

Scholar Green Primary and Nursery School



“The Den” Registration Form

Key Information

Child's Surname			
Child's First Name(s)			
Known As			
Date Of Birth			
Sex	Boy		Girl
Religion		Ethnicity	
First Language			
Any Other Language spoken			
School which your child attends			
Parent/Carer 1	Relationship to the child		
	Parental Responsibility	Yes	No
Name			
National Insurance Number			
Address			
		Post Code	
Email Address			
Telephone Number	Home		Mobile
Place of Work			
Job Title		Dept	
Address			
		Post Code	
Telephone Number		Ext.	
Able To Collect Child	Yes		No
Parent/Carer 2	Relationship to the child		
	Parental Responsibility	Yes	No
Name			
National Insurance Number			
Address			
		Post Code	
Email Address			
Telephone Numbers	Home		Mobile

Place of Work			
Job Title		Dept	
Address			
		Post Code	
Telephone Number		Ext.	
Able To Collect Child	Yes		No

Do any other individuals have Legal contact arrangements with the child	Yes	No
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Emergency Contacts Other Than Parents/Carers

	Contact No. 1	Contact No. 2
Name		
Relationship To Child		
Address		
Tel. No		
Mobile No.		
Password for Collecting child		

As security is of the utmost importance we request that you inform "The Den" staff of any delay or changes to collection arrangements. The person collecting your child should be known to the "The Den" and be aware of your chosen password.

Medical Details

Doctors Name:	
Address	
Tel. No.	
Health Visitor Name	

Address			
Tel No.			
Does your child have a Personal Child Health Record book (Red Book) If yes, please bring to induction visit.	Yes	No	

Are there any other services involved with the child or family ?				
Family Nurse	Yes	No	Date Involvement commenced	
Name				
Contact Information and Telephone Number				
Social Worker	Yes	No	Date Involvement commenced	
Name				
Contact Information and Telephone Number				
Speech and Language	Yes	No	Date Involvement commenced	
Name				
Contact Information and Telephone Number				
CAHMS	Yes	No	Date Involvement commenced	
Name				
Contact Information and Telephone Number				
Any Other Service	Date Involvement Commenced			
Main Service Provided				
Main Contact Name				
Contact Information and Telephone Number				

Immunisations – Please Tick If Your Child Has Been Vaccinated Against The Following:

	Yes	No		Yes	No
Diphtheria			Tetanus		
Hib			Mumps		
Measles			Rubella		
Polio			Whooping Cough		
Details Of Other Vaccinations					
Has Your Child Had Any Infectious Diseases?			Yes		No
If Yes Please Give Details					

Individual Requirements and Details

Has Your Child Any Food Allergies or Special Dietary Requirements?	Yes		No	
Please Give Details				
Are There Any Foods You Do Not Want Your Child To Have?	Yes		No	
Please Give Details				
Has Your Child Any Cultural Or Religious Requirements?	Yes		No	
Please Give Details				
Any Other Details That May Be Useful				

Consents

Medical Treatment

I hereby give consent for the staff of "The Den" to ...

Administer Emergency First Aid	Yes	No
Seek Emergency medical and dental attention including hospital treatment if it is deemed necessary	Yes	No
Administer medication	Yes	No
To apply a plaster when necessary	Yes	No
To apply sun cream factor 30+. I understand that is my responsibility to provide sun cream hat and appropriate clothing during the summer months	Yes	No

Signature..... Date

Outings

I hereby give consent for the staff of "The Den" to ...

To take my child on local visits and outings	Yes	No
To travel on public transport	Yes	No

Signature..... Date

Photographs

I hereby give consent for the staff of "The Den" to ...

Photograph my child and for those photographs to be used in my child's file and displays around the school	Yes	No
Use photographs of my child taken at "The Den" in another child's file or diary (as a group)	Yes	No
Use photographs of my child in newsletters	Yes	No

Use photographs of my child on the school website	Yes	No
Use photographs of my child for advertising purposes	Yes	No
Signature..... Date		

Intimate Care

Please delete as appropriate:

I give permission for my child to be changed and cleaned by staff if they wet/soil themselves while in the care of "The Den"

I do not give consent for my child to be changed and cleaned if they wet/soil themselves.

The school will contact me or my emergency contact and I will organise for my child to be cleaned and changed. I understand that in the event that I (or the emergency contact) cannot be contacted the staff will act appropriately and may need to come into some level of physical contact in order to support the child as part of the basic duty of care.

Signature..... Date

Sharing information

I hereby give consent for the staff of "The Den" to ...

Share information about my child with other agencies such as :
Speech and Language, Health Visitors, Special educational need support

Yes

No

Signature..... Date.....

Please note staff will share information without consent if they are concerned about the welfare of the child

Childcare Vouchers

Are you currently (or planning to be) in receipt of childcare vouchers? Yes No

If so, which provider are you registered/will be registered with?

Office use only

Details of Placement.....

Date Received.....Date Acknowledged.....

Staff Name.....Date.....