

# KIDZ ZONE OUT OF SCHOOL CLUB

## REGISTRATION FORM

Office use only:

Date the form was completed \_\_\_\_\_

Review Date

Date							
Completed Sign							

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If you find that you no longer need the place, please inform [us/me] as soon as possible. **Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).**

### Child's details

Child's first name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Name known as \_\_\_\_\_

Child's full address \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Class \_\_\_\_\_

**If there is a Court Order preventing a person from collecting or having contact with your child please provide a copy with your registration form.**

### Family details

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

### Contact details

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

Parent/carer full name

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Relationship to child

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Daytime/work telephone

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Mobile

Home telephone

---

Email

Home address

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Work address

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

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

**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

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Address

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Contact telephone numbers

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Relationship to child

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

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

*Contact 1 – Name*

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Daytime/work telephone

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Home telephone

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Mobile

Address

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Relationship to child

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*Contact 2 – Name*

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Daytime/work telephone

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Home telephone

---

Mobile

Address

---

Relationship to child

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## **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:

1. **What is the primary purpose of the study?**

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:

1. *What is the primary purpose of the study?*

Are any of the following in place for the child?

Early Years Action Plus Yes/No (delete)

Educational Health Care Plan Yes/No (*delete*)

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

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

1. **What is the primary purpose of the proposed legislation?**

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

11. *What is the primary purpose of the following statement?*

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.

#### **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 \_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_\_

## **General parental permissions**

### *Photographs*

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. These photographs are used for display and for your child's records within the setting. 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 \_\_\_\_\_ to have his/her photograph taken.

Signed \_\_\_\_\_

Date \_\_\_\_\_

### **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 \_\_\_\_\_

### ***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 \_\_\_\_\_. The named staff are:

■

\_\_\_\_\_

■

\_\_\_\_\_

■

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

### **Suncream**

I give permission for staff to administer hypoallergenic suncream (supplied by me) to

\_\_\_\_\_ 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:

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### **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 _____
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### **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 \_\_\_\_\_

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