



Child Registration Form

Name of early childhood care and education service: Buttercup Childcare

Child's full Name: **Child's Real Name:**

Date of birth:

Gender:

Home address:

Area:

Post code:

City:

Child's first language:

Parent's first language:

Date of commencement:

Date ceased attending:

Parent / Guardian Details

Name: (1)

Name: (2)

Mobile number: (1)

Mobile number: (2)

Email address: (1)

Email address: (2)

Phone number: (1)

Phone number: (2)

Home address of parent if different from above:

Who does the child live with?

Person(s) authorised to collect my child (other than the parents)

Name:

Relationship to child:

Phone number:

Mobile number:

Nominated emergency contacts

Name:

Relationship to child:

Phone number:

Mobile number:

Date formed filled in: _ _ _ _ _

Information updated: _ _ _ _ _

Medical Contact(s)

Name:

Address:

Phone number:

Area:

Mobile number:

City:

Email address:

Post code:

Immunisation Record (please enter date received):

Vaccine

Date Received

Does your child suffer from any medical conditions, illness, special needs, disability and/or allergies?

Allergies

Diets

Medical Conditions

Illness

Special Educational Needs

Special/additional needs not included above:

Does your child suffer from any physical/learning disability?

Please outline details and special requirements if any:

Does your child suffer from any hearing and/or speech difficulties?.

Please outline details and special requirements if any:



Does your child have any specific dietary/cultural requirements?

Does your child use 'pet' language for special comfort toys?

Name of siblings and/or close personal relationships in your child's life:

Please outline details and special requirements/needs if any, your child may have (that is not mentioned above)

Notes provided by parents concerning the above are attached to file:

YES

NO

Parent consent form

The following relate to Policies and Procedure in the Parents Handbook.

Please refer to these before you sign below:

1 Access to Animals/Insects

I give permission for my child to be in contact with or having supervised access to animals or pets. Care will be taken to ensure that the health, safety and welfare of the children is not put at risk.

Parent/Guardian's signature: _____ Date: _____

2 Antipyretic-(Calpol, Nurofen, Paralink)

I consent to teething gels and temperature control medication (Calpol/Paralink) in accordance with the policy and procedures of the service.

NB: Parents will always be informed when medication has been administered to their child

Parent/Guardian's signature: _____ Date: _____

3 Child Observation & Photo share Permission

Child observations will be used in the ECCE setting to ensure that the individual needs of children are met through the ECCE curriculum and programme.

I give permission for child observations to be conducted in the ECCE setting, as outlined in the policy and procedures of the ECCE setting.

Parent/Guardian's signature: _____ Date: _____

4 Emergency Medical Care (Hospital)

I understand that every effort will be made to contact the named guardian or next of kin in the event of an emergency, requiring medical attention.

However, if none of these can be contacted I hereby authorise the ECCE service to transport my child to the doctor's surgery or to the appropriate hospital A/E department by ambulance or as is necessary and to secure the necessary medical treatment for my child.

Patient Number if the child attends any clinics/specialists in the hospital: _____

Parent/Guardian's signature: _____ Date: _____

5 Emergency Medical Treatment (Doctor on call)

I give my permission for my child to be given appropriate emergency medical treatment in the case of an emergency.



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Parent/Guardian's signature: _____ Date: _____

6 First Aid

I authorise that staff trained in First Aid may administer First Aid to my child as appropriate.

Parent/Guardian's signature: _____ Date: _____

7 Permission to Change Clothes

I/we hereby give permission for clothes to be changed should the need arise.

Parent/Guardian's signature: _____ Date: _____

8 Photo and Video Permission

I give permission for to be photographed or video recorded. Photographs/Videos may be used for:

- (1) Child observations and feedback to parents.
- (2) HSE inspection and service evaluation.
- (3) Displays and information.

Photos/videos may be shared with other parents. HSE inspectors and other authorised personnel.

Parent/Guardian's signature: _____ Date: _____

9 Regulation Standards & Quality Evaluations

Parent/Guardian's signature: _____ Date: _____

10 Setting Management Information Systems

Parent/Guardian's signature: _____ Date: _____

11 Social Media and Website Content



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Parent/Guardian's signature: _____ Date: _____

12 Sun Cream Permission

I give permission for the application of sun cream to my child as outlined in the service Sub Protection Policy.

Parent/Guardian's signature: _____ Date: _____

13 Trip/Outing/Walk Permission

I authorise that my child may be taken outings/walks that may be planned outside the childcare service grounds on the understanding that the audit/child ratio as recommended by the Insurance Company will be adhered to at all times.

I understand that all necessary precautions will be taken to ensure my child's safety. A trained first aid person will be present on all outings.

Parent/Guardian's signature: _____ Date: _____

14 Parent/Nursery Childcare Declaration

I have read and understand the policies referred to above. I will notify management of changes to any of the details in this form.

Parent/Guardian's signature: _____ Date: _____

Managers signature: _____ Date: _____