

Registration form



Godfrey Ermen Out of School Club:

07731592396

Godfrey Ermen Holiday Club: 07562125597

Christ Church Early years education & Out of school Club:
07895144704

Childs name: _____ Childs D.O.B: _____

Ethnicity: _____ Religion: _____

Languages spoken in the home: _____

School: _____ Class / Teacher : _____

Parent / Guardian

Name: _____

Relationship to child: _____

Address: _____

Phone (home): _____

Phone (work): _____

Phone (mobile): _____

Email address _____

Does the child reside at this address?
Yes No

Parent / guardian

Name: _____

Relationship to child: _____

Address: _____

Phone (home): _____

Phone (work): _____

Phone (mobile): _____

Email address: _____

Does the child reside at this address?
Yes No

I have consent to add the following people as emergency contacts.

Signed: _____

Additional Emergency Contacts (different to above)

Name: _____

Relationship to child: _____

Phone (mobile): _____

Phone (home): _____

Additional Emergency Contacts (different to above)

Name: _____

Relationship to child: _____

Phone (mobile): _____

Phone (home): _____

Medical information

Child's Doctor: _____ Phone: _____

Address: _____

Health Visitor _____

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? Yes / No

If yes, please specify: _____

Does your child have any dietary requirements? (Vegetarian/Vegan/Religious preferences) Yes / No

If yes, please specify: _____

Does your child have any special needs? Yes / No

If yes, please give details:

Have you had any involvement with any of the following services:

Paediatrician Yes / No

Social work team Yes / No

Audiologist Yes / No

Portage Yes / No

Speech and Language Yes / No

Reason for involvement _____

Is there a FAF (family assessment framework) in place? YES / NO

Alternate Individuals to pick up 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: _____

Is there a court order in place which states there is someone who cannot not legally collect your child?

How did you hear about Kiddiewinkles? _____

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

I will ensure that adequate funds will be available to pay for my child's sessions in advance.

YES / NO

I am aware my child's place will be terminated should I miss a total of 1 weeks payment.

YES / NO

In the event of a medical emergency, whether on 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.

YES / NO

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. This notice will serve as my permission for staff members to administer the medication.

YES / NO

I will provide the staff members with a current list of known drugs, foods, or other substances that my child is allergic to.

YES / NO

I grant staff members permission to administer medical treatment in the case of an allergy emergency.

YES / NO

I will adhere to the session times ensuring that somebody will be present to pick my child up at the end of the session. If I am late I am aware I will be charged a late fee.

YES / NO

If my child will be absent from a session, I will ensure I inform a member of staff prior to the start of the session.

YES / NO

I hereby grant permission for the staff at Kiddiewinkles to take my child on short outings around the immediate area (around Eccles and Patricroft).

YES / NO

I also grant my permission for my child to participate in trips or activities outside of the local community, providing I receive prior written notice of the planned activity in advance.

YES / NO

I agree to promptly provide you with any change of address, phone number, employment number or emergency contact number.

YES / NO

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 functions, in displays about the setting and on Kiddiewinkles Facebook page.

YES / NO

I also allow my child to have their picture taken with other children, within the setting and give permission for these pictures to be used in other children's profiles.

YES / NO

I give my permission for staff to administer Calpol to my child. Staff will consult me via telephone before administration.

YES / NO

I give permission for staff to apply sun cream to my child

YES / NO

When my child attends for a full day at holiday club, I agree to provide my child with a healthy packed lunch (no chocolate or sweets)

YES / NO

I understand notice is required to terminate my child's place, for Out of school club and Nursery it is 30 days, for Holiday Club it is 7 days.

YES / NO

I give permission for you to liaise with any professionals who are involved with the care of my child or family.

YES / NO

I understand that Kiddiewinkles complies with the GDPR law and give permission for my child's and my own personal information to be stored on site.

YES / NO

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