

**Welbourn Best Friends Club**

**Registration form**

In order to meet our legal obligation to collect and process information in accordance with The Early Years Foundation Stage (Welfare Requirements) Regulations 2012 , we require your participation in completing this form for us to provide Wraparound Care out of normal school hours for your child. The information provided will be kept in paper form and used for the purpose of maintaining appropriate contact details and for the safety and well-being of your child.

|  |  |  |  |
| --- | --- | --- | --- |
| Basic Details | | | |
| Child’s name: | | Known as: | |
| Date of birth: | | Gender: | |
| Name of parent(s) with whom the child lives: | | | |
| Parent  Do you have parental responsibility for this child? **Yes/No** *(please delete as appropriate)*  If no, do you have legal contact?  **Yes/No** *(please delete as appropriate)* | | Parent  Do you have parental responsibility for this child? **Yes/No** *(please delete as appropriate)*  If no, do you have legal contact?  **Yes/No** *(please delete as appropriate)* | |
| Address of parent(s) with whom the child lives: | | | |
| Home telephone number: | Mobile telephone numbers:  Parent:  Number:  Parent:  Number: | | Work number (to be used in an emergency)  Parent:  Number:  Parent:  Number: |
| Email address  Would you prefer to receive invoices, newsletters and information via email?  **Yes/No** *(please delete as appropriate)*  *If YES please sign here to consent to us contacting you for the purposes above ………………………………………………………………….* | | | |
| Name of parent(s) with whom the child **does not** live: | | | |
| Does this parent have parental responsibility? **Yes/No** *(please delete as appropriate)* | | | |
| Does this parent have legal contact? **Yes/No** *(please delete as appropriate)* | | | |

|  |  |
| --- | --- |
| Does this parent have legal access to the child? **Yes/No** *(please delete as appropriate)* | |
| Address: | |
| Home telephone number: | Mobile telephone number: |
| Emergency Contact Details  *Please provide the names and contact details of 2 people (other than parents/guardians) who we can contact in case of an emergency.*  **NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.** | |
| Emergency Contact 1  Name  Home telephone no  Mobile telephone no  Relationship to child | Emergency Contact 2  Name  Home telephone no  Mobile telephone no  Relationship to child |
| Security Details | |
| A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. Please do not use obvious things such as middle names. The password is required from anyone colleting your child. If they do not have the password we will not release your child to them.  **My secure password is:** | |
| Persons authorised to collect the child. This is any other adult who may collect your child in your absence. Authorised persons must be over 18 years of age. | |
| **Authorised Person 1**  Name  Home telephone no  Mobile telephone no  Relationship to child | **Authorised Person 2**  Name  Home telephone no  Mobile telephone no  Relationship to child |
| Additional Security Information | |
| We have the safety and well-being of the children in mind at all times and we are sure that you will appreciate that persons known to you are strangers to us and we do need means of identifying those you have authorised to collect your child (either authorised or emergency contacts) when you are unable to.  We as a setting and especially your child/children key person will be familiar with you but we do not always have the opportunity to meet both parents. This is also true of your nominated emergency contacts and authorised persons. We therefore request that should anyone unknown to us be collecting your child that you inform us in advance and show us a photograph to enable us to identify them when they collect your child. | |

|  |  |  |  |
| --- | --- | --- | --- |
| Health Information | | | |
| Does your child suffer from any of the following *(please tick those which apply)* | | | |
| Asthma |  | Epilepsy |  |
| Heart Condition |  | Kidney/Bladder problems |  |
| Diabetes |  | Bee Sting Allergy |  |
| Sight Impairment |  | Deafness |  |
| Wears Glasses |  | Other |  |
| If you have ticked any of the boxes above please give details here: | | | |
| Does your child require medication, either long term for existing conditions or life saving drugs such as Ventolin? *(Please give details of the medication and dosage)* | | | |
| Does your child have any special dietary needs or preferences? **Yes/No** *(Please delete as applicable)*  If yes please give details below | | | |
| Does your child have known allergies? **Yes/No** *(Please delete as applicable)*  If yes please give details below | | | |
| Name of GP:  Surgery:  Address:  Telephone number: | | | |

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance.

|  |  |
| --- | --- |
| Permissions and Consent | |
| Permission for the setting to act in loco parentis | |
| If emergency treatment is required, either whilst your child is on the premises or on an outing, (for the duration of your child’s time with us) and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers the settings management to exercise their own judgement in calling the doctor/dentist indicated above or to transport the child to a hospital casualty department by ambulance. Please read and fill in the declaration below, cross out the statement/wording that does not apply, and sign and date this section. | |
| I / We parent(s)/guardian(s) of do / do not give consent on my / our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.  I / We do not agree to this statement and indicate our wishes as follows  Signatures of parent(s)  Date | |
| Permission for the application of sun cream | |
| Please read the statements below and strike through the statement that **does not** apply | |
| I / We parent(s)/guardian(s) of give consent on my behalf to apply their own supply of high factor children’s sun cream to my child.  OR  I / We parent(s)/guardian(s) of do not agree to the above statement and I / We will supply our own sun cream, clearly labelled with my child (rens) name.  Signatures of parent (s)  Date | |
| Please tick the statements below if you consent to the following: | |
|  | I consent to my child having their photograph taken for use in displays, for name pegs, etc within the setting |
|  | I consent to my child having their photograph taken to be used for publicity purposes – website, flyers. |
|  | I consent to my child’s photograph being used on the settings social media sites |
|  | I consent to my child’s artwork (with their first name) being displayed in the setting |
|  | I consent to my child’s photograph being used in learning journeys of other children within the setting |
|  | I consent to my child being videoed for use by the setting staff only with regards to observational purposes either assessment of children, an activity or for monitoring children’s behaviour |
|  | I consent to the video, as mentioned above, to be shared with other professionals visiting the group such as Early Years Advisors, SENCO, Health Visitor etc if necessary |
|  | I consent to my child’s learning journey being shared with Ofsted inspectors and/or as part of audits by the local authority |
| Please sign below to confirm your consent for the indicated statements above:  Signature of Parent(s)/Guardian: |  |
|  | |

Further information regarding how we use children’s images within the setting can be found in our Image Use Policy.

|  |
| --- |
| SPECIAL NOTE: Please notify us immediately of any changes to the information provided. Please feel free to come and discuss any problems or concerns with us. If there are any other notes you would like to add, please use the space below. |
| I / We confirm that the information provided on this form is correct to the best of our knowledge.  Signature of Parent (s)/Carer (s)  Date |

Thank you for completing this form. You are welcome to request to see the information we hold on you and your child at any time.