

HAPPY DAYS COMMUNITY CHILDCARE REGISTRATION FORM

This form must be completed by someone who has parental responsibility.

Date received:	
Customer number:	

CHILD'S PERSONAL DETAILS

Surname:		First names:	
Known as:		Date of birth:	
Sex:		Religion:	
Nationality:		First Language:	

DETAILS OF PARENT/CARER 1

Name:		Tel number:	
		Mobile number:	
		Work number:	
		Email:	
Address:			
Workplace address:			

DETAILS OF PARENT/CARER 2

Name:		Tel number:	
		Mobile number:	
		Work number:	
		Email:	
Address:			
Workplace address:			

EMERGENCY CONTACT DETAILS (OTHER THAN PARENT/CARER)

Contact 1	Name:		Tel number:	
	Relationship to child:			
Contact 2	Name:		Tel number:	
	Relationship to child:			

INFORMATION ABOUT ANY PERSON WHO DOES NOT HAVE LEGAL ACCESS TO THE CHILD

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HEALTH DETAILS

Name of Doctor:		Tel number:	
Address:			
Name of Health Visitor:		Tel number:	
Childhood vaccinations:	Date:		Date:
Diphtheria		MMR	
Tetanus		HIB	
Whooping Cough		Meningitis	
Polio		Pre-school Booster	
Any special medical conditions:			
Any known allergies:			
Any special dietary requirements:			

SCHOOL/NURSERY INFORMATION (WHERE APPLICABLE)

Name:		Tel number:	
Teacher's name:		Class:	
Pick up required:	Yes	Time	No

CHILDCARE REQUIREMENTS (PLEASE TICK EACH RELEVANT BOX)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8:00am - 1:00pm)					
Afternoon (1:00pm - 6:00pm)					
Full day (8:00am - 6:00pm)					
After schools					

Date Childcare required from: This is subject to availability.		
Any other special details e.g. comforters, soothers, family members, pets etc.		
DECLARATION OF CONSENT		
To ensure we safeguard the well-being of the children in our care we have strict policies covering certain aspects of childcare. Please indicate your consent as detailed below.		
	Yes	No
Do you give permission for staff to seek medical attention for your child if you cannot be contacted?		
Do you give permission for staff to administer <i>Calpol/Paracetamol</i> if your child develops a temperature? (<i>we will contact you prior to Calpol/Paracetamol being administered</i>)		
Do you give permission for staff to administer prescribed medication in accordance with the 'Medication Administration Policy'?		
Do you give permission for staff and students to observe your child (as part of a group) during activities in accordance with the 'Observation, Record Keeping & Assessment Policy'?		
Do you give permission for photographs of your child to be taken during activities in accordance with the 'Photography Policy'?		
Do you give permission for your child to be taken on outings in accordance with the 'Outings Policy'?		
Do you give permission for staff to apply sun cream if they feel it necessary in accordance with the 'Sun Protection Policy'?		
Do you give permission for staff to change your child's nappy and/or clothes if they have an accident in accordance with the 'Toileting & Personal Care Policy'?		
Do you give permission for your child to have contact with Happy Days' pets, in accordance with the 'Health, Safety & Hygiene Policy'?		
<p>Privacy Notice</p> <p>We take your privacy seriously and will only use your personal information to provide tailored care to your child and to manage your account. From time to time we will need to contact you by phone, letter or email to provide you with updates, share relevant news and to provide you with invoices. Your data is held securely and can only be accessed by authorised personnel. We will not share information about you or your child with third parties without your consent unless the law or our rules allows us or requires us to. Please indicate that you give consent for us to contact you.</p> <p>Please note that we are required to make all children's records accessible to Trust Registration and Inspection staff.</p>		

I give consent in respect of the above procedures:

Signature: _____ **Date:** _____

REGISTRATION - PARENT'S DECLARATION

At the time of registration a deposit is required of £100 if the child attends on a full time basis and £50 if they attend on a part time basis. This deposit is deducted from the first month's fees.

I, _____ (print name)

Parent of: _____ (child's name)

have read and accept the policies and procedures of Happy Days Community Childcare:

Signature: _____ Date: _____

Please return your completed Registration Form to:

Happy Days Community Childcare Centre, 14 Garryduff Road, Ballymoney, BT53 7AF

Deposit <i>(For official use only)</i>			
Amount received:		Date received:	
Received by:			