

**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 | |
| **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……………..………….……