

Neighbourhood Kids Childcare Programmes Registration Form

Date: _____ School child attends: _____ Year: _____

Child's full name: _____ Name used if different: _____

Date of birth: _____ Current age: _____ Gender (circle one): M F

Home address: _____

Child's Doctor: _____ Name of Doctor's Surgery: _____

Surgery Tel: _____ Surgery Address: _____

Name of parent/carer: _____ Relationship to child: _____

Mobile Tel: _____ Home Tel: _____ Email: _____

Home address (if different from above): _____

Place of work: _____ Work address: _____

Work Tel: _____ Work email: _____

Name of parent/carer: _____ Relationship to child: _____

Mobile Tel: _____ Home Tel: _____ Email: _____

Home address (if different from above): _____

Place of work: _____ Work address: _____

Work Tel: _____ Work email: _____

Who has parental responsibility for the child? _____

Names of any people who have been given the legal right to have contact with this child, by a court (if applicable): _____

Alternative Emergency Contact: _____ Relationship to child: _____

Home Tel: _____ Work Tel: _____ Mobile Tel: _____

Names of Individuals (over the age of 18) who are permitted to pick up your child (please list parents as well):

1. _____ Relationship to child: _____

2. _____ Relationship to child: _____

3. _____ Relationship to child: _____

4. _____ Relationship to child: _____

***These individuals must know agreed password and bring photo identification for child to be released to them.**

Additional Information

Nationality: _____ Languages Spoken: _____ Religion: _____
 Any cultural or religious observances that should be taken into account when caring for the child (e.g.diet, dress, religious holidays):

Any health matters (physical or mental) the setting should be aware of (including but not limited to allergies, chronic or reccuring illnesses, recent injuries, asthma, etc.) :

****Any medications will need to be recorded seperately. Medications will need to be signed in and out each day.**

Any dietary requirements:

Anything additional the staff should be aware of whilst caring for your child (behavioural cues, insecurities, etc.):

Permissions

Child's name: _____

Please initial Y/N options

Enter Date

- Should any urgent matter of concern arise, I give permission for staff at this setting to seek any necessary emergency medical advice or treatment for my child (named above). Y [] N [] _____
- I give permission for staff of the schools named above to share information regarding my child to aid in his/her settling. Y [] N [] _____
- I give permission for my child (named above) to go on any walks or outings if accompanied by appropriate staff or to be transported by minibus, taxi or other transport for outings or to travel between the schools named above. Y [] N [] _____
- I give permission for my child (named above) to have his/her face painted. Y [] N [] _____
- I give permission for the staff at this setting to apply sunscreen supplied by me to my child (named above). Y [] N [] _____
- I give permission for photos to be taken of my child for promotional materials and/or I give permission for my child's photo to be used within Neighbourhood Kids for activities. (please circle choice) Y [] N [] _____
- **For parent/carer of a child under 6:** I give permission for my child's key person at this setting to share relevant information with the school where s/he also receives education and care under the Early Years Foundation Stage Framework. Y [] N [] _____

Name of School: _____ Class: _____ Teacher: _____

- I have received and read the Neighborhood Kids Parent Handbook/Camp Information and agree to all of the Terms & Conditions, Policies and Procedures of the setting. Y [] N [] _____

Signed (Parent/Carer): _____ Initial: _____ Date: _____