

Registration Form- Out of school care



Child's full name: _____

Date of Birth: _____ Age of Child: _____ Boy Girl

Religion of Child: _____ Child's Ethnicity: _____

Childs Home Address: _____

Postcode: _____

Parent/Carer 1: Mrs/Ms/Miss/Mr _____

Relationship to Child: _____ Tel No: _____

Mobile No: _____ Work No: _____

Email Address: _____

Parent/Carer 2: Mrs/Ms/Miss/Mr _____

Relationship to Child: _____ Tel No: _____

Mobile No: _____ Work No: _____

Email Address: _____

Legal Guardian: Mrs/Ms/Miss/Mr _____

Relationship to Child: _____ Tel No: _____

Mobile No: _____ Work No: _____

Email Address: _____

Emergency Contacts:

Name: _____ Name: _____

Tel No: _____ Tel No: _____

Mobile No: _____ Mobile No: _____

Relationship to Child: _____ Relationship to Child: _____

Name and Address of Child's Doctor: _____

_____ Tel No: _____

PLEASE NOTE: Only one child's details are to be entered on this form. If you require additional forms for siblings please ask.

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Sessions

	Monday	Tuesday	Wednesday	Thursday	Friday
Beforeschool-7:30am- 8:45am					
Afterschool-3:30 pm-6:30 pm					

(Please tick the preferred sessions you will require for your child)

Holiday Club sessions (please circle)	<i>Full day</i>	<i>Short day</i>	<i>Morning or afternoon session</i>
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Preferred start date: _____

Password: _____ (Please write this clearly and keep this confidential)

Parent/carer 1 signature: _____ Date: _____

Parent/carer 2 signature: _____ Date: _____

THIS APPLICATION IS PROVISIONAL AND NOT GUARANTEED UNTIL DEPOSIT IS PAID AND CONFIRMATION GIVEN

To help us please tell us how you heard about us? _____

For office use only:

Deposit paid: £ _____ Date: _____

Sibling Discount Applicable: 10% 5%

Agreed start date: _____

Method of payment:

Cash

Card

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Outing Consent

As part of our out of school clubs we walk the children to and from school and nursery every morning and afternoon. As well as this we take the children on local walks to the parks or shops and outings further afield.

For any trip that requires our mini bus we will seek your permission separately. For our local trips we require your authorisation. Please sign below granting your permission.

Name of child: _____

I give my permission for Phoenix Staff to take my child out of the setting to walk to and from school and as part of any local trips they have planned.

Name (Parents): _____

Signature: _____

Date: _____

Sun cream and Plaster Consent

During the summer months we will be applying sun cream to your child, this is to be provided by parents and carers; we request it to be no lower than a factor 30. Please sign below for a member of staff to apply your child's sun cream.

Name: _____

Signed: _____ Date: _____

In the event of your child having a cut, graze or any other wound that may require a plaster please sign below if you wish to give your permission for a member of staff to apply one.

Name: _____

Signed: _____ Date: _____

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Photo Consent

We sometimes take photographs of the children in the nursery while they are taking part in activities. Photographs are only ever taken with parent's permission. There are different reasons this may happen throughout your child's time with us at nursery. Please indicate below if you are happy for your child to be part of these photographs.

Name of Child: _____

I give permission for Phoenix Day Nursery to take the following photographs of my child whilst at nursery, as indicated below:

- Photographs to go on display boards at the setting.
- Photographs to go on publications to show an event at the nursery or help publicise Phoenix Day Nursery such as the nursery website.
- Photographs to go on our Facebook page.

Medication

To allow our staff to manage any accident or illnesses in accordance with our policies and procedures, please read the relevant policies and then sign the authorisations below:

I understand that in the event of an emergency allergic reaction Phoenix Nursery will act on my behalf until such a time as I can be present. I give consent for a member of staff to administer the recommended dose of antihistamine required in the event of an allergic reaction. I understand that every effort will be made to contact me if this occurred.

Name (Parents): _____

Signature: _____

Date: _____

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Accident, Illness and Calpol Authority

To allow our staff to manage any accident or illnesses in accordance with our policies and procedures, please read the relevant policies and then sign the authorisations below:

Name of Child: _____

I understand that in the event of sickness, an accident or any form of emergency Phoenix Nursery will act on my behalf until such a time as I can be present. I understand that every effort will be made to contact me as soon as any injury or illness is identified.

Name (Parents): _____

Signature: _____

Date: _____

In the event of my child having a high temperature, I consent my child being given Calpol in the nursery by a qualified member of staff, following the procedures of the setting. I understand I will be contacted on every occasion that my child has a high temperature and Calpol is necessary.

Name (Parents): _____

Signature: _____

Date: _____

Allergies, Dietary or Medical Needs

Please indicate below if your child has any dietary requirements that we need to cater for:

Please inform us below of any medical needs your child may have that we will need to know to provide high quality care for your child:

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Allergies, Dietary or Medical Needs Continued

Does your child have any allergies? If so please write them below:

Data Protection

In accordance with the Data Protection Act of 1998 any information you provide to Phoenix Day Nursery will be kept secure at all times and treated in confidence. The information will be used by Phoenix day Nursery and in any cases involving outside bodies needing access to this information the nursery will seek your permission before sharing information.

Name (Parent): _____

Signature: _____ **Date:** _____

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