

Registration form



Childs name: _____

Nationality: _____

D.O.B: ____ / ____ / ____

School Year/Class: _____

Parent / Guardian

Name: _____

Relationship to child: _____

Address: _____

Phone (home): _____

Phone (work): _____

Phone (mobile): _____

Does the child reside at this address?

Yes No

Parent / Guardian

Name: _____

Relationship to child: _____

Address: _____

Phone (home): _____

Phone (work): _____

Phone (mobile): _____

Does the child reside at this address?

Yes No

Email address (s): _____

Emergency contact (if different to above)

Name: _____

Relationship to child: _____

Phone (mobile): _____

Phone (home): _____

Emergency contact (if different to above)

Name: _____

Relationship to child: _____

Phone (mobile): _____

Phone (home): _____

Medical information

Child's Doctor: _____ Phone: _____

Address: _____

Are your child's immunisations up to date? Yes No

Is your child on daily medication? Yes No

If yes, please specify:

Does your child have any allergies specified on the allergens list? Yes No

If yes, please specify:

Does your child have any special needs? Yes No

If yes, please give details:

Alternate Individuals to pick up your child

Is there anyone who does not have parental responsibility that is not legally allowed to collect your child?

We recognise that at times other individuals may need to pick up your child. We will only release your child to somebody if they can provide the password set by you.

If someone else will be picking up your child, please inform a member of staff on an individual basis.

Password: _____

Sessions requested. (please circle all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday
A.M 7.30 start	A.M 7.30 start	A.M 7.30 start	A.M 7.30 start	A.M 7.30 start
A.M 8.00 start	A.M 8.00 start	A.M 8.00 start	A.M 8.00 start	A.M 8.00 start
P.M	P.M	P.M	P.M	P.M

How did you hear about Kiddiewinkles Out of School club?

Is there any involvement from the following services?

Service	Name and address	Reason for involvement
Health Visitor		
Paediatrician		
Audiologist		
Speech and language therapist		
Advisory team for sensory impairment		
Social work team		
Other professionals		

Does your child have a CAF? Yes / No

I give you my permission to contact any of the above professionals to discuss my child's health / development.

Signed: _____

Upon my child's admission to the program at Kiddiewinkles, I understand and agree to the following:

- 1.** I will ensure that adequate funds will be available to pay for my child's sessions in advance.
- 2.** I will adhere to the session times ensuring that somebody will be present to pick my child up at the end of the session.
- 3.** I agree to promptly provide you with any change of address, phone number, employment number or emergency contact number.
- 4.** In the event of a medical emergency, whether on Kiddiewinkles premises or while on a trip, when I cannot be contacted, you have my permission to seek medical treatment for my child from my doctor or any doctor sought out by Kiddiewinkles.
- 5.** If my child requires medication prescribed by a doctor on a temporary or on-going basis, I will supply a written, signed notice to that effect stating the name of the medication, the dosage required, the time that the medication is to be administered and the length of time it is required. This notice will serve as my permission for staff members to administer the medication.
- 6.** I will provide the staff members with a current list of known drugs, foods, or other substances that my child is allergic to. I hereby grant staff members permission to administer medical treatment in the case of an allergy emergency.
- 7.** I hereby grant permission for the staff at Kiddiewinkles to take my child on short walks around the immediate area. I also grant my permission for my child to participate in trips or activities off site, providing I receive prior written notice of the planned activity in advance.
- 8.** I give permission to the staff of Kiddiewinkles to take photographs and videos of my child and for these photos and videos to be used at Kiddiewinkles functions and in displays about the setting.
- 9.** I give permission for Kiddiewinkles to use photos of my child on their social media pages and website.
- 10.** I agree to provide you with a written thirty days' notice, dated and signed, of my intentions to withdraw my child from the program.
- 11.** I give you permission to correspond with school regarding my child's behaviour, development and anything else deemed appropriate.

SIGNED: _____ **DATE:** ____/____/____