Tick if EYFS child **Early Bloomers After School Club**

**Registration Form**

Child’s Details Class: Date of Registration:

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | School attended:First language:  | Name of key person: |

**Parent/Guardian details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | First name: | Surname | Title: | First name: | Surname |
| Home address: | Home address (if different): |
| Does this child normally live at this address? Yes / No | Does this child normally live at this address? Yes / No |
| Work address: | Work address: |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Email address: | Email address: |
| Does this person have parental responsibility? Yes / No | Does this person have parental responsibility? Yes / No |
| Does anyone else have parental responsibility for this child? Yes / No *(If yes, please provide details overleaf.)* |

# Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | Relationship to the child: |

# Child’s Doctor

|  |
| --- |
| Name of Doctor: |
| Address: | Telephone: |

**About your child**

|  |
| --- |
| Please detail any additional/special needs your child has: (please provide full details) |
| Please detail any dietary requirements / food allergies for your child: (please provide full details |
| Is there anything your child doesn’t like (food, games etc) or is scared of? |
| What are your child’s favourite activities? |

**Signature of Parent/Carer Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Collectors**

Child’s name:

Name and address of others allowed to collect the child from the club

Name......................................................................................................

Address...................................................................................................

Telephone number.....................................................................................

Name and address of others allowed to collect the child from the club

Name......................................................................................................

Address...................................................................................................

Telephone number.....................................................................................

Name and address of others allowed to collect the child from the club

Please use a separate sheet if necessary

Emergency Collectors

Name and address of others allowed to collect the child from the club in an emergency.

Name......................................................................................................

Address...................................................................................................

Telephone number.....................................................................................

Name......................................................................................................

Address...................................................................................................

Telephone number.....................................................................................

Name......................................................................................................

Address...................................................................................................

Telephone number.....................................................................................

**PARENT CONSENT:**

I give permission for my child to be taken to hospital for treatment in the event of an emergency

Signature ……………………………………………………………… Date ………………………………………………….

I give permission for my child to be given **medication** as prescribed by my GP, dentist, nurse or pharmacist and will provide written consent for each and every new medication to be given:

Signature ……………………………………………… Date ---------------------------------------

I give permission for my child to be taken on **walks or visits** in the local area with Early Bloomers staff provided the legal ratio is met.

Signature ……………………………………………… Date ……………………………………………….

I give permission for my child to have **photographs/video** taken for the learning record

Signature ………………………………………………Date ………………………………………………..

I give permission for the use of suncream on my child, if necessary

Signature …………………………………………….Date…………………………………………………….

I give permission for my child’s **records** to be passed on to the next setting, as part of my child’s transition arrangements

Signature …………………………………………….. Date………………………………………………….

**INFORMATION TO PARENTS**

Please tick discussed /information given Discussed Info. given

Safeguarding information □ □

Medication procedures □ □

Accident procedures □ □

Complaints procedures □ □

Collection After-hours procedures □ □

Behaviour management policy □ □

Settling in process discussed and agreed □ □

Equal Opportunity & Inclusion (SEND) □ □

Form completed by:

Provider’s signature …………………………………………………………… Date……………………………………………..

Parent/Carer’s signature …………………………………………………….. Date ……………………………………………

*Information is kept strictly confidential in line with our Data Protection policy*