

# Dolphins Childcare Centre

## REGISTRATION FORM

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

SURNAME: .....

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

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

HOME ADDRESS: .....

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

### MOTHER-CARER

### FATHER-CARER

NAME: .....

NAME: .....

ADDRESS: .....

ADDRESS: .....

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

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

MOBILE NO. .....

MOBILE 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**

CARE REQUIRED: (please circle)    -    **NURSERY**    -    **TODDLERS**    -    **PRE-SCHOOL**

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

DAYS & HOURS?    **MONDAYS** .....

**TUESDAYS** .....

**WEDNESDAYS** ..... **THURSDAYS** .....

**FRIDAYS** .....

DO YOU REQUIRE? - (please circle)    **HOT MEAL LUNCH**    **AFTERNOON TEA**

DO YOU REQUIRE? - (please circle)    **ALL YEAR ROUND**    or    **TERM TIME ONLY (funded children only)**

DOES YOUR CHILD ATTEND ANY OTHER SETTING? - (please circle)    **YES:**    **NO:**

If so, please state which one and the days and hours they attend.

ARE WE ABLE TO SHARE INFORMATION WITH THEM? - (please circle)    **YES:**    **NO:**

ANY OTHER AGENCIES INVOLVED?: (please circle) **YES:** **NO:**  
If yes please state: .....

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: .....

ARE THERE ANY CELEBRATIONS/FESTIVALS THAT YOU WOULD LIKE US TO CELEBRATE AS PART OF YOUR CULTURE?  
YES: NO: (please circle) Please state: .....

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

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

SURGERY ADDRESS: .....  
.....

NAME OF HEALTH VISITOR: (if known) .....

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

IMMUNISATIONS: - My Child's Immunisations are up to date? YES NO (please circle)

PREVIOUS ILLNESS'S - Has your child had any of the illness's below? (please circle)

Chicken Pox - Diarrhoea & Vomiting - Conjunctivitis - Impetigo - Slapped Cheek - Scarlet Fever - Hand, Foot & Mouth

**A COPY OF YOUR CHILDS BIRTH CERTIFICATE IS REQUIRED ALONG WITH THIS REGISTRATION**

PARENTS NAME COMPLETING THIS FORM: .....

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

# CONSENT FORMS

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.

Please let us know if there are any areas you may have an issue with.

## GENERAL DATA PROTECTION REGULATION

We have updated our records to comply with the new data protection standard. 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

**I hereby give permission/consent for First Aiders to administer First Aid** if the need arises 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.

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). We need Parental permission to be able to apply a plaster to your child.

**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 be able 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 to the child's Key Person. The child's Key Person will complete fully the child's individual Medicine Form to which Parents must sign. 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

Learning about their environment is part of the children's learning and development. With this in mind, we regularly take children (in small groups) out of the setting and explore the village and surroundings - understanding that the correct 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: .....

## ASSESSMENTS & OBSERVATIONS

As part of your child's Learning and Development pathway - we as Educators need to carry out Observations and Assessments to ensure we fully understand his/her developmental stage, as well as any needs or concerns there might be. At times these may also be shared with relevant professionals (but we will obtain your consent prior to contacting any outside agencies)

**I hereby give permission for the childcare centre staff to carry out assessments and observations of my child.**

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 - MEDIA & ADVERTISING

I understand these will be used for observational evidence within my child's Learning Journal (tapestry) and Care Plan. Photograph's will also be used for interior display purposes in the classrooms and reception (including digital photo frames).

We ask for your consent to use/add photographs of you child at play onto our website, and for any possible fund raising or promotional advertising.

**I hereby give permission for the childcare centre staff to take photographs of my child while at 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 (some will be in your child's Welcome Pack). There is a file in Reception which has all of the policies. If you wish to take copies home - please let us know. We strongly advise you to have read all policies and procedures.

**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 they state the password



