



Copthorne Kinders Breakfast/After School and Holiday Club Registration form

Child's First Name(s): _____ Surname: _____

Preferred name: _____ Gender (M/F) Date of Birth: _____

Address: _____

Postcode: _____

Ethnicity: _____ Religion: _____ Language spoken at Home: _____

Any Known Allergies or Special Education Needs:

Details of professionals involved with your child:

Doctor name: _____ Surgery: _____

Address: _____

Telephone number: _____

Health Visitor (if known) name: _____

Address: _____

Telephone number: _____

Is your child registered with a Dentist? YES/NO

Are you registered at the Children and Family Centre? YES/NO

Parent/Carer information:

Contacts details 1

Parent/Carer full name: _____

Relationship to child: _____

Daytime telephone number: _____ Mobile number: _____

Home address (unless different to child's address):

Postcode: _____

Does this parent have parental responsibility for the child? Yes/No

Does this parent have legal access to the child? Yes/No

Email address: _____

Contacts details 2

Parent/Carer full name: _____

Relationship to child: _____

Daytime telephone number: _____ Mobile number: _____

Home address (unless different to child's address):

Postcode: _____

Does this parent have parental responsibility for the child? Yes/No

Does this parent have legal access to the child? Yes/No

Email address: _____

Emergency Contact detail (must be local)

Parent/Carer full name: _____

Relationship to child: _____

Daytime telephone number: _____ Mobile number: _____

Home Address _____

Postcode: _____

Other persons permitted to collect:

Please list below any other adults permitted to collect (must be over age of 18)

Name: _____

Relationship to child: _____

Telephone Number: _____

Name: _____

Relationship to child: _____

Telephone Number: _____

Name: _____

Relationship to child: _____

Telephone Number: _____

Password for the collection of child by authorised person: _____

General parental permissions

Emergency treatment declaration

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

Signed _____ **Date:** _____

Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by me or nursery) to _____ (Name of Child) and to record its use.

Short trip – general outings

Your child will be taken out of the setting as part of daily activities.

The venues used are:

- Local walks
- Woodland walks
- Feeding the ducks
- Trips to local schools

All other outings will require separate permission slips.

I give permission for _____ (Name of child) to take part in short trips for general outings. I understand that individual risk assessments are carried out for each type of trip or outing and are available for me to see as required. For any major outings, I understand I will be informed and my specific consent obtained.

Signed _____ Date: _____

Calpol and Sudafed

I give permission for staff to administer paracetamol based products (e.g.) Calpol) to _____ (Name of child) in case of a raised temperature on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the setting's procedures on the administration of medicine.

Signed _____ Date: _____

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

Parent/Carer 1 _____

Signed: _____ Date: _____

Parent/Carer 2 _____

Signed: _____ Date: _____