**09.1c Childcare registration form**

**Wollah Wollah’s Childcare registration form**

**Child’s details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s first name(s) | | | |  | | | | | | | | Surname | | |  | | | | | |
| Name known by | | | |  | | | | | | | | | | | | | | | | |
| Child’s full address | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Gender |  | | Date of birth | | | | | |  | | School | | |  | | | | Year |  | |  |
| **Family details** | | | | | | | | | | | | | | | | | | | | |
| Who does the child live with? | | | | | | | |  | | | | | | | | | | | | |
| *Contact details 1 (including emergency information):* | | | | | | | | | | | | | | | | | | | | |
| Parent/carer full name | | | | | |  | | | | | | | | | | | | | | |
| Relationship to child | | | | | |  | | | | | | | | | | | | | | |
| Daytime/work telephone | | | | | |  | | | | | | | Mobile | | |  | | | | |
| Email | | | | | |  | | | | | | | | | | | | | | |
| Home address | | | | | |  | | | | | | | | | | | | | | |
| Work address | | | | | |  | | | | | | | | | | | | | | |
| Does this parent have parental responsibility for the child? Yes □ No □ | | | | | | | | | | | | | | | | | | | | |
| *Contact details 2 (including emergency information):* | | | | | | | | | | | | | | | | | | | | |
| Parent/carer full name | | | | | |  | | | | | | | | | | | | | | |
| Relationship to child | | | | | |  | | | | | | | | | | | | | | |
| Daytime/work telephone | | | | | |  | | | | | | | Mobile | | |  | | | | |
| Email | | | | | |  | | | | | | | | | | | | | | |
| Home address | | | | | |  | | | | | | | | | | | | | | |
| Work address | | | | | |  | | | | | | | | | | | | | | |
| Does this parent have parental responsibility for the child? Yes □ No □ | | | | | | | | | | | | | | | | | | | | |
| *Contact details 3 (including emergency information):* | | | | | | | | | | | | | | | | | | | | |
| Parent/carer full name | | | | | |  | | | | | | | | | | | | | | |
| Relationship to child | | | | | |  | | | | | | | | | | | | | | |
| Daytime/work telephone | | | | | |  | | | | | | | Mobile | | |  | | | | |
| Email | | | | | |  | | | | | | | | | | | | | | |
| Home address | | | | | |  | | | | | | | | | | | | | | |
| Work address | | | | | |  | | | | | | | | | | | | | | |
| Does this parent have parental responsibility for the child? Yes □ No □ | | | | | | | | | | | | | | | | | | | | |
| **Other person(s) with legal contact** | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | |
| Contact telephone numbers | | | | | | |  | | | | | | | | | | | | | |
| Relationship to child | | | |  | | | | | | | | | | | | | | | | |
| Please give details of the legal contact arrangements that we need to be aware of | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Privacy Notice**  I confirm that I have received a copy of the Privacy Notice and give my consent to the processing of special category data. | | | | | | | | | | | | | | | | | | | |
| Signed | | | | |  | | | | | Date | | | | | | |  | | |

**Collection permission authorisation** (other than parents)*Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, we will check before releasing the child. Only those over the age of 16 years can be named as authorised persons.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Authorised Person 1** (parent/carer) – Name | | | | | | | | |  | | | | | |
| Relationship to child | | | | | | | |  | | | | | | |
| Full address | |  | | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | |  | | | | | | |
| Home telephone | | | |  | | | | | | Mobile | | |  | |
| **Authorised person 2** (other family member) - Name | | | | | | | | |  | | | | | |
| Relationship to child | | | | | | | |  | | | | | | |
| Full address | |  | | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | |  | | | | | | |
| Home telephone | | | |  | | | | | | Mobile | | |  | |
| **Password for the collection of child by authorised persons:** | | | | | | | | | | | |  | | |
| **Un-Authorised Person** – Name | | | | | | | | |  | | | | | |
| Relationship to child | | | | | | | |  | | | | | | |
| Reason: | | | | | | | |  | | | | | | |
| Evidence seen Yes □ No □ | | | | | | | | | | | | Copy provided Yes □ No □ | | |
| **Emergency contact details for two named contacts – if parents are not available** *Only those over the age of 16 years can be named as emergency contacts. Pleas ensure emergency contacts are local and their consent has been given.* | | | | | | | | | | | | | | | |
| *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 | | |  | |

**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 and emergency services will be called as necessary. I understand that my child may be taken hospital accompanied by the manager or authorised deputy for emergency treatment. I understand that health professionals will be responsible for decisions about medical treatment in my absence.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed |  | | Date |  |
| Name | |  | | |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I give permission for a named member of staff who has been trained to administer the inhaler/Epipen or | | | | | | |
| Anapen (supplied by me) to | | |  | | | (*name of child*). |
| Signed |  | | | Date |  | |
| Printed name | |  | | | | |

**Medical details**

Are your child’s immunisations up to date? Yes □ No □

|  |  |
| --- | --- |
| **Health and development** | |
| 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 □ | |
| Do you have any concerns about your child’s learning and development? Yes □ No □ | |
| If yes, please provide details: |  |
| Is your child known to have any allergies or food intolerances? If so, please specify: | |
| If yes, please provide details: |  |
| What are your child’s dietary requirements? Please specify: | |
|  | |
| *It is our 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 the setting manager to ensure that we are working in partnership with you to meet your child’s needs. Please refer to our nutrition procedures.* | |

**Details of professionals involved with your child**

*GP*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Telephone |  |
| Address |  | | |

*Social Care Worker (if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Telephone |  |
| Special notes |  | | |

*Any other professional who has regular contact with the child*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Role |  | |
| Agency |  | Telephone | |  |
| Address |  | | | |

**Parental permissions**

*E:safety (staff and children)*

There are procedures in place that govern the use of IT equipment on site. Where ipads or similar are used by staff a risk assessment is completed and only equipment owned by Wollah Wollah Ltd is used. Visitors to the setting using IT equipment, such as Ofsted, are advised of the procedure for its use and must seek prior permission from the setting manager.

In some instances children will use ICT equipment during activities under the supervision of staff. Children do not normally have access to the internet and never have unsupervised access to the internet.

**I give permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures and risk assessment in place to govern its use and that staff and visitors may also use ICT equipment.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

*Suncream*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I give permission for staff to administer hypoallergenic suncream (supplied by me) to | | | | |
|  | | (*name of child*) when necessary and to record its use. | | |
| Signed |  | | Date |  |

*Photographs and videos*

To record aspects of our sessions, staff sometimes take photographs or videos of children during their play. Only equipment supplied by us is used for this purpose and images taken are for display. Images are saved and stored on our equipment securely, and only kept for the period your child is with us. If we wish to use any images of your child for publicity or marketing purposes we will seek your written consent for each image we wish to use.

I give permission for my child to be photographed/recorded as per the conditions above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child: | |  | | |
| Signed |  | | Date |  |

*Animals*

We may occasionally have supervised visits of animals to our setting. We will ensure that animals are healthy and are inoculated as appropriate and that animals showing any signs of disease are treated. Risk assessments will be carried out for visiting animals and will be made available to parents on request. Please state here any known allergies or aversion your child has to animals

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| Name of child: | |  | | |
| Signed |  | | Date |  |

**Key persons (only applicable to children in Reception)**

If starting with us in Reception, your child will have a key person assigned to them. It is the key person’s responsibility to ensure your child receives the best possible care and attention and to ensure that their records are kept up to date whilst they are with us. Your child’s key person may change during their time with us, but you will be notified of these changes in advance. The key person should be the first point of contact for anything you wish to discuss about your child.

|  |  |
| --- | --- |
| Your child’s key person is: |  |
| Your child’s back up key person is: |  |

**About your child**

The following information will tell us a little more about your child.

What sort of things does your child enjoy doing at home? e.g drawing, playing football

|  |
| --- |
|  |

Dose your child have difficulty with walking, talking or socialising? If so, please give details:

|  |  |
| --- | --- |
| Is your child disabled? Yes □ No □ | |
| Does your child require a care plan? Yes □ No □ | |
| What languages does your child speak at home? | |
| Does your child have any food preferences? Yes □ No □ |
| Is there any other background information about your child that may be useful for us to know? For example, how do they prefer to be comforted when they are upset? | |
|  | |

**Sharing of Information**

From time to time we may be asked by the school to share information with them about your child’s behaviour and/or development or we may consider it in the child’s best interest to share information with them. With your consent we will share this information, verbally or in written form, to effectively care for your child.

I agree for information about my child to be discussed with the school.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child: | |  | | |
| Signed |  | | Date |  |

**Further information**

I confirm that information about the setting’s policies and procedures has been made available and explained to me, and I understand I can find more information as to how my personal data is handled through the Privacy Notice.

For parent(s)/guardian(s) under the age of 18, a guarantor aged over 18, must also sign this form on your behalf. The agreement would therefore be between the setting, you, and the guarantor.

Please sign below to indicate that the information on this form is accurate and that you will notify us of any changes as they arise.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent’s name: | |  | | | | |
| Signed |  | | | Date |  | |
| Guarantor’s name (if app) | |  | | | | |
| Signed |  | | | Date |  | |
| Relationship to the child | |  | | | | |
| Daytime/work telephone | |  | Mobile | | |  |
| Email | |  | | | | |
| Home address | |  | | | | |
| Setting manager’s name: | |  | | | | |
| Signed |  | | | Date |  | |

**Please note that the information on this form is stored and maintained confidentially at all times.**