

Louise's DayCare
180 Enysham Drive
Abbey Wood
SE2 9PT

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Louise's DayCare Registration Form

One form must be completed for each child attending.

Name of Child

Date of Birth Age.....Male/Female (please tick)

Name of Primary School (if applicable)

School Drop off & Pick up (Yes/No) (please tick)

Ethnic Background: _____ Religion, if any: _____

Address:

.....

Telephone (Daytime) (Evening)..... (Anytime).....

Parent/Carers 1

1. Name.....

Address.....

.....

Telephone (M)

(W)

Email

Relationship to child.....

Parent/Carers details 2

2. Name.....

Address.....

.....

.....

Telephone (M)

(W)

Email

Relationship to child.....

Parent/Carers 1

1. Name of employer:

.....

Address.....

.....

.....

Telephone (W)

Parent/Carers 2

2. Name of employer:

Address.....

.....

.....

Telephone (W)

Attendance

Please indicate which days your child will be attending by ticking on the boxes below.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Full Days 7am – 6pm					

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
School Pick up Drop Off					

EMERGENCY CONTACT 1

Name Telephone

EMERGENCY CONTACT 2

Name Telephone

OTHER ADULTS AUTHORISED TO COLLECT YOUR CHILD

Children will not be able to leave the premises with anyone other than the named person on this form

1) Name 2) Name

Telephone Telephone

Please be advice that all children under the age of 8 years old MUST be collected by a responsible adult.

Can Your child

Attend trips? **Yes/No**

Travel on public transport **Yes/No**

Travel on hire transport **Yes/No**

Are there any activities you wish for your child not to part take in? (Please state below)

Consent for plasters to be given

In the event that your child falls over and cut themselves, it is likely that your child will need a plaster. We must have your permission to be able to administer plasters to your child.

I hereby give my consent for my child to be given plasters in case of an accident/incident where a plaster is needed or requested by my child.

Parent/Carer Sign Date

Consent for photos to be taken

We are required by law to ask for consent to take photos of children attending our setting.

I hereby give my consent for photos to be taken of my child/ren for promotional purposes i.e. website, promotional leaflets.

Parent/Carer Sign Date

OTHER INFORMATION

Please provide us with any other information that you feel may be relevant to us including any learning, behaviour or physical difficulties.

.....
.....
.....

Is your child currently receiving support from or working with any local authority services?

☐ Yes ☐ No

If yes, please provide details:

Languages spoken to the child:

Primary language spoken at home:

Other languages regularly spoken to the child:

1..... 2. 3.

Is the child bilingual or multilingual? ☐ Yes ☐ No

If yes, please specify which languages:

MEDICAL INFORMATION

GP Name:

Address:

..... Tel:

MEDICAL CONDITIONS (delete as appropriate)

1. Is your child on any medication? **YES/NO**

If yes, what medication are they taking? What is it for?

2. Does your child take the medication themselves? **YES/NO**

3. Does your child have any allergies? **YES/NO**

If yes, please state the allergy

.....

4. Please give details of what may happen if your child comes in contact with the allergen?

.....

5. What do you usually do when your child comes in contact with the allergen?

.....

6. Does your child have asthma? **YES/NO**

If so, do they carry an inhaler around with them? **YES/NO**

7. Does your child suffer from epilepsy? **YES/NO**

If yes, please give details.

.....

8. Does your child have any other medical conditions? **YES/NO**

If so, please give full details (including any medication and dosage)

.....

9. Does your child have any special dietary requirements? **YES/NO**

If so, please give details

.....

I give consent to any emergency medical treatment necessary and authorise the staff to sign on my behalf, any written form of consent required by the hospital authorities should medical treatment be necessary. This is provided that every reasonable effort has been made to reach me to seek permission, and that a delay in treatment is likely to endanger my child's health or safety in the opinion of the doctor or hospital.

Parent/Carer Sign

Date

Declaration

- I give my consent for my child to take up a place at this setting, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the setting, and agree to abide by them.
- I confirm that the information given above is correct and I will contact the Daycare Centre in writing if any of the detail has change.
- I understand that persistent late, non-payment of fees or late collection of my child will result in termination of my child place with the Daycare.
- I understand that all pre-booked / set days remain payable during absence and sickness and during public holidays.
- I will provide 1 months notice in writing to terminate my child's place at Louise's Daycare.
- I agree to pay the relevant cost for my child sessions at the agreed rate set out.
- Louise's Daycare has made me aware of the location, at the entrance, of their Policies and Procedures. I understand I can request a copy at anytime, a small administrative charge may apply.

Signature of Parent or Guardian: **Date:**