# **ST MATTHIAS PRE-SCHOOL AND CHILDCARE CENTRE**

**REGISTRATION FORM**

# **PERSONAL DETAILS OF CHILD**

|  |
| --- |
| Full name |
| Home Address |
| Date of Birth | Male/Female  |
| Birth Certificate number |

# **YOUR CONTACT DETAILS**

|  |  |  |
| --- | --- | --- |
| Full name |  |  |
| Please provide contact details and tick which is your preferred contact telephone number |
| Home  |  |  | Your relationship to child |
| Mobile |  |  |
| Work |  |  |
| E-mail address |

# **START DATE**

|  |  |  |  |
| --- | --- | --- | --- |
| Please indicate your preferred start date | Month  | Year  | Or ASAP |
|  |  |
| Untitled1.pngWill your child be eligible for government funding on your preferred start date? | Yes –  2 year funding | Yes – 3-4 yr funding (15 hours)Yes 3-4 yr  funding (30 hours) |  No  |
| If you are eligible for the 30 hours free childcare we will need your N.I Number for validation purposes***.*** |

For more information on funding visit <http://www.torbay.gov.uk/children-and-families/childcare/>

# **SESSIONS**

# Please indicate which regular sessions you wish your child to attend. Please contact us for the dates

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Times | Mon | Tue | Wed | Thu | Fri |
| **HOLIDAY CLUB:** |  |  |  |  |  |  |
|  | 08.45am - 15.15pm |  |  |  |  | n/a |
|  | 08.45am – 15.15pm |  |  |  |  | n/a |
|  | 08.45am – 15.15pm |  |  |  |  | n/a |

# **RECORD OF INFORMATION**

|  |  |
| --- | --- |
| Child name:(as on Birth certificate) |  |
| Date of Birth: |  |
| Ethnic origin: |  |
| Language spoken: |  |
| Home address: |  |
| Home number:Mobile number: |  |
| Parent/Carer 1 name: |  |
| Does this person have parental responsibility? | Yes No  |
| Place of work: |  |
| Telephone number: |  |
| Parent/Carer 2 name:(if applicable) |  |
| Does this person have parental responsibility? | Yes No  |
| Does this parent live at the same address?If NO please enter address |  |
| Place of work: |  |
| Telephone number: |  |
| Emergency contactFull name, relationship to child and contact number |  |
| Name of person/people who can collect child(Include surnames and relationship to the child) |  |
| Password All people collecting the child must be able to give this password when asked |  |

|  |  |
| --- | --- |
| Child’s Doctor: |  |
| Doctors address: |  |
| Doctors telephone number: |  |
| Health Visitors name and contact number: |  |
| Has your child had a 2yr old check? | Yes No |
| Immunisations up to date? |  |
| Any special Diet, Allergies, Health Problems: |  |
| Any Birthmarks? |  |

# **PERMISSIONS**

1. **Photographs**

I give my permission for photographs to be taken of my child whilst at Breakfast club, Pre-School and After School club and to be used for the following.

(Please sign each type of permission, you are happy to give)

Displays on Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prospectus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Press: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook Page: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Emergency Hospital Treatment**

In case of an accident where we are unable to contact yourselves, please give your permission for emergency hospital treatment:-

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (Capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Information Sharing**

From time to time the Pre-School/clubs may need to share information about your child. Where possible, we will ask your permission first. Sometimes however, we will be required to do this without your knowledge, where this meets the Torbay Local Safeguarding Children Board Guidelines. (Please see our policy on ‘*Information Sharing’)*

Please sign to confirm you are aware of the above statement.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (Capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Off Site Visits**

I understand that Pre-School or the Clubs would like to take my child on off-site visits. I give my permission for local off site trips to take place in accordance with up-to-date terms, conditions and risk assessments. Any trips that differ from the 'norm' will require separate written permission.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (Capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing below, I consent to my family’s details being stored with St. Matthias Church Pre-School and Child Care Centre in compliance with the Data Protection Act 1998.*

*I understand information about me and my family will only ever be shared outside of the childcare setting if me or my partner (if applicable) have given consent beforehand. The only exception to this is when the setting has reason to believe my child is at risk.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (Capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_