

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

Parent/Guardian 1			
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

Parent/Guardian 2			
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. Does your child have any special dietary needs? (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)

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.

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

SUN CREAM

When the weather is warm children must come in with sun cream already applied with sun cream labelled in their bag to reapply later in the day. If sun cream is accidentally left at home we can supply/apply Nivea factor 30 as a one off. If sun cream has been forgotten more than 6 times parents will be invoiced a £5 consumables charge. I _____ (parent/carer) give permission for Stepping Stones to use Nivea factor 30 on _____ (child's name) if we have forgotten to put sun cream on or supplied our own in their bag.

Signed..... 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/carers 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/carer.

Signed (parent/carer) Parent 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 Confidentially Policy and Information Sharing policy as well.

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

Signed (parent/carer) Parent name (parent/carer)