

# Registration Form

## Basic Information



Child's Full Name:

Date of Birth:

Name known as:

Gender:

Position in family:

Religion:

Ethnic Origin:

Nationality:

Language spoken at home:

Home Address:

Details on any disabilities/ special needs:

Previous settings your child has attended:

# Registration Form

## About your Family



### Mother/Carer

Title:

First Name:

Surname:

Date of Birth:

National Insurance Number:

Home Address:

Post Code:

Home Tel:

Mobile:

Email Address:

Work Address:

Post Code:

Work Tel:

Responsibilities for the child (Please tick all that apply):

Parental Responsibility:

Collect child from the setting:

Payment of fees:

Contact in an emergency:

Were you present at the registration of the birth? YES / NO

Please supply the setting with a copy of the birth certificate.

# Registration Form

## About your Family



### Father/Carer

Title:

First Name:

Surname:

Date of Birth:

National Insurance Number:

Home Address:

Post Code:

Home Tel:

Mobile:

Email Address:

Work Address:

Post Code:

Work Tel:

Responsibilities for the child (Please tick all that apply):

Parental Responsibility:

Collect child from the setting:

Payment of fees:

Contact in an emergency:

Were you present at the registration of the birth? YES / NO

Please supply the setting with a copy of the birth certificate.

# Registration Form

## Emergency Contacts



### Contact One

Title:

First Name:

Surname:

Relationship to child:

Home Address:

Post Code:

Home Tel:

Mobile:

Password to be given on collection of child:

Responsibilities for the child (Please tick all that apply):

Parental Responsibility:

Collect child from the setting:

Payment of fees:

Contact in an emergency:

### Contact Two

Title:

First Name:

Surname:

Relationship to child:

Home Address:

Post Code:

Home Tel:

Mobile:

Password to be given on collection of child:

Responsibilities for the child (Please tick all that apply):

Parental Responsibility:

Collect child from the setting:

Payment of fees:

Contact in an emergency:

Note: All authorised persons must be over 16 years of age.

# Registration Form

## Medical Information



### Allergies

Does your child have any food allergies? Yes:  No:

Does your child have any other allergies? Yes:  No:

If yes, please give details:

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### Dietary Requirements

Does your child have any special dietary requirements? Yes:  No:

If yes, please give details:

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### Immunisations

Is your child up to date with their immunisations? Yes:  No:

Has your child had any of the following immunisations? Please tick and date:

Immunisation	Tick if your child has had the immunisation	Date of immunisation
BCG		
Diphtheria		
HIB		
MMR		
Meningitis C		
Poliomyelitis		
Tetanus		
Whooping Cough		

# Registration Form

## Medical Information



Has your child had any major illness/ operation?

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Has your child been in hospital within the last 3 months?

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Has your child got any birth marks or scars on their body or face?

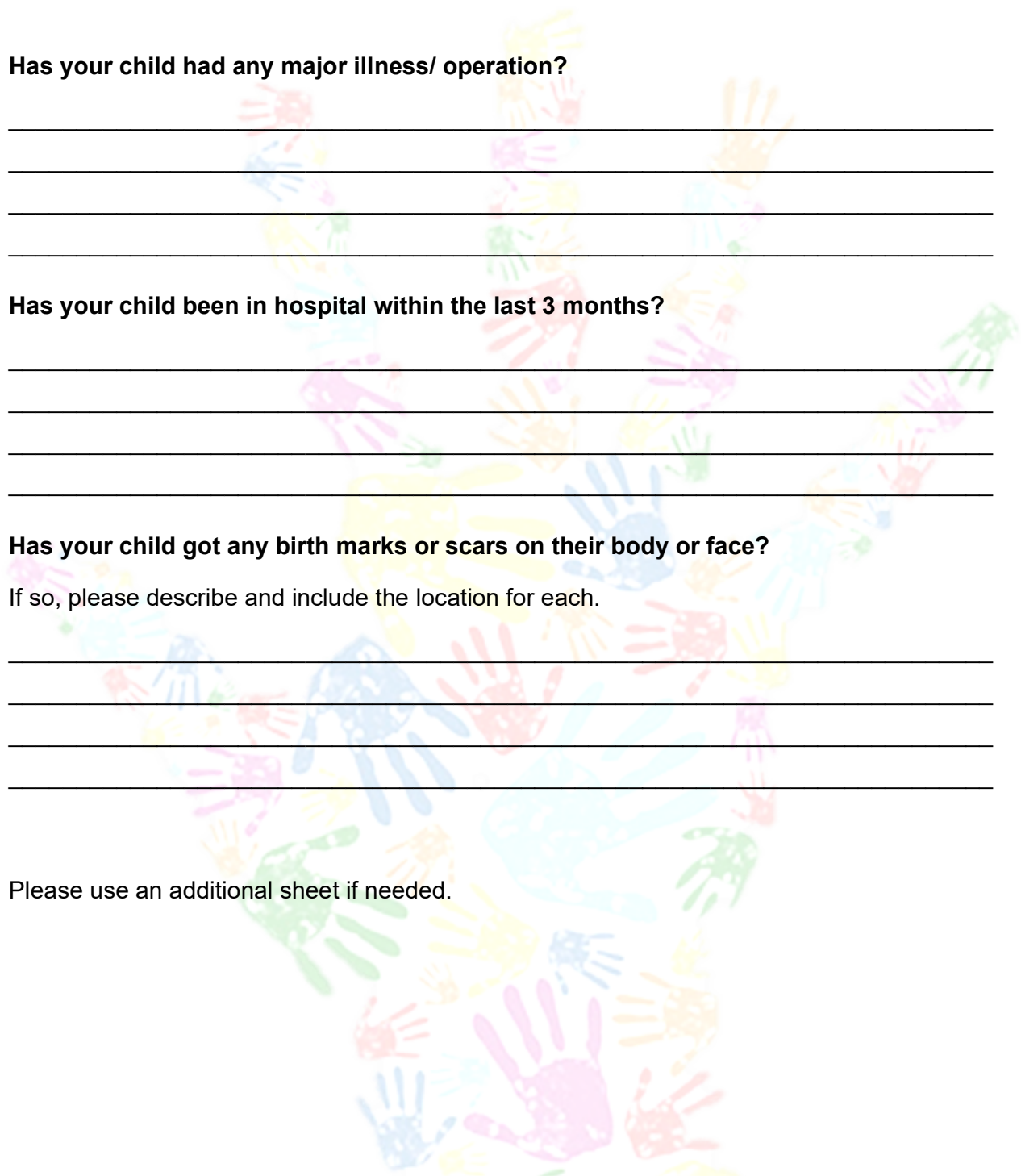
If so, please describe and include the location for each.

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Please use an additional sheet if needed.





# Registration Form

## Medical Information



### Doctor's Details

Name of GP:

Name of Surgery:

Address:

Postcode:

Tel:

### Health Visitor's Details

Name of Health Visitor:

Address:

Postcode:

Tel:

### Other Agency Details (e.g.: Speech Therapist)

Agency:

Named Person:

Address:

Postcode:

Tel:

# Registration Form



## Consent Form

**Child's Name:**

**DOB:**

**Photographs:** Whilst your child is at the setting we would like your permission to take photographs for a variety of different purposes. I would like to reassure you that the only cameras used belong to the setting. They do not leave the premises and are strictly supervised. Staff are not permitted to use any other form of camera, such as mobile phones.

**Please indicate with a tick which of the following you give consent for:**

Digital Picture Displays:  Wall Displays:   
Promotional Material:  Cool Kidz Website:  Student work:   
Facebook:  Twitter:

**Special Educational Needs:** From time to time, if we feel it may be of benefit, we may wish to talk to an Inclusion teacher about your child. We will always feedback any information to you if this is the case. Additional permission will always be sought if further action/ advice is required.

**I/ We agree to staff discussing our child with the Inclusion teacher if needed.**

**Child Protection:** We have a duty to report any child protection concerns to both Ofsted and the Safeguarding Officer at the Children's Safeguarding Assurance Partnership Board.

**I/We understand that any child protection concerns regarding our child will be reported.**

**Outings:** We may take the children on outings within the local area in order for them to learn about the community and environment. Outings will comply with all statutory requirements and a letter will be drawn up each time your child is asked to go on an outing, giving you information of the outing and for you to sign and give back to the manager.

**I/We give permission for our child to be taken on local outings.**

**Emergency Medical Treatment:** In the case of an emergency we will make every effort to contact parents/ guardians as soon as possible. The setting will call for an ambulance and a member of staff will travel with your child to hospital. In this situation we request permission to seek emergency medical treatment for your child.

**I/We give permission for the setting to seek emergency medical treatment on behalf of my child.**



# Registration Form



## Consent Form

**Calpol:** The setting would administer Calpol, if your child developed a high temperature. If in an emergency where a child has a high temperature we will administer pain relief where it would be detrimental to the child's health were it not administered.

I/We give permission to administrate Calpol.

**Plasters:** In the case of your child having an open wound, we would apply a plaster to stop infection.

I/We give permission to apply plasters.

**Sun Cream:** The setting asks you to supply sun cream for when the weather gets hot.

However if there is a case where your child has not got their sun cream, we ask permission to apply it if necessary.

I/We give permission for our child to have sun cream applied.

**Data Protection:** : The setting is required to process relevant personal data in respect of your relationship with ourselves and no other purpose.

We promise: - To keep your data safe and private. - Not to sell your data for any purpose. - To give you ways to manage and review your choices regarding the data held at any time.

Your data will be securely stored solely for the purposes of childcare provision. If your personal data changes it is your responsibility to let us know.

Please tick here to confirm that you are happy for us to safely store your data

Please tick here to confirm that you are happy to receive information linked to our childcare service in the following formats

Post  Telephone  Email  Text

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### Mother/Carer

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Father/Carer

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Registration Form



## Parental Contract

Community Futures reserves the right to make amendments to the terms and conditions.

Please take the time to carefully read our enrolment contract before signing the agreement.

**Hours of opening:** The setting is open from 15:15 – 17:45. Full day sessions may be available in the school holidays.

There will be a fee for late collection, however if for any reason you know you will be late, please call as soon as you can to let us know.

**Collection:** Only named authorised persons will be allowed to collect your child. Personal notification will be required by the parent in advance. The setting will use a password system and will require the person collecting to bring proof of identification.

**Policies:** Copies of all the settings policies and procedures are available on request from the manager.

**Absences:** Parents are asked to notify the setting as early as possible if their child will be absent due to sickness or holidays. In the event of this normal charges will apply and we are unable to offer alternative sessions.

**Fees:** Non-payment for more than one half term will result in your place being terminated.

**Sessions:** The sessions your child attends are set and cannot be swapped on a week by week basis. If you wish to change your child's sessions permanently please speak to a manager or deputy manager. If we have the availability, 2 weeks notice will need to be given.

**Notice:** The setting requires 2 weeks written notice if you no longer require your place.

**Clothing and personal property:** The setting cannot be held responsible for the loss or damage of children's property. Every reasonable effort will be made by staff to ensure the children's belongings are not lost or damaged.

I agree to abide by the regulations and conditions of Cool Kidz, which I have read and fully understood. Please sign and date below.

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**Mother/Carer**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Father/Carer**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please let us know if, while your child is at Cool Kidz, any of this information changes. The setting cannot be held responsible for acting in accordance with the instructions provided above if changes have been made and not informed in writing to the Management Team.

The information we collect on these forms is necessary to help us carry out our Safeguarding children policies and procedures. If there are any reasons why you cannot provide this information nor understand why this is needed please speak to the Management Team.