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Finedon Community Centre, 71 Wellingborough Road , Finedon ,NN9 5LG

Tel: 07597557861

Email:berrypatchfinedon@gmail.com

[www.theberrypatchfinedon@gmail.com](http://www.theberrypatchfinedon@gmail.com)

|  |  |
| --- | --- |
| Childs First name : |  |
| Middle name/s: |  |
| Surname: |  |
| Child likes to be called: |  |
| Address:Postcode: |  |
| D.O.B : |  |
| Male or female  |  |
| Telephone  |  |
| Email  |  |
| Childs first language  |  |
| Is English spoken  |  |
| Is English understood  |  |
| Ethnic origin  |  |
| Religion  |  |
| Any Festivals celebrated  |  |
| Is the child involved with any social workers, if so, please provide their name and contact details : |  |

|  |  |
| --- | --- |
| Mother  | Father  |
| Full name  |  | Full name |  |
| Address  |  | Address  |  |
| Tel no  |  | Tel no  |  |
| Work name and telephone number  |  |  |  |
| Does this person have parental responsibility ? |  | Does this person have parental responsibility? |  |

Please provide access arrangements , where applicable, if parents are separated ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Primary carer (if not the child’s parents)

|  |  |
| --- | --- |
| Full name  |  |
| Address ( if different from the child)  |  |
| Tel no  |  |
| Email  |  |
| Does this person have parental responsibility? |  |

Emergency contact details

In the event of an emergency please provide 3 people who we can contact

|  |  |  |
| --- | --- | --- |
| Name  | Contact number  | Known to child as  |
| Contact 1  |  |  |  |
| Contact 2 |  |  |  |
| Contact 3  |  |  |  |

Who will normally collect the child at the end of each session?.......................................................................................................................................................................................................................................................................................................................................................

Is there anyone who is NOT to collect your child?( Please discuss this further with Rebecca ) ……………………………………………………………………………………………………………………………………………………………………………

If you need to send someone, who is unknown to staff, to collect your child please provide them with a password to give to us so that we can ensure that the appropriate person is collecting them.

Password……………………………………………………………….

 Health Information

|  |  |
| --- | --- |
| Doctors Surgery name, address and telephone number |  |
| Any known allergies – please list  |  |
| Any medication – please list  |  |
| Any special dietary needs  |  |

Please indicate which sessions you would like your child to attend.

|  |  |
| --- | --- |
| **7.30am - School**  |  |
| **8am -School** |  |
| **Collect from School – 5pm**  |  |
| **Collect from School – 6pm**  |  |
| **7.30am – 1pm**  |  |
| **8am-1pm**  |  |
| **1pm-5pm**  |  |
| **1pm-6pm**  |  |
| **7.30am-5pm** |  |
| **8am -5pm**  |  |
| **7.30am – 6pm** |  |
| **8 am – 6pm**  |  |

 **Please send your child with a packed lunch if they are attending holiday club**

When would you like your child to start attending……………………………………………………………………………….

Childs school and class/year group …………………………………………………………………………………………………………………………..

If you wish a member of staff to administer prescription medications, such as asthma inhalers, you will first need to agree a written management plan with Rebecca Stanford-Durdan -Manager

If your child’s health/dietary needs change at all please let us know as soon as possible

Declarations of consent:

Medical treatment - If your child becomes seriously ill or has a serious accident and we are unable to contact any of the above people, do we have permission to seek medical treatment for your child YES/NO

I give permission for qualified staff to administer simple first aid where necessary. YES/NO

Should any urgent matters of concern arise, I give permission for contact to be made with the appropriate medical/health/social service authorities. YES/NO

I give permission for my child to be taken on short walks or visits within Finedon YES/NO

I give permission for photographs to be taken and used for assessment records, training courses, displays promotions, press releases or publication. Names will not be used externally without prior consent) YES/NO

I give permission for my child’ s photograph to be used on St. Michael’s Playgroup Facebook page and or website (PLEASE NOTE NO NAMES WILL BE USED) YES/NO

I understand and agree to pay any fees owed in full either monthly in advance YES/NO

I give my permission for suncream ( supplied) to be applied to my child when appropriate YES/NO

I give my permission to be contacted by email/text to keep me updated with information/newsletters etc YES/NO

I confirm that the information given on this form is, to the best of my knowledge, complete and correct

Signed…………………………………………………………………………………………………………………………….

Print name……………………………………………………………………………………………………………………..

Date:………………………………………………………………………………………….