
	Monday	Tuesday	Wednesday	Friday*
Morning Session				
9 – 12 pm				
(3 hours)				
+ Lunch Club				
12 – 1 pm				
(1 hour)				
+ Afternoon Session				
1 – 2.30 pm				
1 ^{1/} ₂ hours)				
Premises		Stone Vi	llage Hall	
*For Pre-School Children Woodford School to help	-	•		at Stone with
Does your Child attend a	nother setting	-	nd to send your Ch ford School?	ild to Stone
☐ Yes		☐ Yes		
□ No		□ No		
If yes, please provide na	me & address of o	other setting		
I have read and understood sessions as stated above. I		_		

Date: _____



My Family

It is also useful for us to know a little bit about your child such as family life, siblings, pets, their likes and dislikes etc. so that we have a 'talking point' should they become upset at being separated from you in the early days at playgroup.

Name	At Home
What do people usually call your Child?	What does your Child like to do at home?
Family & Friends	
Who is in your family?	
(e.g. grandparents - please include names)	
	Out and About
	Where does your Child like to visit?
Do you or your Child have any pets?	
☐ Yes	Likes and Dislikes
□ No	What does your Child like?
If yes, please include type and names	
Who are your Child's friends?	What doesn't your Child like?



Children (2 – 3 years)

To make the transition from home to our setting as smooth as possible, please provide information about the following areas:

Meal Times Does your Child feed themselves? ☐ Yes ☐ No	Personal Hygiene Can you Child clean their teeth? Yes No
Does your Child drink from a cup? ☐ Yes ☐ No, beaker with a lid ☐ No, beaker without a lid	Can your Child use the bathroom taps? ☐ Yes ☐ No
Do they use a: ☐ Spoon and Fork ☐ Knife and Fork	Can your Child put on their own shoes? ☐ Yes ☐ No
What are your Child's favourite foods? Please list any allergies or dislikes	Does your Child like to help with dressing? ☐ Yes ☐ No Playtime What are your Child's favourite toys?
Toilet Use Is your Child potty trained?	Speech and Language Does your Child speak in:
☐ Yes	☐ Sentences
□ No□ Currently potty training	Does your Child enjoy books? ☐ Yes
If yes, do they use: ☐ A potty	□ No
☐ The toilet	Do they have a favourite book? ☐ Yes
Does your Child wear:	□ No
☐ Training pants☐ Ordinary pants	If yes, what is the name of the book?



Children (2 – 3 years)

Creative Play	Sleep Times
Has your Child experienced any messy/art-type activities?	Does your Child Sleep:
☐ Yes	☐ In a Cot
□ No	☐ In a Bed
Does your Child enjoy nursery rhymes and music?	Does your Child take a favourite toy or comforter to bed?
☐ Yes	☐ Yes
□ No	□ No
What are their favourite songs?	Does your Child self-settle?
_	☐ Yes
	□ No
	If No, how do you settle your child?
	Does your Child sleep with a dummy?
	☐ Yes
	□ No
	Does your Child sleep with a nappy on?
	☐ Yes
	□ No
	What naps does your Child take each day?
	What time does your Child go to bed?



Children (3 – 4 years)

To make the transition from home to our setting as smooth as possible, please provide information about the following areas:

Meal Times	Personal Hygiene
Does your Child feed themselves?	Can you Child clean their teeth?
☐ Yes	☐ Yes
□ No	□ No
Does your Child drink from:	Can your Child use the bathroom taps?
☐ A cup	☐ Yes
☐ A tumbler	□ No
Do they use a:	Can your Child take off/put on their shoes?
☐ Spoon and Fork	☐ Yes
☐ Knife and Fork	□ No
What are your Child's favourite foods?	Can your Child dress/undress themselves?
	☐ Yes
	□ No
	Creative Play
Please list any allergies or dislikes	Has your Child experienced any messy/art- type activities?
	☐ Yes
	□ No
	Does your Child enjoy nursery rhymes & music
	☐ Yes
	□ No
Toilet Use	What are their favourite songs?
Does your Child use a:	_
☐ A potty	
☐ The toilet	
Does your Child wear:	Does your Child attend any other settings?
☐ Training pants	☐ Yes
☐ Ordinary pants	□ No



Children (3 – 4 years)

Speech and Language	Sleep Times
Does your Child enjoy books?	Does your Child have a nap during the day?
☐ Yes	☐ Yes
□ No	□ No
Do they have a favourite book?	Does your Child take a favourite toy to bed?
☐ Yes	□ Yes
□ No	□ No
If yes, what is the name of the book?	
	Does your Child sleep with:
	☐ Nappy pants
	☐ Ordinary pants
Can your Child recite the alphabet?	
☐ Yes	What time does your Child go to bed?
□ No	
Does your Child know any sounds?	Counting and Numeracy
☐ Yes	Does your Child recognise any numbers
□ No	☐ Yes
	□ No
Can your Child write any letter?	
☐ Yes	What number can your Child count to?
□ No	
Can your Child write their name?	Does your Child recognise any shapes?
☐ Yes	□ Yes
□ No	□ No
Can your Child use scissors?	Can your Child name any shapes?
☐ Yes	□ Yes
□ No	□ No
Can your Child use a glue stick?	What colours does your Child know?
☐ Yes	
□ No	
Playtime	
What are your Child's favourite toys?	



Early Years Foundation Stage

The Early Years Foundation Stage (EYFS) is government legislation for all children up to the end of a school's reception class. As an early years setting, which provides care for children between the ages of 2 to 4 years old, we follow the EYFS and plan our practice accordingly.

To help us plan for your child as they start their learning journey with us, please fill in the following prime areas below. We would like to know what your child can do well or what they may need help to achieve.

Personal Social and Emotional e.g. self-regulation, managing self & building relationships		
Communication and Language e.g. listening, attention, understanding & speaking		
Physical Development e.g. gross motor skills & fine motor skills		



Early Years Foundation Stage

As your child progresses the following areas will become more prominent in our planning for their learning. However if you feel your child shows skills in any of the below areas, please tell us.

Literacy e.g. comprehension, word reading & writing		
Mathematics e	.g. number & numerical patterns	
Understanding e.g. past & pre	the World sent, people, culture & communities and the natural world	
Expressive Arts e.g. creating w	and Design ith materials, being imaginative & expressive	



Consent Form

Child's Full Name:	
Parent/Guardian's Name	Tel No.
Emergency Contact	Tel No.
Doctor's Name	
Medical Problems/Allergies	140:
Any Other Information	
Emergency Medical Treatment	
In the event of an accident at Playgroup where emergen ensure the wellbeing of the child, consent for the Play requested. Any information given here will be adhered to effort will be made to contact the parent or emergency of	group staff to act on behalf of the parent is o e.g. any relevant religious beliefs and every
Also, throughout the year the child may be taking m Playgroup Leader if this is the case or if they have be Playgroup Leader must be informed of any new medical	een given anything prior to the session. The
✓ I give permission for my Child to receive basic first aider.	c first aid carried out by a qualified
✓ I give permission for my Child to be transported	ed to hospital in an emergency.
✓ I give my permission for my Child, should it medical treatment as long as it does not contra	
Signature of Parent / Guardian:	Date:
Application of Sunscreen	
In the summer months we want the children to enjoy t developed following Cancer Research UK's guidelines Handbook.	· · · · · · · · · · · · · · · · · · ·
In the summer months at playgroup a shaded area will needed. Sun care will also be discussed which will include consent staff can teach children to apply their own sunso. The brand the playgroup will use is Children's Nivea su should this change and it will be purchased every year. ✓ *I give permission for staff to help my chil playgroup.	de the application of sunscreen. With parental creen before playing outside. Inscreen Factor 30+, Parents will be notified
 ✓ *I give permission for staff to help my child to my child in clearly labeled bottle for their sole 	
\checkmark *I do not give permission for my child to have	sunscreen applied.
*delete as appropriate	
Signature of Parent / Guardian:	Date:



Consent Form

Child's Full Nam	e:	
Local Village Wa	lks including the	e Play area/School Visits
the children which link in v	vith the themes the Playgro	al walks around Stone including the play area fooup is covering and up to 12 visits for pre-schoon re covers consent for those local walks/visits.
	, ,	I year olds) will be adhered to at all times. If the smay be required to allow any walk to continue
For any walks/trips outside issued.	e the village of Stone (e.g. s	summer outing) a separate consent form will be
Details of Outing Starting/Finishing at Duration		visits and school visits within the village of Stone ige Hall
	n for my child to take pa d during the Playgroup s	art in any local walks/play area visits session.
✓ I am aware that sho sought and provided		emergency medical treatment will be
Signature of Parent /	Guardian:	Date:
Emergency Evac	cuation and Reloc	cation
Stone with Woodford C of child will be escorted by st	E Primary School. Due to that Eaff through the village to t	hall, it may be necessary to relocate the child to he nature of the situation e.g. an emergency the the school with the Adult: Child ratio as if at the hildren once they are safely at the school.
✓ I give my permission in an emergency.	n for my child to be esc	orted to Stone with Woodford School
Signature of Parent /	Guardian:	Date:
Use of Playleade	er's Personal Mob	oile Phone
device and may be used to emergency and outside se reminders, session closure	store parent's mobile num tting hours. These details v s and for parents to make	levices e.g. smart watch) are used as a setting bers & email addresses for ease of contact in a will only be used for Playgroup purposes such a contact with the Play leader, if necessary. As a the children in line with the setting Photography
✓ I give my permission Play Leader's mobile	<u> </u>	r and email address to be held on the
✓ I give permission fo deleted after use.	r the play leader to take	e photographs of my child, which are
Signature of Parent /	Guardian:	Date:



Consent Form

Child's Full Name:		

Photography and Video

Parental consent is needed to take and use photographs and video of children. The setting does not take or use video of the children.

Any photographs of the children the setting take are for our sole use e.g. as part of our daily observation process evidence for Ofsted to show the areas of learning we intended to cover, how that was implemented and the impact for the children, ultimately all the fun activities the children have been doing during the week.

Only unidentifiable photographs or children are displayed on our website e.g. within the weekly session trail book, unless we obtain additional parent consent.

The setting also takes individual photographs and a class photograph of the children for graduation. Each child receives an individual photograph and a copy of the class photograph as a keepsake of their time with us.

Any photographs taken are deleted shortly after use are destroyed in line with our document retention policy.

The setting does not pass any photographs or video to third parties. Should photographs and/or video be needed by a third party additional parental consent with be obtained.

Photography and Video

- ✓ *I give permission for my child to have their photograph taken and used for setting purposes only including unidentifiable photographs on the website.
- ✓ *I give permission for my child's photograph to be taken for an individual graduation picture and as part of the class graduation photograph.
- ✓ I understand that the class graduation photograph will be given to other graduating children.
- ✓ I understand that photography's are not passed to a third party.
- ✓ I understand that if photography and/or video is requested by a third party additional parental consent will be obtained.
- ✓ I understand I can withdraw consent at any time in writing.

Setting Events

At setting events parents can take photographs/video of their children. As these photographs/video may include other children we ask that they are only be used privately and not shared them on social media.

✓ I agree to only use photographs or video taken at setting events for private use and that photographs and video will not be allowed if this is not adhered too.

Settling In Period

We know that when children start at the setting they can get upset and need time to get to know us and settle. If requested, the Playgroup Leader can send a photograph of the child to parents to reassure them.

*	I give	permission	for my	child	to have	their	photograph	taken	and	sent t	to me	by	the
Ρl	aygro	up Leader.											

*delete as appropriate	
Signature of Parent / Guardian:	Date:



Consent Form

Child's Full Name:
Sharing Information Consent
Every child has the right to have their individual safety, well-being and academic, emotional and social needs met.
In order to do this it may be necessary for staff to talk to and share information with outside agencies other professional bodies e.g. speech therapists or other settings your child attends, has attended of are moving too.
Wherever possible, we will always discuss with parents in the first instance, any information that need to be shared except in Child Protection or Safeguarding cases where it is judged that the child may be placed further at risk.
*I give my permission for my child's information to be shared with outside agencies and other professional bodies or other settings that my child attends, has attended or is moving too.
✓ I understand that outside agencies and other professional bodies or other settings will keep any information shared confidential.
*doloto as appropriato

Date: _____

Signature of Parent / Guardian: _____



Child's Full Nar	Consent Form ne:
Collection Cons	sent
	Γ complete a new collection Consent Form if any of the arrangements below signing this form I have legal responsibility for my Child.
	Name of Adult Collecting Child
	Relationship with Child
	Physical Description
PHOTO	Please select ONE of the below:
	☐ This person is able to collect my Child at any time without prior notification by myself
	☐ I will always inform staff on the day if this person is collecting my Child
	7
	Name of Adult Collecting Child
	Relationship with Child
	Physical Description
PHOTO	Please select ONE of the below:
	☐ This person is able to collect my Child at any time without prior notification by myself
	☐ I will always inform staff on the day if this person is collecting my Child
	_
	Name of Adult Collecting Child
	Relationship with Child
	Physical Description
PHOTO	Please select ONE of the below:
	 □ This person is able to collect my Child at any time without prior notification by myself □ I will always inform staff on the day if this person is collecting my
	Child

Date: _____

Signature of Parent / Guardian: _____



Parental Information

		-		ut your Child.	
_					
	_				

Thank you for taking the time to complete this booklet