

COMMUNITY KIDS PRE-SCHOOL & AFTER SCHOOL CLUB

Tolbury Mill Hall, Higher Backway, Bruton, Somerset,
BA10 ODP

Tel: 01749 813933 Mobile: 07596 766869

www.communitykidsbruton.co.uk



AFTER SCHOOL CLUB AND/OR BREAKFAST CLUB REGISTRATION FORM

Any information contained within this form will be treated in the strictest confidence according to the Data Protection Act 1998. Please inform the manager of any changes.

Full Name of child

.....

Date of
Birth

.....

Likes to be called

Gender (male or female)

.....

Address

.....

Post Code

.....

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

.....

.....

CONTACT DETAILS 1 *(including emergency information)*

Parent/Carer Full
Name

.....

Relationship to child

.....

Daytime/work
telephone

Mobile

.....

Home telephone

Email

.....

Home address

.....

.....

Work address

.....
.....

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

Does this parent have legal access to the child? Yes / No (*delete*)

CONTACT DETAILS 2 (*including emergency information*)

Parent/Carer Full
Name

Relationship to child

.....

Daytime/work
telephone

Mobile

Home telephone

E mail

Home address

.....

Work address

.....

.....

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

Does this parent have legal access to the child? Yes / No (*delete*)

OTHER PERSONS WITH LEGAL CONTACT. (*To be completed where those persons with parental responsibility are separated and a S8 Childrens Act 1989 order is in place.*)

Name

Address

..... Post Code

Contact telephone
numbers

Relationship to child

.....

What are the contact arrangements that the staff need to know about?

.....

.....

.....

EMERGENCY CONTACT (please supply name and telephone number of two people who are authorised to collect your child and can be contacted in case of emergency, if parents are not available)

	Person's Name 1.	Person's Name 2.
Telephone Number's		
Address		
Relationship to Child		

ABOUT YOUR CHILD

Has your child received the following immunisations?
(Please tick if received and provide date of immunizations given)

- | | | | |
|--------------------------|--|---|--|
| <input type="checkbox"/> | <p>Two months old
Date:</p> | <p>Diphtheria, tetanus, pertussis (whooping cough),
polio and haemophilus influenza type b (Hib).
Pneumococcal infection.</p> | <p>DTaP/IPV/Hib and
Pneumococcal
conjugate
vaccine (PCV)</p> |
| <input type="checkbox"/> | <p>Three months old
Date:</p> | <p>Diphtheria, tetanus, pertussis (whooping cough),
polio and haemophilus influenza type b (Hib).
Meningitis C (meningococcal group C).</p> | <p>DTaP/IP/Hib and</p> |
| <input type="checkbox"/> | <p>Four months old
Date:</p> | <p>Diphtheria, tetanus, pertussis (whooping cough),
polio and haemophilus influenza type b (Hib).
Meningitis C (meningococcal group C).
Pneumococcal infection.</p> | <p>DTaP/IP/Hib and
MenC and
PVC</p> |

<input type="checkbox"/>	12 months old Date:	Haemophilus influenza type b (Hib) and Meningitis C (meningococcal group C).	Hib/MenC
<input type="checkbox"/>	13 months old Date:	Measles, mumps and rubella (German measles) Pneumococcal infection.	MMR and PCV
<input type="checkbox"/>	3 years + Date:	Diphtheria, tetanus, pertussis (whooping cough), Measles, mumps and rubella (German measles)	DTaP/IPV or dTaP/IPV and MMR

Has your child any health problems, including any allergies eg; dairy, animals etc ?

.....

.....

.....

Please give any medical background that we should know about (i.e. fits, hepatitis, HIV)

.....

.....

.....

Does your child have any special needs or disabilities? Yes/ No

Details

.....

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

.....

.....

DIET:

Does your child have any specific dietary requirements? If so please state

.....

.....

.....

Does your child drink cows milk?

YES/NO

GENERAL INFORMATION:

What is the main religion in your family?

.....

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

.....

Are you a single parent family?

YES / NO

What other information is it important for us to know about your child? For example what they like and dislike, or what fears they may have.

.....

.....

.....

DETAILS OF PROFESSIONALS INVOLVED WITH YOUR CHILD

GP's

Name..... Surgery Telephone Number.....

Surgery
Address.....

.....

Social Care Worker (if applicable)

Name Telephone

Address

What is the reason for the involvement of the social care department with your family?

.....
.....
.....

Any other professional who has regular contact with your child

Name Role

Agency Telephone

EMERGENCY TREATMENT

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 Preschool Manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment made in my absence.

FIRST AID AUTHORISATION

I do / do not give permission for the staff of Community Kids to administer First Aid to my child / children should the need arise.

In the summer months , please apply sunscreen and also provide a named bottle of sun lotion as it may be needed during the session.

Do you agree that the staff may administer the following?

Plasters Yes / No Hypoallergenic sun cream Yes/No

Do you authorise your child to come into contact with animals? Full risk assessments will be in place. Yes/ No

OUTINGS

We may go on walks to the woods etc.

Please **tick** the box if **you agree** for your child to go on supervised walks.

USE OF IMAGE

We may use photos and occasionally video your child to use for displays and staff coursework.

Do you give permission for your child to be photographed or recorded whilst in the care of Community Kids staff.

YES / NO *(delete as appropriate)

PUBLICITY

During the year there are opportunities to publicise Community Kids which may involve the use of an image of your child. This could be a photograph or DVD, .

It is a requirement of the Data Protection Act that we have your consent to this.

Community Kids has adopted certain safeguards in order to minimise any risk to your child.

- No names of children will be used in any publication
- Any external photographer will have the validity of their organisation checked.
- Staff wil supervise at all times.

Do you give consent to your child having images taken of them for publicity (i.e. the local newspaper)

YES / NO *(delete as appropriate)

Any information given will be held securely and will only be disclosed to staff who have right of access. We will work with other agencies, settings and health visitors to ensure that your child's needs are being met. Parents will be informed of any discussions involving their child. (Information may be shared without consent when the child's safety is at risk).

I agree to abide by the Preschool Constitution, Policies and Procedures. I am aware that a copy of Community Kids Policies and Procedures will be made available to me on request. I understand that Community Kids reserves the right to withdraw my child's place after full consultation with me if concerns about payment of fees or my child's behaviour cannot be resolved satisfactorily. I also understand that if I wish to withdraw my child from Community Kids then I must give one terms notice in writing.

If , for any reason you are going to be late in collecting your child, please ring before the end of the session. If you fail to inform the staff, a charge may be applied. (Please see the notice board for details)

PARENT / GUARDIAN SIGNATURE:

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

Signed.....Parent/Guardian

by signing this form you confirm that you have read all the above.

Full Name.....(Block Capitals)

Relationship to childDate.....

Before your child can start with us we will need to see a Birth Certificate Please.

Community Kids Pre-School and After School Club is a charity (reg no 276095) and is run by a committee and we always welcome any parents/carers to join us. If you are interested, please let a member of staff know.

June 2015



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Dear Parents/ Carers

If you require Breakfast or after school club from September please fill out and return this form as soon as possible.

If you already attend either breakfast or after school club, your places are already secure but please confirm these by filling in the form.

Childs Name.....

Days Required	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club					
After school club					

This will be on a first come first served basis.

If your child is attending a club and requires pick up afterwards please let us know. We do require 1 month's notice for any changes.

Best wishes

Jo Goodland

Community Kids is a registered charity. Registration no.276095

Chairperson: Emily Simper Secretary: Charlotte Spraggs Treasurer: Helen Jennings

Manager : Jo Goodland Deputy Manager: Ros Coombes