



## Registration Form

### Section 1: Child & Family Details

We have a legal obligation to collect and process this information in accordance with The Early Years Foundation Stage (Welfare Requirements) and therefore we do not require your consent for the first section of this form. Where information to be supplied is voluntary or where we do need consent this is identified. The information provided will be used for the purpose of maintaining appropriate contact details and for the safety and well-being of your child.

Child details		
Child's legal first name(s)	Middle name	Child's legal surname
Child's preferred first name	D.O.B <i>(Birth certificate checked (Yes/No))</i>	Boy/Girl

Family details - who the child lives with	
Name of parent/carer with whom the child lives <i>(Parent ID to be checked and photocopied)</i>	Name of parent/carer with whom the child lives <i>(Parent ID to be checked and photocopied)</i>
Relationship to the child	Relationship to the child
Does this parent/carer have parental responsibility for the child? Yes/No <i>(delete)</i>	Does this parent/carer have parental responsibility for the child? Yes/No <i>(delete)</i>
Does this parent/carer have legal access to the child? Yes/No <i>(delete)</i>	Does this parent/carer have legal access to the child? Yes/No <i>(delete)</i>
Full address & postcode	<b>Billing address</b> if different

<b>Family details – who the child <b>doesn't</b> live with</b>	
Name of parent/carer with whom the child doesn't live	Name of parent/carer with whom the child doesn't live
Parent(s)/carer(s) preferred/known as name e.g. Mary and Bill Smith/ Mr and Mrs Smith.	Parent(s)/carer(s) preferred/known as name e.g. Mary and Bill Smith/ Mr and Mrs Smith.
Relationship to the child	Relationship to the child
Does this parent/carer have parental responsibility for the child Yes/No ( <i>delete</i> )	Does this parent/carer have parental responsibility for the child Yes/No ( <i>delete</i> )
Does this parent/carer have legal access to the child? Yes/No ( <i>delete</i> )	Does this parent/carer have legal access to the child? Yes/No ( <i>delete</i> )
Full address & postcode	Full address & postcode

### Emergency Contact details

Please complete in the order you wish parents/carers/other to be contacted in an emergency and **include the contact details of those already listed on previous page as necessary.** Any persons authorised to collect must be over the age of 16 years.

Password for the collection of the child by authorised person	
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<b>Contact details 1</b>	<b>Contact details 2</b>
Full name	Full name
Relationship to child	Relationship to child
Address	Address
Home phone number	Home phone number
Mobile phone number	Mobile phone number

Email address	Email address
Does the above individual give consent for us to send newsletters, invoices and other information about the setting via email? Yes/No/Not applicable ( <i>delete</i> )	Does the above individual give consent for us to send newsletters, invoices and other information about the setting via email? Yes/No/Not applicable ( <i>delete</i> )
Work phone number	Work phone number
Work mobile number	Work mobile number

<b>Contact details 3</b>	<b>Contact details 4</b>
Full name	Full name
Relationship to child	Relationship to child
Address	Address
Home phone number	Home phone number
Mobile phone number	Mobile phone number
Email address	Email address
Does the above individual give consent for us to send newsletters, invoices and other information about the setting via email? Yes/No/Not applicable ( <i>delete</i> )	Does the above individual give consent for us to send newsletters, invoices and other information about the setting via email? Yes/No/Not applicable ( <i>delete</i> )
Work phone number	Work phone number
Work mobile number	Work mobile number

**Your child's health:**

<b>Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences?</b>		
Yes/No <i>(delete)</i>		
If so, please provide details:		
<b>Office use only:</b>	Has risk assessment, if required, been completed? Yes/No <i>(delete)</i>	
	Has a health care plan and agreement to administer medicine, if required, been completed? Yes/No <i>(delete)</i>	
<b>Has your child received the following immunisations?</b> (Please confirm and date. Please note this section is voluntary to complete but may aid medical professionals if we ever have to contact them in an emergency)		
<b>Two month old</b> Yes/No <i>(delete)</i> Date	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib).  Pneumococcal infection.	DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)
<b>Three month old</b> Yes/No <i>(delete)</i> Date	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C).	DTaP/IPV/Hib and MenC
<b>Four month old</b> Yes/No <i>(delete)</i> Date	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C).  Pneumococcal infection.	DTaP/IPV/Hib and MenC and PCV
<b>Twelve month old</b> Yes/No <i>(delete)</i> Date	Haemophilus influenza type b (Hib) and meningitis C.	Hib/MenC
<b>Thirteen month old</b> Yes/No <i>(delete)</i> Date	Measles, mumps and rubella (German measles).  Pneumococcal infection.	MMR and PCV
<b>Three and four months old or soon after</b> Yes/No <i>(delete)</i> Date	Diphtheria, tetanus, pertussis (whooping cough) and polio.  Measles, mumps and rubella.	DTaP/IPV (or dTaP/IPV) and MMR

**Child protection:**

Social Care Worker (If applicable)	What is the reason for the involvement of social care with your family?           Does your child have a child protection plan? Yes/No ( <i>delete</i> )
Name:	
Telephone:	
Address:	
<b>S8 Orders – please complete if applicable</b>	
What are the contact arrangements that the setting needs to know about?	

**I declare that all of the above information is correct at the time of completion. I will ensure that I inform the setting of any changes in the above information.**

Parent/Carers Signature:	Date:
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**Section 2: Detail of professionals involved with your child**

The following information is voluntary, and you do not have to complete it. However, we have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and to allow us to monitor and assess their development.

<b>GP</b>	<b>Health visitor</b>
Name:	Name:
Telephone:	Telephone:
Address:	Address:
<b>Any other professionals (i.e. speech therapist, SEND support)</b>	
Name:	Name:
Job role:	Job role:
How are they supporting your child?	How are they supporting your child?
Telephone:	Telephone:

<b>Additional Childcare Provider</b>	
Name of Childcare Provider:	I consent to the nursery contacting additional childcare provider to work in partnership for my childcares learning journals  Signature:  Date:

### Section 3: Equal opportunities

The following section requires information classed as 'sensitive personal data' for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child's needs.

What is your child's ethnicity or cultural background?	What language(s) is/are spoken at home?
What is the main religion in your family? (If applicable)	If English is not the main language at home, will this be your child's first experience of being in an English-speaking environment? Yes/No <i>(delete)</i>
<b>Does your child have any special needs or disabilities? Yes/No <i>(delete)</i></b>	
If so, please provide details:	
Are any of the following in place for the child:	
Early Years Action/'additional to' or 'different from' Short Term Plan Yes/No <i>(Delete)</i>	
Early Years Action Plus/Outside agencies Yes/No <i>(Delete)</i>	
Statement of Special Educational Need/Education, Health and Care Plan Yes/No <i>(Delete)</i>	
If so, please provide details:	

## Section 4: Consent

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the matters detailed below at any time. Should you wish to withdraw consent please discuss this with a member of the management team.

<b>Childs name:</b>	<b>DOB:</b>	
<b>Please sign for all of those which you give consent for:</b>	<b>Signature</b>	<b>Date</b>
<p><b>Emergency treatment declaration</b></p> <p>In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.</p>		
<p><b>Minor emergency first aid</b></p> <p>In the event of an accident involving my child, I give consent for first aid to be administered by a qualified first aider</p>		
<p><b>Plasters</b></p> <p>In the event of an accident involving my child, I give consent for a plaster to be applied by a member of staff. I understand that I must inform the nursery immediately of any reactions/allergies my child develops to plasters.</p>		
<p><b>Inhaler (If applicable)</b></p> <p>I give consent for staff to administer the inhaler supplied by parent/carer to the nursery in accordance with manufacturer's instructions. (Please note: we require parents/carers to complete an medication form before administering any medication)</p>		
<p><b>Sun cream</b></p> <p>I give consent for staff to apply sun cream supplied either by the parent/carer or the nursery. I understand that I must inform the nursery immediately of any reactions/allergies my child develops to sun cream.</p>		
<p><b>Short trip/general outings</b></p> <p>I give consent for my child to take part in short trips or general outings, e.g. the park or library. (Individual risk assessments are carried out for each type of trip or outing we take and are available for you to see as required. For any major outings, we will inform you and ask for your specific consent)</p>		

<p><b>Paracetamol-based products</b></p> <p>I give consent for staff to administer paracetamol-based products (for example 'Calpol') supplied by parents/carers to my child in the case of a raised temperature. I agree to make arrangements for my child to be collected as soon as possible, in accordance with the nurseries policies/procedures on the administration of medicines. (Please note: we require parents/carers to complete a paracetamol administration form before administering any medication)</p>		
<p><b>Photographs (1)</b></p> <p>I give consent for my child's photo to be taken for their learning journal. I give consent for my child to appear in other children's learning journeys as part of group observations. (As a part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play)</p>		
<p><b>Photographs (2)</b></p> <p>I give consent for my child's photographs to be displayed within the setting, i.e. on display boards.</p>		
<p><b>Videos</b></p> <p>I consent to my child being videoed for use by the setting staff only with regards to observational purposes either assessment of children or an activity.</p>		
<p><b>Animals</b></p> <p>I give consent for my child to participate in activities which involve small animals. (We may occasionally have supervised visits of animals to our nursery. We ensure that pets are healthy and fully inoculated as appropriate and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals, and parents informed)</p>		
<p><b>Face paint</b></p> <p>I give consent for staff to apply face paint supplied by the nursery in accordance with manufacturer's instructions.</p>		
<p><b>Labelled artwork</b></p> <p>I give consent for my child's artwork to be displayed in the setting with their name</p>		
<p><b>Auditing/monitoring learning and development</b></p> <p>I give consent to my child's learning journal being shared with Ofsted inspectors and/or as part of audits by the local authority.</p>		
<p><b>Sharing information with health visitor</b></p> <p>I give consent for information regarding my child's learning and development being shared with their health visitor.</p>		

**Online Learning Journals**

I give permission for my child's learning journal (including photos) to be documented on the secure online system 'Connect childcare'. Please provide email addresses if you wish to access your child's online learning journal.

**Signature:****Date:****Parent 1 email:****Full name:****Parent 2 email:****Full name:****Facebook/website photo permission**

We have a Facebook page which we use to pass information on to parents and to share what we get up to and we love to be able to post photos of the children engaging in the activities, as many other nurseries now do, but first need to gain your permission to do so. The nursery staff within the rooms select the photos of the activities and write any posts to go with them. However, all the posts we share will be finalised and continuously monitored by management. Please be aware, our Facebook page and website are 'open' and are therefore accessible to the public. If you give permission for your child's photos to be shown on our Facebook page or website, please sign below next to each statement. If you would like photos of your child to be removed from the page, please inform management and allow 48 hours for them to be removed. If you give permission and then change your mind, please notify us in writing so that it can be added to your child's record.

I give permission for my child's photos to be posted on the Facebook and the nursery website / social media pages

**Signature:**

I give permission for my child's videos to be posted on the Facebook and the nursery website / social media pages.

**Signature:**

I understand that the Facebook page/website are accessible to the public.

**Signature:**

I understand that if I wish for my child's photos to be removed from the page I must notify management and allow for 48 hours for them to be removed.

**Signature:**

I understand that if I no longer wish for my child's photos to be posted I will notify management in writing.

**Signature:**

**I understand that I have the right to withdraw my consent at any time and will inform the setting of any changes I wish to make to this consent form as soon as possible.**

Signature

Date

### **Session Contracts**

Please indicate below the days and times of your child's attendance as agreed with the nursery.

Extra Timers session:	Mon	Tues	Wed	Thurs	Fri
15:00 – 18:00					

All fees are payable by the 14<sup>th</sup> of the month.

There is a £25 registration fee to be paid along with handing in the registration forms.

BACS or childcare voucher payments can be made to First Timers Pre School Nursery.

Fees are payable even if the child is absent. In the case of protracted illness, necessitating long periods away from nursery, we may agree to a reduction in fees and fill the place on a temporary basis, with the understanding that the initial child may return at short notice.

If a payment fails, we may charge a reasonable fee currently £35.00 to cover bank charges.

We may increase our charges once per year. We will give you written notice of any such increase one month before the proposed date of increase.

Late payment fees of 10% for payments not received by the 14<sup>th</sup> of the month for each week payment is late.

We reserve the right to suspend all services until full payment has been made, which will include the suspension of the child or even terminate the contract permanently.

You are required to give us 4 weeks written notice to reduce the number of sessions you require. If are increasing sessions, this may be done immediately dependant on availability.

Please note that:

- Extra Timers After School Club reserves the right to amend the terms/conditions and registration fees at any time.
- A copy of insurance policies is available on the Notice Board at Extra Timers for parents/carers to ensure that their needs and those of their child are met.
- It is our policy that everyone who attends, works in or visits Extra Timers has the right to enjoy the service we provide and all who attend our provision are expected to conduct themselves in a manner that is mindful of the presence of children.
- In the event of a compliment, concern or complaint Extra Timers After School Club welcomes discussion with parents/carers about the service they and their child can expect from us. Please speak to 1. Natalie Read After School Club Manager 2. The Senior Manager First Timers Nursery 3. Proprietors First Timers Nursery /or read the complaints policy and procedure.

## **Arrival and departure**

Children will leave their classroom and meet a member of the Extra Timers staff in the school hall. If your child is in Reception class or Year 1, a member of Extra Timers staff will meet your child outside their classroom and take them to the hall.

Children should always be collected by a named adult. No child will be released to anyone other than the named person without the child's password and prior knowledge of a change in arrangements. No child will be allowed to leave the setting unaccompanied

The after school club finishes at 6pm Monday – Thursday and finishes at 5:30 on a Friday, if you are delayed for whatever reason please telephone the club to let us know. A late payment fee of £5 per 15 minutes will be charged if children are collected after 6pm to cover staff wages.

## **Illness**

We are unable to care for children who are unwell.

Please inform the manager/deputy of any infectious illness your child contracts. If your child has had sickness or diarrhoea please do not send him/her to the club for 48 hours after the illness has ceased.

## **Agreement between parent(s)/carer(s) and After School Club at Extra Timers:**

- I understand that by completing and signing this contract and registration form, I agree to meet the terms and conditions of Extra Timers.
- I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.
- I agree to collect/make arrangements for my child to be collected from Extra Timers immediately I am informed that he/she is unwell.
- I agree not to send my child to Extra Timers After School Club if he/she is unwell.
- I agree to pay fees in the time frame stated (14<sup>th</sup> of each month). I also agree to adhere to the notice period should I wish to change my regular sessions change or cease.
- I agree that this in line with the policies of Extra Timers form the whole agreement between Extra Timers and myself.

Name of parent/carers : .....

Signature of parent/carers .....

Date:.....

Personal information contained in this contract and registration form is kept in line with the confidentiality policy and procedure for First/Extra Timers.

## Parent/Carer's Contract

Child's name \_\_\_\_\_

Parent or carer's name \_\_\_\_\_

- I consent for my child to attend Extra Timers. I understand that the club has policies and procedures and that there are expectations and obligations relating to both the club and myself and my child and I agree to abide by them.
- I understand that Extra Timers is a play care facility and that whilst my child is there Extra Timers is legally responsible for him/her.
- I will provide my child with a packed lunching if attending holiday club whilst at the club unless otherwise requested, they will also be provided with a light tea.
- My child will be given stimulating and challenging play opportunities in a fun and safe environment.
- Once my child is delivered to Extra Timers he/she will be in the care of Extra Timers until collected a 'Named' responsible adult.
- I will inform the club manager/deputy if I am collecting my child from school on a day that he/she is booked in to the club.
- I will book into the club on a termly basis and will pay promptly for sessions even when my child does not attend, unless other arrangements have been made with the manager.
- It is my responsibility to keep the club manager informed of any alterations to the information regarding my child.
- I accept that whilst at Extra Timers my child may get involved in messy activities and will provide my child with appropriate clothing to accommodate this.
- Extra Timers closes at 6.00pm and if for any unforeseen circumstances I am going to be late, I will contact the manager/deputy.
- If my child is not collected by 6.00pm I will pay a charge of £5 per quarter of an hour to cover the costs of the two staff that are legally required to stay.
- If any child remains at 7.00pm, after doing everything possible to contact parents and emergency contacts, then Extra Timers will be legally required to contact Social Services.
- Whilst we try to ensure the safety and security of items, we cannot be held responsible for anything lost or stolen.
- I have read the behaviour policy and agree to its terms and appreciate that in some circumstances it may be necessary to exclude my child from the club and I will pay for these missed sessions. While children are in the care of Extra Timers, staffs are expected to follow the school's behaviour policy. We reserve the right to refuse child participation if it is felt that they are not complying with the school's behaviour policy. Unacceptable behaviour will not be tolerated.

- Should there be any incidents at Extra Timers involving my child, I will be informed of the situation.
- If my child has an accident, then a qualified first aider will treat him/her and I will be informed of the situation as soon as possible. If there is a situation where my child needs urgent medical treatment and I am unavailable, a member of staff from Extra Timers may sign any consent forms necessary for treatment on my behalf.
- Any information and details regarding my child will be treated as confidential. However, there may be times, for example in cases of child protection concerns, when details of my child may be passed on to other agencies. For example Police, Social Care and Health Care Professionals.

I have read and understood the above terms and conditions and I agree to abide by them.

Signature: .....

Date: .....