HAPPY DAYS COMMUNITY CHILDCARE REGISTRATION FORM

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

Date	
received:	
Customer	
number:	

CUM DIO DEDOCALLA DETAMO									
CHILD'S PERSONAL DETAILS									
Surname:			First r	First names:					
Known a	s:				Date	of birth:			
- Killowii a	<u> </u>				Date .	51 Bil (11)			
Sex:		Religi	on:						
National	ity:				First L	.anguage:			
DETAILS OF PARENT/CARER 1									
	OI I	AILLIVITY	AILLI I		Talmı	. res b o u .			
Name:						Tel number:			
						obile number:			
					Work	Work number:			
					Email	:			
Address:									
Morkolo									
Workpla	ce								
address:									
DETAILS	OF P	ARENT/C	CARER 2						
Name:					Tel nu	ımber:			
					Mobile number:				
					Work number:				
					Email:				
Address:			•						
Address:									
Workplace									
address:									
EMERGENCY CONTACT DETAILS (OTHER THAN PARENT/CARER)									
Contact	Nan	ne:				Tel			
1						number:			
	Rela	lationship to							
	chile								
Comboot						Tal			
Contact	ct Name:			Tel					
2				1		number:			
	Relationship to								
	chile	d:							
INFORMATION ABOUT ANY PERSON WHO DOES NOT HAVE LEGAL ACCESS TO THE									
CHILD									

HEALTH	DETAILS										
Name of							Tel num	nber:			
Doctor:											
Address:											
Name of							Tel nun	nber:			
Health V	isitor:										
Childhoo	d vaccina	tions:	Di	ate:						Date:	
Diphther	ia					MMR					
Tetanus						HIB					
Whoopir	ng Cough					Meningitis					
Polio						Pre-sc	hool Boo	ster			
Any spec	ial medic	al conditio	ns:								
Any know	wn allergi	es:									
-											
	• . 1 1•	•									
Any spec	ial dietar	y requiren	ients:								
SCHOOL	/NURSER\	/ INFORM	ATION	(WHER	E A	PPLICA	BLE)				
Name:							Tel nun	nber:			
Teacher'	s name:					Class:					
Pick up r	equired:	Yes			Tim	ie			No		
CHILDCA	RE REQUI	REMENTS	(PLEAS	SE TICK	EAC	CH REL	EVANT E	OX)			
		Monday	/ T	uesday	'	Wedi	nesday	Thur	sday	Friday	
Morning											
(8:00am -	1:00pm)										
Afternoo	n										
(1:00pm -	6:00pm)										
Full day											
(8:00am -											
After sch	ools										

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	es coverin	g certain			
aspects of childcare. Please indicate your consent as detailed below.		1			
	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 Calpol/Paracetamol if your child					
develops a temperature? (we will contact you prior to Calpol/Paracetamol being					
administered)		1			
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'?					
Privacy Notice					
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.					
Please note that we are required to make all children's records accessible to Trust					
Registration and Inspection staff.					
I give consent in respect of the above procedures:					
I give consent in respect of the above procedures.					
Signature: Date: _					

Settling in

happydays001@btinternet.com

We will do all we can to ensure a smooth transition for you and your child as they begin their Happy Days journey. This is why we operate a period of settling on pre-agreed days commencing with a 45-minute session which increases incrementally to three hours over a two-week period. This is completed before your child begins their regular pattern of attendance. A set fee of £60 applies.

REGISTRATION - PARENT'S DECLARATION	
l,	(print name)
Parent of:	(child's name)
have read and accept the policies and procedure	es 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	