

KIDZ ZONE OUT OF SCHOOL CLUB

REGISTRATION FORM

Child's details

Child's first name(s) _____ Surname _____
Name known as _____
Child's full address _____

Gender _____ Date of birth _____ Birth certificate seen Yes/No (*delete*)

Family details

School Attending _____

Name of parent(s)/carer(s) with whom the child lives: _____

Contact details 1 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes/No (*delete*)

Does this parent have legal access to the child? Yes/No (*delete*)

Contact details 2 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes/No (*delete*)

Does this parent have legal access to the child? Yes/No

Contact details 3 (including emergency information):

Parent/carer full name _____

Relationship to child _____

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address _____

Work address _____

Does this parent have parental responsibility for the child? Yes/No (*delete*)

Does this parent have legal access to the child? Yes/No (*delete*)

Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and an S8 Order is in place*

Name _____

Address _____

Contact telephone numbers _____

Relationship to child _____

What are the contact arrangements that the setting needs to know about?

Emergency contact details if parents are not available *Emergency contacts must be local*

Contact 1 - Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____

Contact 2 - Name _____

Daytime/work telephone _____

Home telephone _____ Mobile _____

Address _____

Relationship to child _____

Persons other than parent(s) authorised to collect the child *Must be over 16 years of age*

Person 1 – Name

Daytime/work telephone

Home telephone

Mobile

Address

Relationship to child

Person 2 - Name

Daytime/work telephone

Home telephone

Mobile

Address

Relationship to child

Password for the collection of child by authorised person

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No (*delete*)

If so, please provide details:

Has a risk assessment, if required, been completed? Yes/No (*delete*)

Has a health care plan and agreement to administer medicine, if required, been completed? Yes/No (*delete*)

Does your child have any special needs or disabilities? Yes/No (*delete*)

If so, please provide details:

Are any of the following in place for the child?

Statement of special educational need

Yes/No (*delete*)

What special support will he/she require in our setting?

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family (if applicable)? _____

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

What language(s) is/are spoken at home? _____

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (*delete*)

If so, discuss and agree with the key person how we can work together to support your child when settling-in:

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

Details of professionals involved with your child

GP

Name _____ Telephone _____

Address _____

Health Visitor (if applicable)

Name _____ Telephone _____

Address _____

Social Care Worker (if applicable)

Name _____ Telephone _____

Address _____

What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.*

Any other professional who has regular contact with the child

Name 1 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Address _____

Name 3 _____ Role _____

Agency _____ Telephone _____

Address _____

General parental permissions

Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed _____ Date _____

CHILD PROTECTION STATEMENT

I have been made aware and 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 Area Social Services Department. Information about your child may be shared with appropriate agencies if there is a matter of safeguarding.

Signed _____ Date _____

For inhaler/Epipens only

I give permission for a named member of staff who has been trained to administer the inhaler/Epipen or Anapen (supplied by me) to _____ (*name of child*). The named staff are:

■

■

■

Signed _____ Date _____

Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by me) to _____ (*name of child*) when necessary and to record its use.

Signed _____ Date _____

Short trip - general outings

Your child will be taken out of the setting as part of the daily activities. The venues used are detailed here:

Library – Gospel Oak internally into St. Michael’s Church

Library – The Baptist Church - To Hall Green Library, Stratford Road

Photographs

As part of the on-going recording for children’s individual development, staff regularly take photographs of the children during their play. We are happy to provide duplicate photos of your child to you if requested. We only store images during the period your child is with us. We delete photographs from the memory cards once processed. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use.

I give permission for _____ (*name of child*) to have her/his photo taken, as per the above conditions.

Signed _____ Date _____

Key persons - Information for parents

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's key person may change as your child progresses through the setting. You will be notified of these changes. Your child's key person is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be _____

Your child's 'back up' person will be _____

Has the settling-in process been agreed? Yes/No (*delete*)

If so, detail:

To be completed by the key person/manager:

Date starting at KIDZ ZONE OUT OF SCHOOL CLUB

Days and times of attendance _____

Are any fees payable? If so, note here _____

Policies and procedures

Please sign below to confirm that you have been provided with details of the setting's policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent.

Signed _____ Date _____

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify is of any changes as they arise.

Parent 1 _____

Signed _____ Date _____

Parent 2 _____

Signed _____ Date _____

Key person _____

Signed _____ Date _____

Manager _____

Signed _____ Date _____

Date of first review _____

Equalities monitoring form – to be completed by the provider

Ethnicity, where collected, should be recorded according to the following categories:

White – British

- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Mixed – White and Black Caribbean

- White and Black Caribbean
- White and Asian
- Any other mixed background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

- Chinese

--

Any other ethnic background

- Please state _____

A child's learning difficulties and disabilities status should be recorded according to the following categories:

Statement

Providers should refer to the SEND Code of Practice for an explanation of the terms above.