

Child Information

| | |
|---------------|--|
| Name | |
| Date of Birth | |
| Start Date | |









Home Life

| | |
|---|--|
| Ethnicity: | |
| Religion: | |
| Spoken Languages: | |
| Who lives with your child: | |
| Does your child have any siblings? | |
| Who looks after your child when they are not at school: | |
| Previous settings attended: | |
| Which school does your child attend? | |



Child Information

| Child's Name | Address | Date of birth |
|-----------------|---------|---|
| Full name: | | |
| Preferred Name: | | Gender |
| | | Male / Female (Please delete as appropriate) |

| Parent/Carer Name: | Address, if different from above | Contact Information |
|-------------------------|----------------------------------|---|
| | |  Home: |
| Date of Birth | |  Mobile: |
| | |  Work: |
| Email address: | | |
| | | |
| Parental responsibility | | |
| Yes () No () | | |

| Parent/Carer Name: | Address, if different from above | Contact Information |
|-------------------------|----------------------------------|---|
| | |  Home: |
| Date of Birth | |  Mobile: |
| | |  Work: |
| Email address: | | |
| | | |
| Parental responsibility | | |
| Yes () No () | | |

Authorised Collections

| In the event of an emergency, when parent/carer cannot be contact, please contact | |
|---|---|
| Name: | Name: |
| Contact Number: | Contact Number: |
| Relationship to child: | Relationship to child: |
|  |  |
| Who will be the main person(s) collecting the child from club? | |
| Please provide names, phone numbers and photos of anyone else authorised to collect your child (if applicable): <i>Please note, we will only allow your child to leave club with these people if you have told us on the day of collection, and they are able to give us the agreed password</i> | |
| | |
| Agreed Password for the child: | |

Health



Immunisations

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|--|-----------|
| G.P Name, Surgery and Phone Number | |
| NHS Number | |
| Is your child registered with a Dentist? | Yes No |

| | | | |
|-------------------------|-------------------|------------------|-----------|
| <u>2 Months</u> | DTaP/IPV/Hib | PCV | Rotavirus |
| <u>3 Months</u> | DTaP/IPV/Hib | Men C | Rotavirus |
| <u>4 Months</u> | DTaP/IPV/Hib | PCV | |
| <u>12-13 Months</u> | Hib/Men C booster | MMR | PCV |
| <u>3 Years 4 Months</u> | MMR | DTaP/IPV booster | |

Details of any health requirements/medical conditions that your child has, or has previously had:

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Details of any medication taken on a regular basis:

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Details of any support received from any external agencies/professionals e.g. speech and language, social workers:















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Is there any other information you feel we need to be aware of? (Additional support in school)

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Allergies and Dietary Requirements



| Is your child allergic or intolerant to: | | | | | | |
|--|--|---|--|--|---|---|
|  Cereals containing Gluten e.g. wheat, rye, barley, oats |  Crustaceans e.g. prawns, crab |  Eggs |  Fish |  Peanuts |  Soya/Soybeans |  Milk |
| Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
|  Nuts |  Celery |  Mustard |  Sesame/Sesame Seed |  Sulphur dioxide/sulphites |  Lupin |  Molluscs e.g. clams, mussels, squid |
| Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |

| | |
|--|-----------------------|
| Does your child have any other allergies? | Yes No (if yes _____) |
| If you have answered yes to any of the above, please give detailed information regarding the history of the allergy, any reactions, the severity and the procedures to take if your child were to come into contact. | |
| | |

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|---|
| Does your child have any other cultural or dietary requirements? |
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Consent

| I agree to.... | <i>Please tick</i> |
|---|--------------------|
| My child receiving first aid treatment in the event of an emergency | Yes () |
| My child receiving medical treatment in the event of an emergency situation needing a hospital visit | Yes () |
| My child receiving an age appropriate dose of paracetamol should they become unwell if we cannot contact any persons listed as emergency contacts | Yes () |
| My child having a plaster applied, should the need arise | Yes () |
| Provide a minimum factor 30 sun cream for my child. I understand that if I do not provide this my child may not be able play outside. | Yes () |
| In extreme circumstances I give consent for the setting to apply a sun cream that may differ to my usual brand. | Yes () |
| My child attending walks to places of interest in the local area, which is not on the club premises (Consent gathered prior to leaving club) | Yes () |
| My child having their photograph taken to be displayed around the club | Yes () |
| My child's photograph to be displayed in evidence files shared with Local Authority | Yes () |
| My child's photograph to be displayed in evidence files shared in another child's learning journey | Yes () |
| My child's photograph taken to be used for the social media page belonging to club | Yes () |
| My child's photograph taken to be used for the newspaper | Yes () |
| My child's photograph taken to be used for the newsletter | Yes () |
| My child's photograph taken to be used for promotional materials | Yes () |

Safeguarding Children

Please be aware that the club has an obligation to report any instances where we consider that a child may be in direct harm. We may need to do this without your consent or knowledge. We are committed to safeguarding and promoting the welfare of children and we expect all staff, volunteers and visitors to share this commitment.

Nut Free Environment

We ask all parents and carers to support us in maintaining a nut free environment therefore not to bring in any food or items such as creams that contain nuts or nut oil.

Attendance

Please circle the sessions that you require:

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|-----------|--|---|---|--|--|
| Morning | Monday 7.30-9.00 () 8.00-9.00 () 7.30-8.30 () Nursery only Please tick | Tuesday 7.30-9.00 () 8.00-9.00 () 7.30-8.30 () Nursery only Please tick | Wednesday 7.30-9.00 () 8.00-9.00 () 7.30-8.30 () Nursery only Please tick | Thursday 7.30-9.00 () 8.00-9.00 () 7.30-8.30 () Nursery only Please tick | Friday 7.30-9.00 () 8.00-9.00 () 7.30-8.30 () Nursery only Please tick |
| Afternoon | Monday 3.15-4.15 () 3.15-5.15 () 3.15-6.00 () 3.15-3.45 () Nursery only Please tick | Tuesday 3.15-4.15 () 3.15-5.15 () 3.15-6.00 () 3.15-3.45 () Nursery only Please tick | Wednesday 3.15-4.15 () 3.15-5.15 () 3.15-6.00 () 3.15-3.45 () Nursery only Please tick | Thursday 3.15-4.15 () 3.15-5.15 () 3.15-6.00 () 3.15-3.45 () Nursery only Please tick | Friday 3.15-4.15 () 3.15-5.15 () 3.15-6.00 () 3.15-3.45 () Nursery only Please tick |

Data Protection Information

We process your data in accordance with the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679 of the EU) & Data Protection Act 2018. For information please see the data protection policy and privacy notice on our website.

Payment Schedule

OFFICE USE ONLY

Method of payment agreed with parent:

Cash ()

Card ()

Standing Order weekly () Day of payment _____

Standing order monthly () Date of payment _____ **MUST BE A MONTH IN FRONT**

Childcare Vouchers () Voucher Company _____

Tax free childcare ()

***Please ensure parent knows the date their first payment is due to us**

Completed by: _____

Date: _____