

## REGISTRATION AND CONSENT FORM

### CHILD'S DETAILS

Child's Name	
Gender (male or female)	
Date of Birth	
Intended start date	
School Attended	
Child's Home Address	

### PARENT'S/CARERS WITH WHOM CHILD LIVES

Relationship to child	1.	2.
Name		
Telephone-Home		
Telephone-Work		
Telephone-Mobile		

1. Does the named person above have parental responsibility? Yes/No (delete)

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Name of parent with whom the child does not live.	
Does this parent have parental responsibility?	Yes/No (delete)
Does this parent have legal access to the child?	
Address	
Telephone	

### ANY OTHER EMERGENCY CONTACT DETAILS

Name	
Relationship to child	
Telephone-Home	
Telephone-Mobile	

### MEDICAL CONTACT DETAILS

Doctor's Name	
Doctor's Tel: Number	
Doctor's Address	
Please indicate any medical conditions or allergies, or any medications taken.	

### IMMUNISATION RECORD

Type of vaccination	Date Vaccinated
Whooping Cough	
MMR	
Polio /Tetanus /Diphtheria	
Meningitis C	

We occasionally have to administer first aid to the children; please delete any preparations you **DO NOT** wish us to use on your child:

- Antiseptic Wipes
- Sun Block Cream
- Plasters
- Baby Wipes
- Cold Compress
- Bite ease preparations

**YOUR CHILD'S SPECIAL DIETRY NEEDS OR PREFERENCES**

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**CHILD COLLECTION DETAILS**

The following individuals are authorised to collect our child from the out of school care in our absence. They will give the pass-word.....

Name	
Relationship to Child	
Sample Signature	
Name	
Relationship to Child	
Sample Signature	

**CONSENT**

Please delete any of the below you **DO NOT** wish your child to be involved in:

I hereby give my consent for my child to be taken on outings

I hereby give my consent for you to take my child to the doctors or hospital in an emergency and receive any medical treatment which is urgently necessary. (We will always do our best to contact parents/carers at the earliest convenience).

I hereby give my consent for my child to be escorted in staff vehicles if and when necessary (prior warning will be given when able)

I hereby give my consent for photographs/videos to be taken of my child may be used on [www.chesterfieldchildcare.co.uk](http://www.chesterfieldchildcare.co.uk) web site

I hereby give my consent for observations to be carried out for the purpose of my child's personal development record, or visiting student's further education.

I hereby give my consent for my child to take part in the following activities

- Face painting
- Big hair day-use hair paint
- Make-up
- Nail polish

I understand that any carer who suspects that a child in his/her care may have been abused or neglected, has a duty to report this to the Social Services Department.

I confirm that the information provided is correct to the best of my knowledge.

Parent's signature: -

Date:-

PLEASE STATE YOUR ETHNICITY

SO THAT WE CAN BEST MEET YOUR CHILDS NEEDS WE ASK THAT YOU COMPLETE THE TABLE BELOW

CHILDS NAME.....

WHITE BRITISH	
WHITE IRISH	
WHITE OTHER	
MIXED - WHITE AND BLACK CARIBBEAN	
MIXED - WHITE AND BLACK AFRICAN	
MIXED - WHITE AND ASIAN	
MIXED - OTHER	
CHINESE	
ASIAN OR ASIAN BRITISH - INDIAN	
ASIAN OR ASIAN BRITISH - PAKISTANI	
ASIAN OR ASIAN BRITISH - BANGLADESHI	
ASIAN OR ASIAN BRITISH - OTHER	
BLACK OR BLACK BRITISH - CARIBBEAN	
BLACK OR BLACK BRITISH - AFRICAN	
BLACK OR BLACK BRITISH - OTHER	
NOT KNOWN	
OTHER-PLEASE STATE	

FIRST LANGUAGE USED AT HOME: .....

WE WISH TO DELIVER THE BEST POSSIBLE CARE AND EDUCATION FOR YOUR CHILD  
SO PLEASE USE THE SPACE BELOW TO INFORM US OF ANY OTHER INFORMATION THAT YOU FEEL WOULD BE  
HELPFUL TO US IN OUR DAY TO DAY CARE PROVIDING.

<p>For example:</p> <ul style="list-style-type: none"><li>➤ Festivals/celebrations that your child can or cannot take part in.</li><li>➤ Special support your child may require in the setting.</li><li>➤ Your child's likes fears, special words, and comforter.</li><li>➤ Names and contact details of any other professionals involved with your child.</li></ul>
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**ICE CARD (in case of emergency whilst on visits/outings)**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Any Relevant Information Medical Conditions/Allergies/medications:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Child's Medical Number, GP, name of practice, telephone number:

\_\_\_\_\_

I hereby consent to my child going on local outings (journeys of any distance will require my consent in writing beforehand). The information provided here may be used in the event of an emergency. Parents/carers will be contacted at the earliest convenience.

Signature of Parent/Carer: ..... Date.....

