

ROUNDHILL DAY NURSERY HOLIDAY CLUB REGISTRATION FORM

Full name of child.....

Preferred name.....

Date of birth..... Gender: Male Female

Address of child.....

Post code..... Telephone number.....

NAMES AND ADDRESSES OF PARENTS/CARERS

Full Name.....	Full Name.....
Address.....	Address.....
..... Post Code..... Post Code.....
Telephone No.....	Telephone No.....
Mobile No.....	Mobile No.....
E-mail address.....	E-mail address.....
Relationship to child.....	Relationship to child.....

Which parent does the child normally live with?

Who has parental responsibility for the child?

Who would normally pick up and drop off at the club?

EMERGENCY CONTACT NUMBERS

Please give details of persons who can be contacted in an emergency if parents are unavailable. Please place them in order in which you wish them to be contacted.

1. Full name.....	2. Full name.....
Relationship to child.....	Relationship to child.....
Address.....	Address.....
..... Post Code..... Post
Code.....	
Telephone No.....	Telephone
No.....	

Home Language..... Language(s) spoken by
child.....

Nationality..... Religion.....
.....

Which festivals are
celebrated.....

Does your child have any special educational needs/disabilities? No Yes (please give details,
including support received, i.e. speech therapist, occupational therapist or other)

Please give details of any special dietary requirements, food preferences or allergies (i.e. vegetarian,
gluten free etc)

Please give details of any health requirements that your child may have (i.e. inhaler, epipen)

**NB Medicines/Epi-pens cannot be administered to a child without written permission of the parent/
guardian.**

The following information may be needed in the event of an emergency:

Doctor.....

Address.....

..... Post Code..... Telephone

No.....

**Please note that, in an emergency, setting staff may be asked to provide information to NHS staff
regarding your child's medical history. Could you please complete and sign the statement below.**

I give/do not give permission for staff at Roundhill Day Nursery to seek any necessary emergency medical
advice or treatment and to discuss my child's medical history if needed.

Full name of child _____

Parent/Carer signature _____

CONSENT

I/we agree to the above named child/ren to go on routine outings with the above-named holiday club.

Parent/Guardian's name

Signed

Date

Transporting in a vehicle I/we agree for the above named child/ren to be transported in a vehicle with the above named holiday club.

Parent/Guardian's name

Signed

Date

Outdoor play equipment-I/we agree for the above named child/ren to use outdoor play equipment in gardens, parks or playgrounds whilst in the care of the above named holiday club.

Parent/Guardian's name

Signed

I/We consent for the above child/ren to have sun cream applied if necessary. (UV over 3)

Parent/Guardian's name

Signed

Photography

The setting uses cameras sometimes to record activities and this aids planning for your child's activities and advertising for the club.

Please circle to give your preference for how photographs of your child can be used:

Within the setting and its publications/photograph album **Yes** **No**

In the local press (please note the press may ask to publish your child's name) **Yes** **No**

Photo displayed on our website/facebook **Yes** **No**

Parent/Carer signature _____

Please use this space to tell us anything else about your child that you may feel is relevant (please continue on a separate sheet if needed)

Please print your name, sign and date.

Print Name _____ **parent/guardian**

Signed _____

Date _____

Separate Booking form to be completed