

The Rowans After School and Holiday Club Registration Form

Basic Details

Name of child _____ Date of birth _____

Name known as _____ Gender (male or female) _____

Name of parent(s) with whom the child lives

1 _____

Does this parent have parental responsibility? Yes/No (delete)

2 _____

Does this parent have parental responsibility? Yes/No (delete)

Address _____

Telephone _____ Mobile _____

Name of parent with whom the child does not live

Does this parent have parental responsibility? Yes/No (delete)

Address _____

Telephone _____ Mobile _____

Does this parent have legal access to the child? Yes/No (delete)

Emergency contact details

Parent 1 - Work/daytime contact number _____

Parent 2 - Work/daytime contact number _____

Any other emergency contact numbers _____

Name _____

Telephone _____ Mobile _____

Name _____

Telephone _____

Mobile _____

Persons authorised to collect the child (must be over 16 years of age)

Name _____

Relationship to child _____

Telephone _____

Mobile _____

Name _____

Relationship to child _____

Telephone _____

Mobile _____

Personal details of child

Does your child have any special dietary needs or preferences? Yes/No (delete)

Does your child have any allergies or on any ongoing medication? Yes/No (delete)

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family? _____

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 our setting?

What language(s) is/ are spoken at home _____

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

If so, discuss and agree with the key person how you will support your child when settling-in:

Does your child have any special needs or disabilities? Yes/No (delete)

Details _____

Are any of the following in place for the child:

Early Years Action? Yes/No (delete)

Early Years Action Plus? Yes/No (delete)

Statement of special educational need Yes/No (delete)

What special support will he/she require in our setting?

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

Names of professionals involved with child

Name 1 _____ Role _____

Agency _____ Telephone _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Name 3 _____ Role _____

Agency _____ Telephone _____

Do you have a health visitor? Yes/No (delete) _____

Name _____ Based at _____

Telephone _____

Does your family have a social care worker for any reason? Yes/No (delete) _____

Name: _____ Based at: _____

Tel: _____

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. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

Consent Form

I am aware that The Rowans Limited hold policies and procedures that are designated in a folder at the main entrance and they are available for me to see as and when I wish to.

Signed.....(Parent/Guardian) Date.....

I am fully aware and understand that any carer who suspects that a child in their care may have been subjected to abuse or neglect, has a duty to report this to the Local Birmingham Safeguarding Board.

Signed.....(Parent/Guardian) Date.....

I give my consent for my child.....(child's name) to receive medical attention, that has be advised and decided either by a G.P or a hospital, if the nursery is unable to contact the Parent/s or Guardians.

Signed.....(Parent/Guardian) Date.....

I give consent for my child..... (child's name) to be administered calpol, if needed for a high temperature. Permission verbally will always be sought before administering unless it is detrimental to a child's well-being.

Signed.....(Parent/Guardian) Date.....

I give consent to photographs being taken of my child during their day, to be used for evidence and display work.

Signed.....(Parent/Guardian) Date.....

I give consent for the staff at The Rowans to assist and apply their own or the provided sun tan lotion onto my child, if required.

Signed.....(Parent/Guardian) Date.....

I give my consent for my child to walk to and from school with the Rowans staff, if it was ever not possible for my child to be collected by the minibus.

Signed.....(Parent/Guardian) Date.....

I give my consent for my child to go off premises with the Rowans staff to use the Greenway or Sutton Park in good weather during the day that is not planned.

Signed.....(Parent/Guardian) Date.....

To be completed by the key person/manager

Date starting at _____ (The Rowans)

Days and times of attendance

Are any fees payable? If so, note here

Name of key person

Name of back up key person

Has the settling-in process been agreed?

Yes / No (delete)

If so, detail

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Signed by

Parent 1

Parent 2

Key person

Manager

Date

Date or first review

Equalities monitoring form – to be completed by the Rowans Day Nursery

Ethnicity, where collected, should be recorded according to the following categories:

White – British

- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Mixed – White and Black Caribbean

- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

- Chinese

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Any other ethnic background

- Please state _____

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A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need

Early Years Action

Early Years Action Plus

Statement

Providers should refer to the SEN Code of Practice for an explanation of the terms above.