

# Dolphins Childcare Centre

## OUT OF SCHOOL CARE REGISTRATION FORM

**FIRST NAME:** ..... **MIDDLE NAME:** .....

**SURNAME:** .....

**DATE OF BIRTH:** ..... **AGE:** .....

**GENDER:**    MALE    FEMALE    GENDER NUETRAL    TRANSGENDER    (please circle)

**HOME ADDRESS:** .....

.....

**POST CODE:** ..... **HOME TEL. NO:** .....

### MOTHER / CARER

### FATHER / CARER

NAME: .....

NAME: .....

ADDRESS: .....

ADDRESS: .....

.....

.....

..... POST CODE: .....

..... POST CODE: .....

TEL.NO. ....

TEL.NO.. ....

EMAIL: .....

EMAIL: .....

OCCUPATION?: .....

OCCUPATION?: .....

PLACE OF WORK?: .....

PLACE OF WORK? .....

.....

.....

DO YOU HAVE LEGAL PARENTAL RESPONSIBILITY?    YES    NO

DO YOU HAVE LEGAL PARENTAL RESPONSIBILITY?    YES    NO

**WHEN WOULD YOU LIKE YOUR CHILD TO START?** .....

Please circle days and times required

DAY	BREAKFAST CLUB	AFTER SCHOOL CLUB
MONDAYS	7.30am    8am	5.30pm    6pm
TUESDAYS	7.30am    8am	5.30pm    6pm
WEDNESDAYS	7.30am    8am	5.30pm    6pm
THURSDAYS	7.30am    8am	5.30pm    6pm
FRIDAYS	7.30am    8am	5.30pm    6pm

WHICH CLASS ARE THEY IN? .....

WHO WILL BE BRINGING AND COLLECTING YOUR CHILD?

PLEASE SUPPLY EMERGENCY CONTACT NAMES & TEL. NUMBERS: (we require a minimum of 4)

NAME: ..... NUMBER: .....

NAME: ..... NUMBER: .....

NAME: ..... NUMBER: .....

NAME: ..... NUMBER: .....

RELIGION: ..... NATIONALITY: .....

FIRST LANGUAGE: ..... SPOKEN AT HOME: .....

NAME OF DOCTOR: ..... SURGERY TEL NO: .....

SURGERY ADDRESS: .....

DOES YOUR CHILD HAVE ANY? - ALLERGIES / ILLNESS / MEDICATION / SPECIAL NEEDS

INFO: .....

DIETARY REQUIREMENTS: .....

MEDICAL CONDITIONS: .....

*If your child has a medical condition you will need to complete a Health Care Plan*

ALL PAYMENTS ARE REQUIRED VIA BANK TRANSFER ONLY (we do not accept cash or cheque)

Please put your child's name as reference

### **IMPORTANT INFORMATION**

#### **INSET DAYS**

Our Breakfast and After School Clubs are still in operation (we are not part of the school) - so children are still expected to attend. It is Parental choice if children do not attend (you will still be charged as normal). We are unable to care for school children on Inset Days during the hours of 9am - 3.15pm as the Nursery is at full capacity.

#### **NON-ATTENDANCE**

If your child will not be attending their allocated Breakfast or After School Club, session please ensure you inform us immediately - failure to do so will incur charges.

## CONSENTS

Apologies for the time consuming consents below, but we need to ensure that you have read, understood and given your consent to the following areas.

### GENERAL DATA PROTECTION REGULATION

We will only use your and your child's/children's personal information to provide a childcare service to you. Our setting relays information through a number of ways but we need to be sure we have your permission to do so. We keep your information so you can receive important information/updates about your child and/or our setting. We will keep your information secure and never share it except if to do so by law. By giving your consent, this will allow us to continue holding and processing your data and sending you information. You can unsubscribe/ask us not to contact you by email or phone at any time

**I give my consent for Dolphins Childcare Centre to hold and process my, and my child's data - and to be sent information as necessary.**

NAME: ..... SIGNATURE: .....

### FIRST AID AND EMERGENCY MEDICAL TREATMENT

Permission is required to administer First Aid and to contact any of the Emergency Services if they feel further immediate medical intervention is needed. I give my consent and agree to any medical treatment given. I have no reason, religious or cultural to refuse any medical procedures in the event of an emergency.

**I hereby give permission/consent for First Aiders to administer First Aid**

NAME: ..... SIGNATURE: .....

### HYPO-ALLERGENIC PLASTERS

Our Safeguarding Children responsibilities require us to have Parental consent for the application of plasters (as some may be allergic to them).

**I hereby give permission for First Aiders to apply plasters to cuts or grazes**

NAME: ..... SIGNATURE: .....

### SUN CREAM

Our Safeguarding Children responsibilities require us to have Parental consent for us to apply sun cream to your child.

**I hereby give permission for staff members to apply sun cream to my child in warm/hot weather conditions**

NAME: ..... SIGNATURE: .....

### MEDICINE

We will **ONLY** administer medication that has been prescribed by a GP, Dentist, Nurse or Pharmacist. Parents must give full instructions of dosage and times. Parents must sign the child's form. We will administer infant paracetamol (Calpol) if a child has a high temperature **ONLY**. A member of staff will contact Parents first for their verbal consent before ANY medication is given.

**I hereby sign as my understanding of the centre's policy of administering medication**

NAME: ..... SIGNATURE: .....

### OUTINGS

We may at times take children (in small groups) out of the setting and explore the village and surroundings Adult/child ratio is in place and a full Risk Assessment is done.

**I hereby give permission for the childcare centre staff to take my child out of the setting.**

NAME: ..... SIGNATURE: .....

### VIDEOS

The centre has a video recorder specifically made for children to use only. This will not be used for any other purpose other than children's experiences.

**I give my consent for my child to use such equipment and to be a part of any other child's video report.**

NAME: ..... SIGNATURE: .....

### PHOTOGRAPHS

Photograph's will be used for interior display purposes in the classrooms and reception. Photographs of children will never be put on any social media sites or used for advertising purposes unless specific Parental consent has been given prior.

**I hereby give permission for the childcare centre staff to take photographs of my child while at the setting.**

NAME: ..... SIGNATURE: .....

### FACE PAINTS

We would like the children to be able to use our Face Paints during their time with us. We use Snazaroo face Paints - which are Hypoallergenic, Non-Toxic and Washable.

**I hereby give permission for my child to use/have their face painted while at the setting.**

NAME: ..... SIGNATURE: .....

### INTERNET

We may at times access internet sites with the children - such as cbeebies or cbbc. This will always be supervised by a member of staff. Please sign below if you be happy for your child to use such internet sites.

**I hereby give permission for my child to access the internet while at the setting.**

NAME: ..... SIGNATURE: .....

### BRINGING IN ITEMS FROM HOME

#### **GAMES CONSOLES - WII, PLAYSTATIONS & GAME CUBE/BOYS - DS's AND MOBILE PHONES**

Children are permitted to bring in such items from home into Dolphins. We must make Parents aware that we will NOT be held responsible if any such items become Lost, Damaged, Broken or Stolen. We will of course ensure as much as possible that nothing like this will happen - but all items will be the child's responsibility

**I hereby give permission for my child to be able to bring any of the items above into the setting.**

NAME: ..... SIGNATURE: .....

### POLICIES, PROCEDURES, RULES and REGULATIONS

Dolphins Childcare Centre has it's own specifically devised policies and procedures in which the setting is run and guided by. We ask that you take the time to read and understand them. A file in Reception which has copies of all policies. If you would like a copy of a particular policy - please let us know.

**I have read and understood the centre's policies and procedures and agree to abide by the rules and regulations as set out by Dolphins Childcare centre.**

NAME: ..... SIGNATURE: .....

### PASSWORD SYSTEM

A situation may arise where you are unable to collect your child and you may rely on eg. a neighbour. In this sort of situation we will **NOT** pass your child over to a person we do not know or recognise, even if you have informed us and given a description of the person. For security purposes and to ensure we are passing your child over into the care of a trusted adult/person - we ask that you devise a Password. Your chosen Password should be confidential (known only to yourselves and us). You can pass onto the person who will be collecting your child. We can then confirm (privately) that they have the correct password and allow your child to go with them.

CHOSEN PASSWORD: .....

Safety is paramount and we will not let any child leave with persons unknown to us unless

PARENTS NAME COMPLETING THIS FORM: .....

EMAIL ADDRESS: .....

**SIGNATURE:** ..... **DATE:** .....