Childcare in the Community

Whitehill OOSC Registration Form - Confidential

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| **Child’s Name:** |  | |
| Address: |  | |
|  | |
|  | |
| Postcode: |  | |
| Date of Birth: |  | Age: |
| Nationality |  | Language: |
| **Parent / Carer’s Name:** |  | |
| Relationship to Child: |  | |
| Address if different from above: |  | |
|  |  | |
| Postcode: |  | |
| Telephone Number: |  | |
| Email Address: |  | |
| **School Attended** |  | |
| Head Teacher’s Name |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please indicate below which days you require cover** | | | | |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Please Select Type of Cover Required:** | |
| Term Time Only |  |
| Term Time including In-Service Days/Holidays |  |
| Holidays Only |  |

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| Method of payment: **Fees are due in advance on a weekly basis** |

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| **Please tick preferred method of payment:** |

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| --- | --- |
| Standing Order |  |
| Childcare Vouchers |  |
| Cash/Cheque | **Weekly Only** |

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| --- | --- |
| **START DATE:** |  |
| **END DATE:** |  |

**If fees are being paid by other source, please give details (i.e. College/Outside Agency/Other Source)**

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| --- |
| Name: |
| Address: |
|  |
| Method of Payment & Frequency: |
| **PROOF MUST BE PROVIDED IF OTHER AGENCY MAKING PAYMENT** |

**EMERGENCY CONTACT INFORMATION:**

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| --- | --- |
| **Emergency Contact 1** |  |
| Name: |  |
| Address: |  |
|  |
|  |
| Postcode: |  |
| Telephone Number: |  |
| Relationship to child: |  |
|  |  |
| **Emergency Contact 2** |  |
| Name: |  |
| Address: |  |
|  |
|  |
| Postcode: |  |
| Telephone Number: |  |
| Relationship to child: |  |

|  |  |
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| **Child’s Doctor: (Doctor’s Name)** |  |
| Doctor’s Surgery: |  |
| Address: |  |
| Telephone Number: |  |

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| **If, on a daily basis, someone else other than yourself will be collecting your child, please give the following details:** | |
| **Name ( 1 )** |  |
| Relationship to child: |  |
| Address: |  |
|  |  |
| Telephone No: |  |
| Signature: |  |

|  |  |
| --- | --- |
| **Name ( 2 )** |  |
| Relationship to child: |  |
| Address: |  |
|  |  |
| Telephone No: |  |
| Signature: |  |

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| **Does he/she suffer from any medical conditions we should know about?**  YES/NO – If Yes, please give details. |
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| **Does he/she suffer from any allergies we should know about?**  YES/NO – If Yes, please give details. |
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| **Does he/she take any medicine?** YES/NO – If Yes, please give details. |
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| **Please provide any additional information you feel we should be aware of in relation to your child’s health and well being:** |
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CONSENT FORM

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I give Childcare in the Community permission for my child to:

**ONLY TICK THE BOX BELOW IF YOU AGREE**

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|  |

Go on local outings under the supervision of Childcare in the Community staff

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| --- |
|  |

Be photographed or recorded on video camera

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|  |

Have temporary tattoos

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| --- |
|  |

Use face paint/make up/nail polish

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| --- |
|  |

Take part in tasting sessions

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|  |

Have sun cream applied if own is not provided

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| --- |
|  |

Have first aid administered if necessary

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In the event of an **EMERGENCY**, health or otherwise, I hereby authorise Childcare in the Community staff to act as a responsible guardian in my absence.

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In the case of a **MEDICAL EMERGENCY**, I give permission for Childcare in the Community staff to sign, on my behalf, for any necessary treatment required, including anaesthetic and dental treatment.

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In the event of an **EMERGENC**Y, I agree to a member of Childcare in the Community staff taking my child to the nearest hospital.



**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Childcare in the Community**

**Sun Cream Permission Slip**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I give permission** for the staff of Childcare in the Community to supply and apply their sun cream, as required to my child.

Parent/carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**I do not** **give permission** for Childcare in the Community to supply and apply their sun cream as required to my child.

**I give** **permission** for Childcare in the Community to apply the sun cream I have supplied to my child. The sun cream supplied is:

|  |  |  |  |
| --- | --- | --- | --- |
| Make of cream |  | Sun Protection Factor |  |
| UVA/B protection |  | Best before date |  |
| Date opened |  | Use within | months |

Sun cream must be reapplied as per manufacturers’ instructions. The instructions are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cream will be stored in service/brought to service every day \* *delete as appropriate*

Parent/carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Staff to check and confirm details before signing form and before reapplying

children’s sun cream.

If there are any irregularities cream must not be applied and the child must not go outside whilst in our care.

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| **Could you please tell us where you heard about our service?** |
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**DATE SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**DATE SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **FOR OFFICE USE ONLY:** | | |
| **PARENT’S CHARTER COMPLETED & SIGNED?** | **YES / NO** | |
| **FORM RECEIVED BY:** | **Sign:** | **Date:** |
| **DATE PASSED TO ADMINISTRATION:** | **Sign:** | **Date:** |
| **ADMIN PROCESSED:** | **Sign:** | **Date:** |