

# STEPPING STONES WRAP AROUND CARE & HOLIDAY CLUB REGISTRATION FORM (PRIVATE AND CONFIDENTIAL)

## CHILD'S DETAILS

Surname (family name)		First Name	
Known as		Male / Female	
Address		D.O.B	
Place in Family e.g. only child		Child's First Language	

## PARENT/GUARDIAN DETAILS

<b>Parent/Guardian 1</b>			
Surname (family name)		First Name	
Relationship to Child		Home Telephone No.	
Address		Personal Mobile No.	
Email Address			
Does the parent have parental responsibility?	Yes/No	Does the child live at this address?	Yes/No

<b>Parent/Guardian 2</b>			
Surname (family name)		First Name	
Relationship to Child		Home Telephone No.	
Address		Personal Mobile No.	
Email Address			
Does the parent have parental responsibility?	Yes/No	Does the child live at this address?	Yes/No

## SECURITY

We operate a password scheme for emergency security purposes. This should be used by any of your emergency contacts collecting your child/children.

Please detail the password you would like to use



**EMERGENCY CONTACTS**

Surname (family name)		First Name	
Contact Number		Relationship to Child	

Surname (family name)		First Name	
Contact Number		Relationship to Child	

Surname (family name)		First Name	
Contact Number		Relationship to Child	

Has your child received the full immunisation programme? .....

Is your child allergic to any food or drink? (If so, please give details) .....

Does your child have any medical problems? (If so, please give details) .....

Is your child receiving any medication? (If so, please give details) .....

Does your child have any special needs? (If so, please give details) .....

Does your child have any behaviour or other problems that we need to be aware of to help your child settle into our setting? (If so, please give details) .....

Has your child any special dietary needs? (If so, please give details) .....

Does your child attend a nursery or school, if so which one. ....

On occasions we take the children onto the field at Bracken leas via our garden link with the school. If you agree to this, please sign the following: -

I give my permission for ..... to participate in any activities which involve him/her going off the registered premises.

Signed .....(Parent/carer) Date .....

I give permission for any necessary EMERGENCY medical advice or treatment to be given to (child's name) ..... during their time at Stepping Stones Pre-School (Brackley).

Signed ..... (Parent/carer) Date .....



On occasions we may have photographs taken of your child and used or published in the following:- Please delete whether you agree/do not agree.

Press/Local Paper	Agree/Do not Agree
Website	Agree/Do Not Agree
Facebook	Agree/Do Not Agree
Scrapbook	Agree/Do Not agree
Noticeboard	Agree/Do Not Agree

I give my permission for ..... to participate in any photographs which I have agreed to above.

Signed .....(Parent/carer) Date .....

In order to ensure your child receives appropriate treatment of minor cuts and grazes we have decided to re-introduce the use of hypo-allergenic plasters. Please can you confirm that your child is not allergic to these dressings and that you give your permission for their use.

I confirm that ..... can / cannot use hypo-allergenic plasters and I give permission for staff at Stepping Stones to use them on ..... when necessary.

Signed ..... (Parent/carer) Date .....

Whilst it is not our policy to care for sick children, we will agree to administer Infant Paracetamol as part of maintaining their health and wellbeing while a parent is on their way to collect them if their journey is greater than 20 minutes.

Emergency Infant Paracetamol can only be administered to a child whose parents/guardians have signed this form giving us permission. A non-prescribed medication form will be completed by the member of staff to confirm the child has been given the Infant Paracetamol, with a copy going in the child's file and another copy being given to the child's parent/guardian.

Signed ..... (parent/carer)

Please print name ..... (parent/carer)

Please read our GDPR Privacy Policy on our website or ask for a copy at the setting. By signing this registration form you are giving your consent to the data we will hold and how we use it. You may also wish to read our Confidentiality Policy and Information Sharing policy as well.

<http://www.steppingstonespreschool.org.uk/policies.asp>

Signed ..... (parent/carer)

Please print name ..... (parent/carer)