JACK & JILL PLAYGROUP
MINERVA ROAD
STROOD
ROCHESTER
KENT ME2 3HN

CONFIDENTIAL
REGISTRATION FORM

CHILD`S NAME:	
ADDRESS: POSTCODE:	
DOB:	BIRTH CERTIFICATE SEEN (date):
ETHNICITY:	
HOME LANGUAGE:	

CONTACT DETAILS:	MOTHER/GUARDIAN 1* PARENTAL RESPONSIBILITY	FATHER/GUARDIAN 2* PARENTAL RESPONSIBILITY
LAST NAME:		
FIRST NAME:		
DOB:		
N.I. NUMBER:		
ADDRESS: POSTCODE:		
E-MAIL ADDRESS:		
HOME TEL NO:		
MOBILE TEL NO:		
EMERGENCY CONTACT TEL:		

* Adults who have parental responsibility for the child named on this registration form.

PERSONS AUTHORISED TO COLLECT THE CHILD (over 18 years of age please):

CONTACT 1

NAME: _____ RELATIONSHIP TO CHILD: _____

TEL: _____ MOBILE: _____

CONTACT 2

NAME: _____ RELATIONSHIP TO CHILD: _____

TEL: _____ MOBILE: _____

PASSWORD for collection of children by authorised persons: _____

DETAILS OF PROFESSIONALS INVOLVED WITH YOUR CHILD:

What other information is important for us to know about your child? For example, does your child or has your family been involved with social services, has contact orders or are there parental responsibility issues? If yes to any of the above, please give details below:

This information is a specific legal requirement of the EYFS Statutory Framework and is necessary to help us help you keep your child safe. Please be assured all information is kept confidential and will be handled sensitively. If parental responsibility is other than mother and father stated on page 1, please fill in the box below:

NAME: ADDRESS: CONTACT TEL: RELATIONSHIP TO CHILD: (foster parent, social worker)

CHILDS MEDICAL/HEALTH DETAILS

GP`S NAME:	
SURGERY ADDRESS: POSTCODE:	
SURGERY TEL:	

Your child will be offered the choice of a healthy snack during their session with us. They may be offered drinks of milk, water, squash (sugar free), fruit, cereal, toast, various spreads, biscuits, meat/dairy products and will be encouraged to try a variety of other foods throughout the term. Please see our guidance on food preparation and our healthy eating pamphlet.

It is important to list below and tell the supervisor of any food related allergies against products which could include nuts, cheese, flour or any products which may cause reactions such as soap, sand, paint or allergies to stings or medications.

Please state if you have any special dietary/cultural requirements for example halal meat only, vegetarian, no dairy, no beef, no pork.

ALLERGIES/MEDICATION/DIETARY/PRODUCTS

Does your child have a medical condition/disability, which we should be aware of which may affect them while they are in our care?

If yes, please detail what support he/she will require in our setting?

Has your child been immunised against MMR, whooping cough, diphtheria, poliomyelitis and meningitis? YES/NO

Our Health and Safety policy sets out our practices in the administration and recording of medication to children attending our group. We will be able to run through these procedures and complete a health care plan when required.

EMERGENCY PERMISSION

I/We give permission on our behalf for emergency medical advice, treatment to be sought, and anaesthetic to be administered to our child in the event of an accident.

Signature of Parent/Carer: _____

Name (in capitals): _____

Relationship to child: _____

Date: _____

This form is kept at the playgroup and is treated with the utmost confidentiality.