Chapel Break OSC

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| Office Use |
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Chapel Break Village Hall, Harpsfield, Bowthorpe, NR5 9LG

**Tel:** 01603 442059 [www.chapelbreakclubs.co.uk](http://www.chapelbreakclubs.co.uk) chapelbreakclubs@hotmail.com

REGISTRATION FORM - **PLEASE PRINT ALL ENTRIES**

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| Child’s FULL NAME (as appears on Birth Cert.) |  |
| Name known as  |  |
| Child’s full address & postcode |  |
| Gender |  | Date of birth |  |
| **HAF CODE:** |  |
| **Are you eligible for free school meals** | YES/NO |
| Name of parent(s)/carer(s) with whom the child lives: |  |
| *Contact details 1 (including emergency information):* |
| Parent/carer full name |  |
| Relationship to child |  |
| Daytime telephone  |  | Mobile |  |
| Home telephone  |  | Email |  |
| Home address |  |
| Does this parent have parental responsibility for the child?  | **YES /NO** |
| *Contact details 2 (including emergency information):* |
| Parent/carer full name |  |
| Relationship to child |  |
| Daytime telephone  |  | Mobile |  |
| Home telephone  |  | Email |  |
| Home address(if diff to contact 1) |  |
| Does this parent have parental responsibility for the child? | **YES /NO** |
| **Other person with Legal contact.** *To be completed where those persons with parental responsibility are separated and/or an S8 order is in place* |
| Name |  |
| Relationship to child |  |
| Daytime telephone  |  | Mobile |  |
| Home address |  |
| What are the contact arrangements that we need to be aware of  |
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Parental Responsibility is defined in [s.3(1) Children Act 1989](http://www.legislation.gov.uk/ukpga/1989/41/section/3) as being: "all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child & his property". In practical terms Parental Responsibility means the power to make important decisions in  relation to a child

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| **Emergency contact/other authorised to collect the child details if parents are not available** *Emergency contacts must be local and must be over 16 years of age* |
| *Contact 1* - Name |  |
| Relationship to child |  |
| Daytime telephone  |  |
| Home telephone |  | Mobile |  |
| *Contact 2* - Name |  |
| Relationship to child |  |
| Daytime telephone  |  |
| Home telephone |  | Mobile |  |
| **About your child**Does your child have previous experience of attending a childcare setting? If so, please specify: |
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*Health and development*

|  |  |
| --- | --- |
| Are your child’s immunisations up to date?  | **YES /NO** |
| Does your child have any on-going medical conditions? If so, please specify: |
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| If yes, please specify which external agencies are involved e.g. Pediatrician, Consultant, Dietician, Speech and Language Therapist, etc: |
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| Does your child require a health care plan?  | **YES /NO** |
| Is your child known to have any medically known allergies or food intolerances? If so, please specify: |
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*A risk assessment will be completed and kept on the child’s file for any medically known allergies or food intolerance as mentioned above.*

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| Does your child have any special dietary needs/preferences? If so, please specify: |
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| Does your child have any special needs or disabilities? If so, please specify: |
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| Are any of the following in place for the child?  |
| Special Educational Needs action plan | **Yes / No (if yes please provide copy)** |
| Education, Health or Care Plan | **Yes / No (if yes please provide copy)** |
| What special support will he/she require in our setting?  |
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*Cultural background*

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| How would you describe your child's ethnicity or cultural background?  |
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| What is the main religion in your family (if applicable)? |  |
| What language(s) is/are spoken at home? |  |

**Details of professionals involved with your child**

*GP*

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Telephone  |  |
| Surgery |  |

*Social Care Worker (if applicable)*

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| --- | --- | --- | --- |
| Name  |  | Telephone  |  |
| Address |  |
| What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.* |
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***School attending from SEPTEMBER 2021***

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| School Name  |  | School year |  |

*Any other professional who has regular contact with the child*

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| --- | --- | --- | --- |
| Name 1 |  | Role |  |
| Agency |  | Telephone |  |
| Address |  |
| Name 2 |  | Role |  |
| Agency |  | Telephone |  |
| Address |  |

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| **Permissions** - I give permission for……  |

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| --- | --- |
| Sun protection cream to be applied when necessary.  | **Yes / No** |
| My child to have their face painted.  | **Yes / No** |
| Staff to take my child on a walk within in the local area  | **Yes / No** |

*Photographs*

As 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. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display & for your child’s records within the setting. Photos are stored on the setting’s computer only; we only store images during the period your child is with us.

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| **Permissions** - I give permission for……  |

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| My child to be photographed for observation purposes.  | **Yes / No** |
| My child’s photo may appear in another child’s achievement book  | **Yes / No** |
| My child to be photographed for display’s in the center.  | **Yes / No** |
| photographs to be used in settings publicity material, including on the internet (children’s names will NOT be used on any website or in any publicity)  | **Yes / No** |

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| **Understandings and Agreements** |
| I/we understand that any carer who suspects that a child in his/ her care may have been abused or neglected has a duty to report this to Children’s Services. |
| I/we have provided all the details required to ensure that my child is looked after in the best way possible while taking into consideration my/our family’s needs/beliefs. |
| I/we agree to update Chapel Break OSC CIC of any changes which will affect my child including new phone numbers, etc.  |
| I/we agree to my details being shared with Norfolk County Council as part of the HAF scheme |
| 1/we understand that Whilst in the setting I/we must not use my/our mobile phone |
| In the event of an accident or emergency involving my child I/we 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 a team member for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence. |
| Signed  |  | Print |  | Date |  |

All the information requested on these forms is kept in accordance with the General Data Protection Regulations (2018) as explained in our privacy notice. The information collected is in accordance with The Early Years Foundation Stage as required for the safe and efficient management of the group and to meet all the needs of the children. All personal Data will be kept for 3 years as dictated by the EYFS Statutory framework 2017.