**Registration Form for (Name of Child)……………………………………………………………………………**

**Preferred Start Date……………………………………………………………………………………………………**

**15/ 30 Hour Code…………………………… National Insurance No. of Parent……………………………..**

**Are you entitled to (please circle) 30 Free Hours of Childcare**

**15 Free Hours of Childcare**

**Not entitled to any free Childcare**

**Will you be claiming any of the free entitlement at Noah’s Ark? Yes / No**

**Will you be sharing the entitlement with another provider? Yes / No**

**How many hours did you want to claim at per week at Noah’s Ark?**

**15 hours only 15 – 20 hours 20 – 29 hours 30 hours**

**Our preferred sessions are (please circle):**

**Monday Tuesday Wednesday Thursday Friday**

AM AM AM AM AM

PM PM PM PM PM

**Session Times:**

Breakfast Club: 08:00-08:30am (inc Breakfast)

Morning Session: 08:30am - 11:30am (inc. Snack) \* Free government funded session available

Afternoon Session: 11:30am - 2:30pm (inc. Lunch & Snack) \* Free government funded session available

Mini After School Club: 2:30pm - 3:30pm (inc. Tea & Pudding)

After School Club: 2:30pm - 5:30pm (Mon - Thursday) and 2:30pm - 5:00pm (Friday)

**Session prices**

Breakfast Club: £6 per session (incs cereal, pancakes, fruit and yogurt)

Lunch & Pudding: £7.00 each

Tea & Pudding: £7.00 each

Snack charge: £1.50 per day (1/2 day session), £3.00 per day (Full day session)

AM/ PM Session: £18 (for under 3's that do not qualify for government funding)

**Noah’s Ark Playgroup Registration Form**

**Personal Details of Child**

|  |  |  |
| --- | --- | --- |
| First name(s) of child: | Surname of child: | Name known as: |
| Date of Birth: | Language Spoken: | Religion: |
| Racial Origins: |  |  |

|  |
| --- |
| Address of Child:  Post Code: |

**Parent/ Carer 1**

|  |  |  |
| --- | --- | --- |
| Name of parent/s with whom the child lives: | Does this parent/ carer have parental responsibility:  Yes / No (delete) | Does this parent/ carer have legal access to the child?  Yes / No (delete) |
| Tel (Home)  Tel (Work)  Tel (Mobile) | Address: | Email Address:  Employer:  Occupation: |

**Parent / Carer 2**

|  |  |  |
| --- | --- | --- |
| Name of parent/s with whom the child lives: | Does this parent/ carer have parental responsibility:  Yes / No (delete) | Does this parent/ carer have legal access to the child?  Yes / No (delete) |
| Tel (Home)  Tel (Work)  Tel (Mobile) | Address: | Email Address:  Employer:  Occupation: |

**Health Details**

|  |  |
| --- | --- |
| Doctor’s Name: | Health Visitors Name: |
| Address of practice: | Address (if different from doctors): |
| Tel No: | Tel No: |

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in, and that you would like to see acknowledged and celebrated while he/ she is in the setting? YES / NO

Please give details:

……………………………………………………………………………………………………………………………

Does your child have any special educational needs, or a disability we should be aware of?

…………………………………………………………………………………………………………………………….

Does your child have any allergies or dietary needs?

…………………………………………………………………………………………………………………………….

|  |  |  |  |
| --- | --- | --- | --- |
| **Names of professionals involved with child** | **Agency** | **Role** | **Telephone Number** |
|  |  |  |  |
|  |  |  |  |

**Immunisations**

My child has up to date immunisations for the following:

Diphtheria / Whooping cough / Tetanus / Measles / Rubella / Meningitis (HIB) / Meningitis C? Yes / No

**General**

We provide water throughout the session, but at snack time the children have the option of either water or semi skimmed milk. Please confirm that milk can be given to your child? Yes / No

Is your child potty trained? Yes / No

**Other settings**

If your child attends another setting please let us know here:

|  |  |
| --- | --- |
| Setting Name & Address: | Name of Keyperson: |
| Contact Number: | Sessions attending: |

**General Consent Forms**

**Childs Name:**

**Medical Consent**

In case your child has an accident at Noah’s Ark Playgroup we may have to take your child to hospital if we cannot contact you or any other person you have listed as a contact. We need to have a signed agreement giving us your permission to seek medical attention. Please read the following statement and sign below. I give full permission for the staff at Noah’s Ark Playgroup to seek any necessary medical advice or treatment for my child.

Name of Parent / Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Trips / Visits Consent**

Whilst at playgroup, children are occasionally taken out of the setting, to attend activities within the school grounds, the woodland area where we take forest school sessions and activities within the local area. `we also undertake trips to the park, to collect leaves etc. Where possible we will notify you in advance of such trips but, there maybe times that we take children out spontaneously. I give my child full permission for my child to attend the activities within the local area as mentioned above:-

Name of Parent / Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Photograph and Video Film Consent**

As a condition of our registration as an Early Years Provider we must submit to regular inspections by Ofsted and one of the requirements is that we keep records of your child’s progress and achievements at Noah’s Ark Playgroup. Your child will be set up on our online system called Tapestry, and evidence gathered using observations and photographs. You will be able to see these with your own secure personal, login. I agree that you can set my child up on Tapestry, take photographs and observations:-

Name of Parent / Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Policies and Procedures**

Please supply an email address so we can send you our policies and procedures, this includes items such as Safeguarding, Special Educational Needs, Transitions to School etc. You will get updated policies and procedure as and when they are amended. All of the policies benefit the well-being of every child. These policies and procedures are kept in a red folder in the foyer of the setting for your viewing at any time.

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All information regarding your child/ren will be shared with you, but in certain circumstances information may be shared without parents / carers consent. This is only when there is a matter of safeguarding a child. Please sign to confirm your understanding

Name of Parent /

Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

**First Aid**

Plasters:

Is your child allergic to plasters YES / NO

Do you give parental consent for a First Aid trained member of staff to apply a plaster, if they feel it is necessary?

YES / NO

Name of Parent / Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency Contacts** (other than parents – attempts to make contact to parents in the first instance)

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| --- | --- | --- |
| Name | Relationship | Contact Number |
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Name of Parent / Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Collection Authorisation**

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Contact Number |
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Name of Parent / Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Personal Care**

We are required to obtain written consent from all parents to carry out personal care, such as nappy changing, assisting with toileting, personal cleaning or changing the children in our care. If you have any queries regarding this matters please do not hesitate to speak to me. Please also note that we do not apply creams routinely and a separate health care plan will need to be carried out where necessary.

I agree to provide a medical authorisation to administer any medicines or apply creams etc should this become necessary.

Name of Parent / Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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