

**Child registration form.**

GARDEN VILLAGE PLAYGROUP.GARDEN VILLAGE HALL.  
ROSEWOOD AVE.GOSFORTH.NEWCASTLE UPON TYNE.NE3 5DD.  
TEL 07970 403816

Childs surname..... Childs forename/s.....

Legal surname.....Preferred first name.....

Date of birth.....

Documentation to support the above information ( please bring this at time  
of visit) birth certificate or passport etc.....

Country of origin.....language spoken at home.....

Address.....

.....Post code.....

Mothers full name.....

Date of birth.....Parental responsibility YES/NO ( delete one)

Address ( if different from above).....

.....home phone.....mobile.....

Place of work.....Contact no.....

Fathers full name.....

Date of birth .....Parental responsibility YES/NO ( Delete one)

Address ( if different from above & has parental responsibility).....

.....home phone.....mobile.....

Place of work.....Contact no.....

Name of main carer.( if different from over).....

Relationship to child.....

Additional emergency contacts.

Name.....tel no.....relationship to child.....

Name.....tel no.....relationship to child.....

Who will collect the child( must be over 16 years)

Name.....relationship to  
child.....

Name.....relationship to  
child.....

Name.....relationship to  
child.....

Please inform the setting if someone other than those listed above will be collecting the child/children will not be allowed to leave with someone the setting has not been made aware of.

Childs GP.....Tel no.....  
Address.....

Health visitor.....tel no.....  
Address.....

Dentist.....tel no.....  
Address.....

Please provide any details of any medical conditions/current medication your child has.....

.....  
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Please provide details of any known allergies or special dietary/cultural requirements.....

.....  
..

I Give consent for my child to be taken to the doctor/hospital/dentist by a member of staff to receive emergency medical treatment if, in the opinion of The doctor /surgeon/dentist, a delay is likely to endanger my child's health.

Signed.....Dated.....

( Parents/carers have a responsibility to inform staff if their child's health needs change /an injury has been sustained prior to attending playgroup.

Please provide details of any other childcare provision your child currently Attends.....  
.....

Please give details of others who live at the child's address including other children.

Name	d.o.b	relationship to child.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

In order for us to meet your child's needs appropriately, please provide additional information about your child.....  
.....  
.....

Please provide details of any other person /professional /service involved with your family.

Name	role	contact no
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

The setting works closely with other agencies and professionals. We may need to share information with these organisations in order to support you and your child.

All fees should be paid half termly by invoice. Full fees will be charged if the Child does not attend due to holiday/sickness.

I understand if fees are not paid or fall into arrears by 6 weeks the setting has the right to refuse to accept the child until outstanding fees are paid in full. If you are in receipt of benefits please ask for a form to apply for help with fees.

Children are eligible for a free place in the term after their 3<sup>rd</sup> birthday.

DATA PROTECTION.

I/we consent to our data being used solely to enable the setting to provide care and education to our child/children in partnership with us. The

information will only be provided to third parties with our permission. We understand personal data held by the setting will be for specified purposes Such as to enable us to be contacted in an emergency. We understand it is our responsibility to ensure the setting has up to date accurate details and anything else deemed significant, We understand these will be kept for two years after the child leaves the setting. YES ( ) NO ( ) Please tick/

Whilst your child is at Garden village playgroup we would like to keep an Learning Journey file for your child. This will be provided by playgroup. We value your input into this file .your child will have a keyworker who would with your permission like to carry out assessments on your child's progress to help your child get the best out of learning through play. You are welcome

To see the file at any time and it is yours to keep at the end of the summer term.

Parents/carers permission for staff to carry out assessments on child's learning progress whilst in playgroup. Yes ( ) NO ( ) please tick

Parent/carers consent to photographs of your child being taken for your child's Learning journey file at playgroup and also the playgroup photo file. ( this file shows children and parents /carers activities enjoyed at playgroup). YES ( ) NO ( ) please tick.

Permission from parents/carers for playgroup staff to apply playgroups Sun protection cream ( our cream is available for you to check) YES ( ) NO ( ) please tick.

If no please supply your own cream clearly labelled with your child's name.

Signed.....Print name.....

Date..... Setting representative.....

Preferred days( subject to availability) MON TUES THURS FRI

To be completed on starting playgroup: Nappies. pullups. potty .toilet.  
I/we have read and agree to abide by policies of the setting.....