## Permission and Consent.

| In the case of an emergency will you allow us to seek any necessary medical advice or treatment for your child   | Yes | No |
|--|-----|----|
| Will you allow us to take your child on trips and outings?   |     |    |
| Are you willing to supply and allow the setting employees to apply sunscreen and nappy cream (where applicable) to your child?   |     |    |
| Will you allow us to take written / photographic and verbal observations of your child to use for profile work? (Nursery and reception only)   |     |    |
| Will you allow us to take photo's of your child? (some may be used in brochures/flyers etc   |     |    |
| Will you allow us to administer calpol to your child, after telephone consent and with calpol you have provided. (You will be required to sign out medication form at the end of the day) (nursery only) |     |    |
| Will you allow us to use plasters on your child?   |     |    |
| Will you allow us to use face paint on your child? (Over 1's only)   |     |    |

- I give permission and consent to the above sections I have marked as yes.
- I understand the child can only leave the setting with an authorised parent/carer at the end of the session, unless the setting has been notified and identification is produced.
- The setting does not accept responsibility for any possessions or items that are brought into the setting.
- I confirm that any items my child brings into the setting will be appropriate for all age groups within their room.

Parent carer full name

Sign Date



## Child's Registration Form

## Personal Information

| rei sonar Enjormation                                |                           |  |  |  |  |
|--|---------------------------|--|--|--|--|
| Child's Full Name:                                   | Please attach a<br>photo. |  |  |  |  |
| D.O.B:   | ·                         |  |  |  |  |
| Home Address:  |                           |  |  |  |  |
|  |                           |  |  |  |  |
| Postcode:  |                           |  |  |  |  |
| Home Telephone Number:                               |                           |  |  |  |  |
| Parent / Carers Names:                               |                           |  |  |  |  |
| E-mail   |                           |  |  |  |  |
| Would you like to receive our newsletter by e-mail   | ? Yes □ No □              |  |  |  |  |
|  |                           |  |  |  |  |
| Ethnicity  |                           |  |  |  |  |
| Is your child? Male $\square$ Female $\square$       |                           |  |  |  |  |
| Please state your child's religion (if applicable)   |                           |  |  |  |  |
| What ethnic origin would you consider your child to  | be?                       |  |  |  |  |
| Language used at home? (i.e. English/Spanish)        |                           |  |  |  |  |
|  |                           |  |  |  |  |
| Please state who is authorised to collect your child | from the setting?         |  |  |  |  |
|  |                           |  |  |  |  |
|  |                           |  |  |  |  |
|  |                           |  |  |  |  |

## Emergency Contact Details

In the event of an emergency, please provide us with the child's parent/carers details and 1 other person whom we may contact. Please place them in the order we should contact in an emergency.

| Emergency Contact 1  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Name: Relationship to child: Address (if different from child) |  |  |  |  |  |  |  |  |
| Prime contact number: 2. Work place and hours of work:         |  |  |  |  |  |  |  |  |
| Work contact number:   |  |  |  |  |  |  |  |  |
| Emergency Contact 2  |  |  |  |  |  |  |  |  |
| Name: Relationship to child: Address (if different from child) |  |  |  |  |  |  |  |  |
| Prime contact number: 2. Work place and hours of work:         |  |  |  |  |  |  |  |  |
| Work contact number:   |  |  |  |  |  |  |  |  |
| Emergency Contact 3  |  |  |  |  |  |  |  |  |
| Name: Relationship to child: Address (if different from child) |  |  |  |  |  |  |  |  |
| Prime contact number: 2.                                       |  |  |  |  |  |  |  |  |
| Work place and hours of work: Work contact number:             |  |  |  |  |  |  |  |  |

| Please state which of the emergency contact's has parental responsibility? |   |                    |      |                    |     |        |      |         |     |                           |      |          |   |
|--|---|--------------------|------|--------------------|-----|--------|------|---------|-----|---------------------------|------|----------|---|
| Child'   | Child's Doctor:   |                    |      |                    |     |        |      |         |     |                           |      |          |   |
| Surge  | Surgery address:  |                    |      |                    |     |        |      |         |     |                           |      |          |   |
| Telep  | hon   | e num              | ber  | <b>'</b> :         |     |        |      |         |     |                           |      |          |   |
| Would  | d yo  | u cons             | side | r your             | ch  | ild to | be o | disable | d u | nder the                  | DD   | A?       |   |
| Yes  | Yes $\square$ No $\square$ If yes please provide more information |                    |      |                    |     |        |      |         |     |                           |      |          |   |
| Does your child have any health problems / additional needs?               |   |                    |      |                    |     |        |      |         |     |                           |      |          |   |
| Media  | cati  | on det             | ails | 3                  |     |        |      |         |     |                           |      |          |   |
| Allerg   | gies  | / die              | tary | / requi            | rei | ments: |      |         |     |                           |      |          |   |
| Would<br>your  | •   |                    | to ( | add an             | y i | nformo | atio | n that  | wo  | uld us help               | p us | care for | r |
| Immunisations (Nursery only)   |   |                    |      |                    |     |        |      |         |     |                           |      |          |   |
| 1st<br>Tri-<br>ple   |   | 2nd<br>Tri-<br>ple |      | 3rd<br>Tri-<br>ple |     | HIB    |      | MMR     |     | Pre-<br>school<br>Booster |      | Unsure   |   |