

St Paul’s Community Development Trust

Child Registration Form 2018

*Parents are required to complete this form as part of our obligations relating to the protection of an individual’s vital interest where safeguarding concerns may arise. The information you provide ensures we meet individual needs and care for them safely.*

Start date**:** …………………………….

**Child’s Name as stated on birth certificate**

First name: …………………..…………………………….………… Middle names: …………………………………………………..…

Surname: ……….………………………………………………

Any other name that the child is known by: ……………………………………….……………………………………

Date of Birth: …………………..……………….… Gender: Male Female

Home Address: ……………...…………………………………..…………………………….…………………………………..…………………

……………………………………………………………………..……………………………………. Post Code…………………………….

Religion: …………………………………………………..… Home language: ……………………………………………………

Child’s school: ………………………………………………..

**In case of an emergency we require contact numbers**

*\*Please include yourself in this list and put in priority order for contact – ensure you have the permission of any friends or family members.*

|  |  |  |
| --- | --- | --- |
| Name | Contact Numbers | Relationship to Child |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

**Collection of Children**

People other than parents/carers who are authorised to collect your child on your behalf:

|  |  |
| --- | --- |
| Name | Relationship to child |
|  |  |
|  |  |

Parent/Carer details

**Parents Names:**

1. Name: ….…………………………………....... Surname: ………….……….………………………

Telephone Number: ………………….…………………… Mobile Number: ……………………………………………

Address: *(If different to child’s) ……………………………………………………………………………………………………………………………………….………………………*

Postcode: ……………………………

**E-mail:** ………………………………………………………………..………………………

1. Name: ….…………………………………............……… Surname: ………….……….……………………………..…

Telephone Number: ………………….…………………………… Mobile Number: ……………………………………………………

Address: *(If different to child’s) ……………………………………………………………………………………………………………………………………*

Postcode: …………………………………………..

**E-mail**: ………………………………………………………………..………………………

**We are required by Ofsted to ask for any other person who has parental responsibility for the child:**

### Name: ………………………….…………………………………………………….……………….

Relationship to child: ……………………………………………………………………………

Address (if different to above): ………………….………………………………………………………………………………………………..…

Postcode: …………………………………………………….

Telephone Numbers (if different to above): …………………………………………………………….……..……………………

**For information sharing, updates, newsletters and financial queries how would you prefer to be contacted?**

By Email Mobile Post

### **Health and Developmental Information**

*For your child’s safeguarding and on health grounds we require this information*

Please specify any dietary requirements: …………………………..……………………………………………………………………

Does your child have any allergies or food intolerance? **Yes No**

Details: ………………………………………………………………………………………………………………………………………………………………..

If your child has an allergy we will ask that you complete an **ALLERGY MANAGEMENT FORM** for display

Does your child have any specific health requirements that we need to be aware of? **Yes No**

Please specify: ……….…………………………..……………………………………………………………………………………………………………………

Does your child require regular medication? **Yes No**

If you have answered **YES** please complete necessary **MEDICATION FORMS**

Is there anything about your child’s development or behaviour that we need to be aware of? **Yes No**

Please specify: ……………………………………………………………………………………………………………….…………………………………………

Is your child disabled or have any additional need that is not detailed above? **Yes No**

Please specify:

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

For disabled children we can complete a ‘Requirements for Inclusion’ form and or an ‘All About Me’ which enables us to understand your child’s individual needs and inform their key person. If you have other documents that you’d prefer to share with us it can help with the transition from one setting to another.

**Professionals Involved**

**We are required by Ofsted to record, obtain and share information (with parents and carers, other professionals working with your child, the police, social services and Ofsted as appropriate) to ensure the safe and efficient management of our setting, and to ensure the needs of all our children are met.**

**Please sign to give your consent for named professionals or agencies known to be working with your child to be contacted where necessary to help support you and your child. If we believe a child is at immediate risk of harm, we do not require consent. If we believe an Early Help Assessment will benefit your child, we will discuss this with you to gain your consent for other agencies/service to help.**

**Signed: ………………………………………………………..…… Date: ………………………**

|  |  |
| --- | --- |
| **GP**Name: …………………………….…………….............................Address: ……………………………………..………………………….……Tel: …………………………….……………............................. | **School SENCO**Name: …………………………….…………….............................School: ……………………………………..………………………….……Tel: …………………………….……………............................. |
| **Social worker**Name: …………………………….…………….............................Tel: …………………………….…………….............................Mobile: …………………………….…………….............................Email: …………………………….……………............................. | **Dentist**Name: …………………………….…………….............................Address: ……………………………………..………………………….……Tel: …………………………….……………............................. |
| **Medical Professional**Name: …………………………….…………….............................Address: ……………………………………..………………………….……Tel: …………………………….…………….............................Email: …………………………….……………............................. | **Other**Name: …………………………….…………….............................Address: ……………………………………..………………………….……Tel: …………………………….…………….............................Email: …………………………….……………............................. |

### **Monitoring Information**

For purposes of Equality: Please complete this for your child, tick the box that applies or write in spaces provided if existing categories do not apply.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White Background** | **Mixed Background** | **Asian Background** | **Black Background** | **Other****please specify** |
| White – British | White & BlackCaribbean | Indian | Black Caribbean | Chinese |
| White – Irish | White & BlackAfrican | Pakistani | Black African | Any otherPlease specify: |
| Traveller of Irish Heritage | White & Asian | Bangladeshi | Any otherPlease specify: |  |
| Gypsy/Roma | Black & Asian |  |  |  |
| Any otherPlease specify: | Any otherPlease specify: | Any otherPlease specify: |  | Do not wish to be recorded |

Permissions to be signed by the person with legal responsibility for the child

### **First aid and minor injuries**

Please sign to give your consent for minor first aid treatment to be administered by staff members. You will be notified in accordance with our first aid procedures.

**Signed**: ………………………………………..……………….………………

**Emergencies**

Please sign to give your consent for your child to be treated by the emergency services. **You will be notified immediately.**  If necessary, a member of staff will accompany your child to hospital in an ambulance or taxi as advised by the first response team. Hospital staff will give essential treatment until your arrival.

If there any exceptions to this please specify below:

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

**Signed**: ………………………………………………………………………….

### **Trips and Outings**

Please sign to give your consent for your child to be taken on local trips and outings with the staff, such as the local shops our Forest School site or the park. Where longer visits and outings are planned, you will be informed separately and asked for permission for that specific trip.

**Signed: ………………………………………………………………………….**

### **Sun Cream**

Please sign consent for staff to apply sun cream to your child. Should your child not have their own please give permission for staff to apply the settings sun cream.

**Signed**: ………………………………………………………………………….

**Face painting & Mehndi.**

Please sign consent for your child to have their face painted by a member of staff.

**Signed**:

………………………………………………………………………….

Please sign consent for your child to have mehndi done by a member of staff, (black mehndi will not be used)

**Signed**: ………………………………………………………………………….

Date this section was signed: …………………………………………….

### **Photographs**

We regularly take photographs of the children to document the wonderful experiences they have in our settings, please take time to read the statements below and circle yes or no and sign the at the end.

|  |  |  |
| --- | --- | --- |
| I give my permission for **photographs/video** of my child to be used within the setting for displays, funding reports and play profiles to remind staff, children and parents of what we have done. I understand that once material is no longer required it will be archived or destroyed after 12 months. | yes | no |
| I give my permission for **photographs** to be used in publication/promotional material such as newsletters, handbooks, annual reports etc.  | yes | no |
| I give consent for static images to be used within social media. (our website and or Facebook Page) | Yes | no |
| I give consent to video clips to be used within our website or Facebook page – you may see the footage beforehand. | yes | no |

**It is the responsibility of parents/carers to inform the manager if circumstances change which affect any of the above permissions**

**Consent to processing and Privacy Notice**

We understand the importance of maintaining your privacy, keeping your personal information secure and complying with data protection laws. We are the data controller of any personal information you provide to us. By providing your personal information to us, you acknowledge that we may use it in the ways set out in this privacy policy. We may provide you with further notices highlighting certain uses we wish to make of your personal information.

We only collect and store your information where we have a lawful grounds and legitimate reasons to do so. The primary lawful purpose for processing the data contained in this agreement are in order for us to **take steps at your request to prior to entering, processing is necessary for the performance of a contract that you are party to, your informed and unambiguous consent** to the processing of the data contained in this contract.

We also rely upon your **explicit consent, compliance with a legal obligation** which is placed upon us by regulatory authorities, for instance OFSTED and when it is deemed essential to protect your **vital interests or those of another person** where safeguarding concerns may arise.

We will need to share some of the information within this form with our staff for the purpose of fulfilling our contract with you. We never share your data outside our organisation for marketing purposes, however, we may contact you using your preferred methods to update you on any events or activities that are upcoming.

We retain the information held on this form for a minimum of 3 years once you have provided notice of your intent to terminate this agreement. However, we may be required to retain certain data for longer periods which are prescribed by regulatory and legal bodies, for example OFSTED. Once the required retention periods have been reach we will ensure the data contained in this agreement is disposed of securely.

A complete copy of our Privacy Policy is available on our website at [www.stpaulstrust.org.uk](http://www.stpaulstrust.org.uk).

I give my consent to St Pauls Community Development Trust collecting and processing the data contained in this agreement

**Signed**: ………………………………………………**Date**: ……………………………………………………

**St Paul’s Community Development Trust Children’s Services**

**Financial Agreement (Contract)**

**Child’s Name**: ………………………………………………………………..…

**Parent/Carer’s Name**: ……………………………………………………..

**Setting:** ‘The Nest’

* You will need to inform the manager of the days you require childcare. These are chargeable even if your child does not attend including if they are sick and family holidays.
* Cancellations and alterations to booked days require 2 weeks’ notice.
* Your fees must be paid **in advance**. Without full payment your child will be unable to attend. You can pay monthly or termly but this must also be in advance.

***Fees need to be paid by standing orders, childcare vouchers or direct banking.***

Our Bank Account details are:

Account Name: St. Paul’s Community Development Trust

Lloyds bank

Account number: 01117329

Sort code: 30-94-74

**Please use your child’s name for reference.**

* In the case of parents who are students and funded places the manager will require written evidence from the funding provider that they have agreed to pay fees. Where a funding provider refuses to pay (eg. non-attendance) you will be liable for any outstanding fees.
* In cases of **late collection**, additional charges will be incurred as follows: £5 within the first 10 minutes for **each child** and a further £5 within each 10-minute period thereafter. Persistent late collections could mean a withdrawal of our service.

**I understand and accept the terms of this Agreement (contract) drawn up between St. Paul’s Trust and myself.**

**Parents/Carers Signed**: ……………………………………………………….

**Print Name**: …………………………………… **Date**: …………………

**St. Paul’s Signed**: ……………………………………………………………..

**Print Name**: …………………………………… **Date**: …………………

**Position**: ……………………………………………