



GOBOWEN ALL ROUNDERS REGISTRATION FORM AND CONTRACT

Child's name	
Date of birth	
Name used	
Name of parents/carers with whom the child lives	
Does parent /carer 1 have parental responsibility?	
Does parent/carer 2 have parental responsibility?	
Address	
Postcode	
Telephone	
Mobile	
Email address	
Name of parent with whom the child does not live	
Does this parent have parental responsibility?	
Address of this parent	
Post code	
Telephone Mobile	
Email address	
Does this parent have legal access to the child?	

Emergency contact details	
Mother	
Father	
Any other emergency contact number	
Name	
Telephone number	
Name	
Telephone number	
Name	
Telephone number	
Persons authorised to collect the child (should be over 16 years of age)	
name	
Relationship to child	
name	
Relationship to child	
name	
Relationship to child	
name	
Relationship to child	
name	
Relationship to child	
Personal details of child	
Does your child have any special dietary needs or preferences?	
Is your child allergic to anything?	
If so is any special medication needed?	

Immunisations Has your child been immunised against? (please tick)			
Tetanus	Diphtheria	Measles	Rubella
Polio	Whooping cough	Mumps	
Ethnicity			
How would you describe your child's ethnic origin or cultural background?			
What is the main religion in your family?			
What language/s is/are spoken at home?			
If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? If so how best can we help you and your child?			
Does your child have any medical conditions, special needs or a disability?			
What support will he or she need in our setting?			
What other information is it important for us to know about your child? for example, what they like, what fears they may have, any special words, what comforter they may need and when?			
Emergency First Aid			
Whilst every effort will be made to contact parents or emergency contact, it may not always be possible. We will need parents to agree to All Rounders staff taking action as appropriate. Therefore I agree to All Rounders staff administering First Aid and /or seeking emergency medical treatment/advice and /or taking _____ to _____			

<p>hospital is necessary.</p> <p>Signed dated</p>
<p>Emergency administration of Calpol:</p> <p>In the event of your child having a high fever and All Rounders staff are not able to reduce it in any other way, we might need to give your child a single dose of Calpol, we therefore ask for prior permission to administer Calpol to your child.</p> <p>I agree to All Rounders staff administering a single dose of Calpol in an emergency</p> <p>Signed dated</p>
<p>School</p>
<p>When will your child be starting school?</p>
<p>Which school will your child be attending?</p>
<p>Photographs</p>
<p>From time to time photographs will be taken by the media or us to use in displays at All Rounders or elsewhere or by the local paper.</p> <p>I give/do not give* permission for photographs to be taken of my child for their personal records. Signed..... Dated.....</p> <p>I give / do not give* permission for photographs of my child to be used in displays at Gobowen All Rounders, or elsewhere, or by the local paper. signed..... Dated.....</p> <p>Please delete as appropriate</p>
<p>Sun cream</p>
<p>As children like to play outside at all times and so that we do not have to restrict outside play, we would like permission to administer sun cream, so please could you sign the following declaration:</p> <p>I agree to All Rounders staff administering sun cream and I will provide the necessary sun cream/ I do not agree sun cream being administered>(*please delete as appropriate)</p> <p>Signed Dated</p>
<p>Local outings</p> <p>In line with our themes, it is sometimes appropriate to take a short walk through the village, visit the library, All Saints Church, or Gobowen Station or take a short bus ride</p>

to Oswestry or Ellesmere.

So that these outings can be spontaneous, we would like you to give us written consent on this form.

I agree/do not agree (please delete) to my child being taken on short outings or visits in Gobowen and surrounding areas.

Signed

dated

Professionals involved with your child

Doctor's name

Telephone number

Address

Health Visitor

Based at

Telephone number

Other professionals

Name

Role

Agency

Contact number

Name

Role

Agency

Contact number

Name

Role

Agency

Contact number

Social services involvement with your child or family

Is Social Services involved with your child or family?

If yes, what is the reason for the involvement of social Services with your family?

Is your child on one of the following plans?

Child protection?

Child in need?

or is there a CAF in place?	
Is your child a Looked after child (LAC)? Which local Authority is looking after your child?	
Start date	
When would you like your child to start at Gobowen All Rounders?	
What days and times would you like?	
All fees must be paid weekly or daily in advance	
I agree to pay all fees incurred promptly	
Signed	dated
2 year checks	
Has your child had a 2 year check done by your health visitor? Yes /no Has your child had a 2 year check at another setting? Yes/no If so where? If not, please sign to say that you are happy for us to do a 2 year check at Gobowen All Rounders	
signed	dated
Completion of records	
As a pre-school setting we are required to make general observations on your child's progress and track their development. The method in which we do this at Gobowen All Rounders is through an online package called Tapestry. This is a secure system that we can link you into to see updates and make comments along the way. I agree (or disagree)* that my child's key person will keep records about my child through Tapestry and share these with me on a regular basis. * please delete	
Signed	dated
Sharing of records	
From time to time it may be necessary to share records with school and /or other agencies. I do/do not agree* with information sharing about my child. *(please delete as appropriate)	
Signed	dated
Gobowen All Rounders Policies	
I acknowledge receipt of the Safeguarding Children Policy, Fees policy and Complaints Policy and Procedure. I am aware that the rest of Gobowen All Rounders policies are listed in the handbook and am aware that I can receive full copies of these policies if I wish to see them.	

Signed	
Signed by parent 1	
Signed by parent 2	
Date	