

**STEPPING STONES HOLIDAY CLUB REGISTRATION FORM
(PRIVATE AND CONFIDENTIAL)**

SURNAME FIRST NAME(S)

NAME KNOWN AS

ADDRESS

.....

POSTCODE HOME TEL NO

DATE OF BIRTH PLACE IN FAMILY
(e.g. first of two children, only child, as appropriate)

ETHNIC ORIGIN (please tick)	African	Asian	Pakistani
	Bangladeshi		Punjabi
	Black-African		Travellers
	Black-British		Vietnamese
	Black Caribbean		White European
	Black-other		White U.K.
	Chinese		White-other
	Gujarati		Not disclosed/received
	Indian-other		Other Ethnic Origin

YOURS CHILD'S 1ST
LANGUAGE.....

RELIGION (please tick)	Anglican	Muslim		
	Baptist	No religion		
	Christian	Roman Catholic	Hindu	Sikh
	Jewish	United Reform Church		
	Methodist	Other		

PARENTS/CARERS DETAILS

PARENT/GUARDIAN 1 NAME

DOES THIS PARENT HAVE PARENTAL RESPONSIBILITY? **YES/NO** (DELETE AS APPLICABLE)

IF PARENTS ARE SEPARATED/DIVORCED HAS A COURT ORDER BEEN ISSUED? **YES/NO** (DELETE AS APPLICABLE)

ADDRESS.....

HOME TELEPHONE NO:

WORK/MOBILE TELEPHONE NO :

DOES THE CHILD LIVE AT THIS ADDRESS **YES/NO** (DELETE AS APPLICABLE)

E-MAIL ADDRESS:.....

DO YOU GIVE PERMISSSION FOR US TO EMAIL YOU? **YES/NO**

PARENT/GUARDIAN 2 NAME

DOES THIS PARENT HAVE PARENTAL RESPONSIBILITY? **YES/NO** (DELETE AS APPLICABLE)

IF PARENTS ARE SEPARATED/DIVORCED HAS A COURT ORDER BEEN ISSUED? **YES/NO** (DELETE AS APPLICABLE)

ADDRESS.....

HOME TELEPHONE NO:

WORK/MOBILE TELEPHONE NO.....

DOES THE CHILD LIVE AT THIS ADDRESS **YES/NO** (DELETE AS APPLICABLE)

E-MAIL ADDRESS:.....

DO YOU GIVE PERMISSSION FOR US TO EMAIL YOU? **YES/NO**

EMERGENCY CONTACTS – WE WILL ALWAYS ENDEAVOUR TO CONTACT A PARENT IN THE FIRST INSTANCE SHOULD ANY EMERGENCY ARISE. HOWEVER, PLEASE CAN YOU PROVIDE US WITH ANY ADDITIONAL PERSONS WHO MAY BE CONTACTED IF PARENTS CANNOT BE REACED FOR ANY REASON.

NAME:

TELEPHONE NO.....

RELATIONSHIP TO CHILD.....

NAME

TELEPHONE NO.....

RELATIONSHIP TO CHILD.....

NAME:

TELEPHONE NO.....

RELATIONSHIP TO CHILD.....

NAME

TELEPHONE NO.....

RELATIONSHIP TO CHILD.....

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

PASSWORD.....

CHILD'S DOCTOR

DOCTOR'S ADDRESS/TELEPHONE NO

.....

HEALTH VISITOR.....

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)

Is your child attending any other Playgroup, Pre-School or Nursery? (If so, please state where)

Is your child on the waiting list for a Nursery school place?.....

When will your child be starting school?.....

Which school will s/he be attending?.....

(Please use a separate sheet if there is not enough space for your answers)

Please read the following points carefully. Your signature means you understand and agree to them all.

1. I understand that if my child leaves Stepping Stones Pre-School during a half term, the fees for the whole half term in which s/he leaves will be payable.
2. I agree to pay the fees for a complete half-term if my child leaves Stepping Stones Pre-School before the end of that term.
3. Any changes to session times require a month notice and unfortunately we are not able to offer financial compensation for non-attendance. Additional sessions are available but subject to availability.

Signed Date

(Parent / guardian – please delete as applicable)

On occasions we take the children out for short walks in the local area, for which we need your permission. If you agree to this, please sign the following: -

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

Signed Date

(Parent / guardian – please delete as applicable)

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
Scrapbook	Agree/Do Not agree
Noticeboard	Agree/Do Not Agree
Promotional Leaflets	Agree/Do Not Agree

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

Signed Date
 (Parent / guardian – please delete as applicable)

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 Date
 (Parent / guardian – please delete as applicable)

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 Date
 (Parent / guardian – please delete as applicable)

While your child attends Stepping Stones their Key Person will observe and assess your child's development. We require your signature to carry out these observations. They may be viewed by you at anytime.

Signed Date
 (Parent / guardian – please delete as applicable)

Your child will be asked to choose from one of the following drinks whilst at Stepping Stones. Please let us know if there are any your child cannot have.

Milk Water Orange Squash Blackcurrant Squash

Signed (parent/carer)

Please print name (parent/carer)

Please could you let us know how you heard about us? (Local Advert/Website/Friend/Other)

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