|  |  |
| --- | --- |
| Childs First name : |  |
| Middle name/s: |  |
| Surname: |  |
| Child likes to be called: |  |
| Address:  Postcode: |  |
| D.O.B : |  |
| Was the child premature?  If so how many weeks? |  |
| 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 |  |
| 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……………………………………………………………….

|  |  |
| --- | --- |
| Doctors Surgery name and address |  |
| 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. A minimum of 2 sessions/6 hours is required

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Term time ( 38 weeks of the year when schools are open** | **All year- 47.5 weeks** |
| **7.30am – 12 mid day** |  |  |  |  |  |  |  |
| **7.30am – 3pm** |  |  |  |  |  |  |  |
| **7.30am 6pm** |  |  |  |  |  |  |  |
| **9am – 12 Mid day** |  |  |  |  |  |  |  |
| **9 am – 3pm** |  |  |  |  |  |  |  |
| **9 am-6pm** |  |  |  |  |  |  |  |
| **12 mid day – 3pm** |  |  |  |  |  |  |  |
| **12 mid day – 6pm** |  |  |  |  |  |  |  |

Please indicate if you require different hours to the above…………………………………………………………………………………………………………………………………………………………..

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

Has your child previously attended a nursery/childminder ? If yes please give the name …………………………..

…………………………………………………………………………………………………………………………………………………………………..

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:………………………………………………………………………………………….