

CLUB 4 KIDS CHILDCARE
EARLY BIRDS, KLUB 4 - 11, CATERPILLARS, BUTTERFLIES & HOLIDAY PLAYScheme
CHILD REGISTRATION FORM

FULL NAME OF CHILD: 1) DATE OF BIRTH:
 FULL NAME OF CHILD: 2) DATE OF BIRTH:
 FULL NAME OF CHILD: 3) DATE OF BIRTH:

ADDRESS IN FULL.....
 POSTCODE.....

HOME PHONE NUMBER EMAIL ADDRESS.....

NAME OF PARENTS/CARERS 1) Mobile number
 2) Mobile number

WHICH OF THESE PARENTS/CARERS DOES THE CHILD NORMALLY LIVE WITH?

NAME OF PERSON(S) WITH PARENTAL RESPONSIBILITY
If you have joint custody of your child, please give the address of the other parent on a separate sheet.

I AGREE TO BE CONTACTED BY: PHONE EMAIL POST FACEBOOK/SOCIAL MEDIA

BIRTH CERTIFICATE seen by: (C4K Staff) Certificate Number:
 I hereby confirm that the below named emergency contacts have agreed to act as an emergency contact for my child in case of emergencies and have seen the settings Privacy policy. Please tick box & ensure you receive a copy

1ST CONTACT NUMBER IN CASE OF EMERGENCY

NAME RELATIONSHIP TO CHILD
 NUMBER AND NAME OF WORK PLACE, IF ANY

2ND CONTACT NUMBER

NAME RELATIONSHIP TO CHILD
 NUMBER AND NAME OF WORK PLACE, IF ANY

3RD CONTACT NUMBER

NAME RELATIONSHIP TO CHILD
 NUMBER AND NAME OF WORK PLACE, IF ANY

MEDICAL CONDITIONS / ALLERGIES / DISABILITIES / DIETARY REQUIREMENTS ETC.

1).....
 2).....
 3).....

ARE YOUR CHILDS INJECTIONS UP TO DATE?

1).....2).....3).....

Is your child potty trained? (Nursery children only)

Which school does your child attend?Class / Teacher

BRIEF DESCRIPTION OF CHILD

1).....
 2).....
 3).....

COMMENTS REGARDING YOUR CHILD/CHILDREN:

E.G. FEARS / DISLIKES / FOOD PREFERENCES / YOUR CHILD'S PREFERRED NAME ETC.

1).....
 2).....
 3).....

ETHNICITY..... NATIONALITY.....
LANGUAGE SPOKEN COUNTRY OF BIRTH.....
RELIGION I DO NOT WISH TO ANSWER THESE QUESTIONS

DOCTORS NAMESURGERY ADDRESS AND TELEPHONE NUMBER
.....
HEALTH VISITOR (Nursery only)

NAMES OF PEOPLE WHO MAY COLLECT CHILDREN (inc Parents)
.....

I CONSENT TO MY CHILD RECEIVING MEDICAL TREATMENT. I GIVE CONSENT FOR AN ANAESTHETIC TO BE ADMINISTERED (BY A QUALIFIED PRACTITIONER) IN AN EMERGENCY IF I CANNOT BE CONTACTED.

I CONSENT TO MY CHILD ATTENDING SUPERVISED OUTINGS ARRANGED BY CLUB 4 KIDS PROVIDED THAT I HAVE BEEN NOTIFIED IN ADVANCE.

I CONSENT TO MY CHILD HAVING THEIR PHOTOGRAPH TAKEN:
 USE IN THE SETTING FOR PUBLICITY / SOCIAL MEDIA

I CONSENT TO THE FOLLOWING DETAILS ABOUT MY CHILD BEING DISPLAYED WITHIN THE SETTING:
 FULL NAME FIRST NAME ONLY DATE OF BIRTH (ie for Birthday Board)

I CONSENT FOR OUTSIDE AGENCIES TO OFFER GENERAL SUPPORT TO THE SETTING AND INDIVIDUAL SUPPORT TO MY CHILD (inc Area SENCO, Specialist Teaching Service, Speech and Language or Link Worker) IF NEEDED.

I CONSENT FOR THE SETTING TO APPLY FOR EARLY YEARS PUPIL PREMIUM, ON MY BEHALF, AS PART OF THE FUNDING APPLICATION.

MY CHILD HAS A MEDICAL CONDITION / ALLERGY AND ***I HAVE ENCLOSED A PASSPORT SIZED PHOTOGRAPH WITH DETAILS OF THEIR CONDITION.***

I AM AWARE THAT ONCE AN AUTHORISED ADULT HAS COLLECTED MY CHILD FROM THE SETTING, CLUB 4 KIDS CANNOT BE HELD RESPONSIBLE FOR THE CARE OF MY CHILD.

I CONSENT FOR OBSERVATIONS TO BE CARRIED OUT ON MY CHILD TO INFORM OF THEIR DEVELOPMENT INCLUDING HAVING PHOTOGRAPHS TAKEN FOR THEIR KEYFOLDER.

I AM AWARE THAT IT IS MY RESPONSIBILITY TO APPLY 8/12 HOUR SUNSCREEN TO MY CHILD ***BEFORE*** ATTENDING THE SETTING.

SIGNED PRINTPARENT/CARER DATE.....

I WOULD LIKE MY CHILD TO JOIN BUMBLEBEES / CATERPILLARS / BUTTERFLIES / BREAKFAST CLUB / AFTER SCHOOL CLUB / HOLIDAY PLAYScheme (please delete as appropriate).

I WOULD LIKE(DAYS), FROM (DATE).....

I DO NOT REQUIRE A PLACE AT PRESENT BUT WOULD LIKE TO BE ADDED TO THE WAITING LIST FOR CATERPILLARS / BUTTERFLIES / BREAKFAST CLUB / AFTER SCHOOL CLUB / HOLIDAY PLAYScheme (please delete as appropriate).

TO CHANGE YOUR EMAIL PREFERENCES / UNSUBSCRIBE FROM ANY CONTACT LISTS WE HOLD WITH YOU, PLEASE EMAIL: kez21@talk21.com

ANY OTHER COMMENTS, SUGGESTIONS OR IDEAS YOU MIGHT LIKE TO ADD: