

**ST MATTHIAS PRE-SCHOOL AND CHILDCARE CENTRE
REGISTRATION FORM – After School/Holiday Club**

PERSONAL DETAILS OF CHILD

Full name	
Home Address	
Date of Birth	Male/Female

YOUR CONTACT DETAILS

Full name			
Please provide contact details and tick which is your preferred contact telephone number			
Home		<input type="checkbox"/>	Your relationship to child
Mobile		<input type="checkbox"/>	
Work		<input type="checkbox"/>	
E-mail address			

SESSIONS Please indicate which regular sessions you wish your child to attend

	Times	Mon	Tue	Wed	Thu	Fri
HOLIDAY CLUB:						
After School club	3pm – 5.30pm					
Autumn half term	08.45am - 15.15pm					x
Spring Half term	08.45am – 15.15pm					x
Easter Holidays	08.45am – 15.15pm					x

RECORD OF INFORMATION

Child name: (as on Birth certificate)	
Date of Birth:	
Ethnic origin:	
Language spoken:	
Home address:	
Home number: Mobile number:	
Parent/Carer 1 name:	
Does this person have parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Place of work:	
Telephone number:	
Parent/Carer 2 name: (if applicable)	
Does this person have parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this parent live at the same address? If NO please enter address	
Place of work:	
Telephone number:	
Emergency contact Full name, relationship to child and contact number	
Name of person/people who can collect child (Include surnames and relationship to the child)	
Password	

All people collecting the child must be able to give this password when asked	
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Child's Doctor:	
Doctors address:	
Doctors telephone number:	
Health Visitors name and contact number:	
Has your child had a 2yr old check?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Immunisations up to date?	
Any special Diet, Allergies, Health Problems:	
Any Birthmarks?	

PERMISSIONS

1. Photographs

I give my permission for photographs to be taken of my child whilst at Breakfast club, Pre-School and After School club and to be used for the following.

(Please sign each type of permission, you are happy to give)

Displays on Site: _____ Website: _____

Prospectus: _____ Local Press: _____

Facebook Page: _____ Relationship to child: _____

Date: _____

2. Emergency Hospital Treatment

In case of an accident where we are unable to contact yourselves, please give your permission for emergency hospital treatment:-

Signature: _____ Name (Capitals): _____

Date: _____ Relationship to Child _____

3. Information Sharing

From time to time the Pre-School/clubs may need to share information about your child. Where possible, we will ask your permission first. Sometimes however, we will be required to do this without your knowledge, where this meets the Torbay Local Safeguarding Children Board Guidelines. (Please see our policy on '*Information Sharing*')

Please sign to confirm you are aware of the above statement.

Signature: _____ Name (Capitals): _____

Date: _____ Relationship to Child _____

4. Off Site Visits

I understand that Pre-School or the Clubs would like to take my child on off-site visits. I give my permission for local off site trips to take place in accordance with up-to-date terms, conditions and risk assessments. Any trips that differ from the 'norm' will require separate written permission.

Signature: _____ Name (Capitals): _____

Date: _____ Relationship to Child _____

By signing below, I consent to my family's details being stored with St. Matthias Church Pre-School and Child Care Centre in compliance with the Data Protection Act 1998.

I understand information about me and my family will only ever be shared outside of the childcare setting if me or my partner (if applicable) have given consent beforehand. The only exception to this is when the setting has reason to believe my child is at risk.

Signature: _____ Name (Capitals): _____

Date: _____ Relationship to Child _____