

Office use:

dates HV: P+Ps out/in CP; start: F.wkr:
Deposit: Payment method: chq/ca/BACS/vouchers
Payment Frequency:
Invoice raised/sent
Year Round/ Term only/ Term & some hols/ hols only



	Hol Club 8-9am	Hol Club 9am-1.30pm	Hol Club 1.30-6pm	Term Time ASC	Term Time ASC	Term Time ASC
Day				3-5pm	4-6pm	3-6pm
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Registration Details to be completed by parent/guardian:

please complete as fully as possible.

Name of child:

Name child likes to be known by:

Child's Date Of Birth:

Male/ Female

Address Of Child

Name of Parents/guardians:

Address if different to above:

Telephone number: (to phone you during your child's time with us)

Work/home/mobile

Other number to contact you (if applicable):

Secret Number or name for us to confirm your identity over the phone.....

The Exwick Ark would like to do it's bit towards being more environmentally friendly. We can send out newsletters, invoices etc by e-mail. You will have it stored on your computer then for future reference.

-I would like to receive everything on paper please or

*-I would prefer things emailed to me rather than receive paper copies (delete as appropriate)
email address;*

You may nominate someone else to collect your child whenever you do not.

Please give their details here:

Name:

Address:

Phone:

Someone to contact if you are not available:

(e.g. family member/friend/child-minder)

Name:

Tel.

Doctor's name:

Address:

Tel.:

Immunisations:

Has your child been immunised against ?....

*DiphtheriaWhooping CoughTetanus.....Polio.....MeaslesMumps....Rubella.....
(please tick or date when had if known)*

Health visitor's name is in contact with them (if known):

Address:

Tel:

Any other agencies working with the child: eg speech therapist, social worker.

Name(s):

Phone Number(s):

Is your child attending any other childcare provider (or School if applicable)? (If yes please give name and telephone number.)

Would you like your child to be picked up from their class at Redhills School? Yes/ no

Please state:

Class and teacher where applicable....

Does your child have any: (please state where applicable)

-Allergies?

-Food allergies or intolerances?

-Special Dietary Needs?

Can we give your child food at snack times that may contain nuts or traces of nuts? Yes/no

Does your child have any specific Medical needs, medicines or inhalers they will need to use whilst at The Exwick Ark? Yes/No

Please give details:

Name of medication:

Dose and frequency:

Do you wish playgroup staff to administer this? Yes/no

If yes, we will contact you for further details. There will be Long Term Medication Form to complete and sign.

Does your child have any special needs or requirements?

If yes please give details.

Does your child have any specific fears we should be aware of?

If yes please give details.

Does your child have a special comforter? Yes/no

If yes please give details.

If you think your child may need it please send it along with them to the Exwick Ark.

Are there any incidents in your child's life you think we should be aware of?

Yes/no

If yes please give details over leaf.

Can a qualified First Aider administer first aid to your child if the need arises? Yes/no

Can we seek any necessary emergency advise or treatment for your child whilst in our care? Yes/no

If your child has a minor accident may we use adhesive dressings/ plasters? Yes/no

Is there any thing you would like us to know about your religious or cultural practices? Please state overleaf if yes.

Is there any thing else you would like us to know? Please state overleaf.

I would like my child to spend some time doing home-work at the Exwick Ark After School Club Yes/ No

Do we have your permission to:

- *Change your childs's wet clothes Yes/No*
- *Apply suncream cream Yes/No*
(please supply your own in a labelled container if you do not wish to use our supply)

• *Display photos of your child within the setting and in record keeping?*

Yes/No

• *Publish photos of your child in our prospectus and parent handbook?*

Yes/no

• *Use photos of your child on our website? Yes/no*

• *Photograph your child for local newspaper articles? Yes/no*

• *Use photos in staff training records (see below)? Yes/no*

All our staff attend regular training and from time to time Educational assessors visit the setting to monitor progress in this. As part of the evidence used by staff undergoing training photographs are used of children taking part in activities. These photos are used in their student portfolios. Only a child's initials are used.

From time to time we find it valuable to take groups of children out into the immediate area surrounding the Exwick Ark Out of School Club. This may include going into the park or to the local shop for an educational activity. These trips will always be well supervised and a thorough risk assessment will be completed in advance. Are you happy for your child to take part in curricular activities in the local area? Yes/No

We will continue to ask for a separate consent form when visits are further a field or require using transport.

Children who have an infection and who are still infectious are asked to not be brought to The Exwick Ark Out of School Club. Please wait until your child is fully recovered/ no longer infectious before they return. This is in your child's interest and those of other children.

I have read and understood the above. This form is completed truthfully, to the best of my knowledge. If there are any changes to the details in this form I will inform the Exwick Ark in writing where at all possible in order for their records to be kept up to date. I understand that this information will be kept by the Exwick Ark during my child's time there. The records will be used to help the staff plan the best care and education for my child.

Date to start at The Exwick Ark(please specify date if known)

Signed by Parent/Guardian:

Name:

Date: