

Child's full name:

commonly used name (if different):

D.O.B:

General information	
Address	
Postcode	
Parent or Carer's name	Relationship to child
Parent or Carer's name	Relationship to child
Who has parental responsibility for this child?	
(Home) Telephone number	Mobile Number
Ethnic origin (optional)	
Religion (optional)	

Emergency contacts	
(Whilst your child is at the centre it is essential that we have emergency contact numbers)	
Name	
Address	
Postcode	
Telephone number	Mobile Number
Relationship to the child	
Is this person permitted to collect your child from the Centre in your absence?	
Name	
Address	
Postcode	
Telephone number	Mobile Number
Relationship to the child	
Is this person permitted to collect your child from the Centre in your absence?	

Arrangements for escorting the child to and from the centre : Adults with parental responsibility will be allowed to collect unless a written non-contact order has been seen. Other adults may collect only with parental permission either given on this form or by written consent on the day. In an emergency only, written consent may be waived provided we have oral permission and the emergency password is provided.	
Name of additional adult permitted to collect child	
Telephone number	Mobile Number
Relationship to the child	
Name of additional adult permitted to collect child	
Telephone number	Mobile Number
Relationship to the child	
Emergency Password :	
Information regarding custody or access arrangements if appropriate	

Current information regarding the child
Special dietary requirements
Allergies
Child's special likes or dislikes
Is there any further information regarding your child's health or general development, which you feel you should share with us?
Other requirements

Current involvement by other agencies	
Child's doctor	Telephone number
Surgery Address	
Postcode	
Health visitor	Telephone number
Other contacts (social service, speech therapist) - if appropriate	
Name	Telephone number
Job title	
Name	Telephone number
Job title	

General information
Attendance at other settings for example playgroup or nursery or childminder
When is your child due to start school?
Name of school

Emergency treatment consent
I (name of person with parental responsibility)
Consent to any necessary emergency treatment being given to my child, on the understanding that all reasonable action will be taken to contact me in an emergency.
Signature of parent or carer
Date

General Consents - Please indicate your consent or otherwise to the following:
I agree to my child participating in local outings e.g. to the park, shops, common, church and school whilst always accompanied by centre staff or volunteers? Prior notification may not always be given. Please delete as appropriate YES NO

I agree that in the event of fire drills or an emergency my child may have to evacuate the centre whilst always accompanied by centre staff or volunteers.

Please delete as appropriate YES NO

I agree to apply high factor sun cream to my child before coming to the centre when required. I will inform a member of staff before leaving my child if I have forgotten.

Please delete as appropriate YES NO

I agree that a responsible adult over the age of 16 years will always bring and collect my child from the centre and that I will notify staff if my child is to be collected by an alternative adult.

Please delete as appropriate YES NO

Data Protection

I agree to personal data being held by the centre for specific purposes such as to contact me in case of an emergency. The information will only be provided to third parties with my permission. I agree that it is my responsibility to ensure the centre has up to date accurate information about my contact details and any thing else deemed significant. I agree that these details will be kept for two years after my child leaves the centre.

Please delete as appropriate YES NO

I agree to the collection of written observations/photographs/video taken of my child for personal records

Please delete as appropriate YES NO

I agree to photographs taken of my child for publicity reasons for example website, advertising posters and newspaper articles.

Please delete as appropriate YES NO

I agree that the Centre may share information about my child's development and activities at the centre, with other childcare/education settings that my child also attends, and with the school or other setting that my child is moving on to, at the relevant time.

Please delete as appropriate YES NO

I agree that the Centre may share relevant information about my child with other professionals who are or may become involved with their education or welfare. I will be told what information will be shared (except if a child protection priority prevents this).

Please delete as appropriate YES NO

Policies

It is a condition of registration at the centre that you will abide by our policies.

I am aware of all the centre's policies and agree to abide by these.

Signature of parent or carer

Date

Setting representative

Date