

For office use only,  
 School year .....  
 Use of Imagery .....  
 Toileting .....  
 Outings.....  
 Proof of I.D. ....  
 Sun protection .....  
 Ambulance form .....

For office use only,  
 Allergies/medical requirements .....

Reviewed and updated  
 Parent/carer ..... Date .....  
 Parent/carer ..... Date .....  
 Parent/carer ..... Date .....



**HEMINGFORD GREY PLAYGROUP - REGISTRATION FORM**

Full name of child: ..... Date of birth: .....

Name known as: ..... Gender: .....

Address: ..... Postcode: .....

Home telephone number:..... Mobile number:.....

Email address: .....

**Name of parent(s)/guardian(s) with whom the child lives:**

1: .....

Relationship to child: .....

Does this person have legal parental responsibility? Yes/No (please circle)

2: .....

Relationship to child: .....

Does this person have legal parental responsibility? Yes/No (please circle)

Other children in the family? Please give names and dates of birth  
 .....

**Name of persons with whom the child does not live:**

**Please provide information about who has legal contact with the child, and who has legal parental responsibility for the child.**

Name: .....

Relationship to child: .....

Does this person have legal parental responsibility? Yes/No (please circle)

Address of this person: .....

Home telephone number: ..... Mobile: .....

Does this person have legal access to the child? Yes/No (please circle)

## Emergency contact details

(To be used in the event of accident/illness/non-collection of the child)

NB. Parent/guardian to be first choice

Parent/guardian 1

Work/daytime contact number: ..... Mobile: .....

Parent/guardian 2

Work/daytime contact number: ..... Mobile: .....

Other emergency contacts:

1. Name: ..... Relationship to child: .....

Home telephone: ..... Mobile: .....

2. Name: ..... Relationship to child: .....

Home telephone: ..... Mobile: .....

## Persons authorised to collect the child

This applies to those allowed to collect the child at the end of a normal session, rather than in an emergency - must be over 16 years of age.

Any person authorised to collect the child on a regular basis should be introduced to the playgroup staff.

When someone other than the parent/guardian or regular authorised person is to collect the child, the details must be written in the Collection book by the parent/guardian.

If the person collecting the child is not known to playgroup staff, the following procedures should be adhered to:

- They should introduce themselves to playgroup staff, stating who they have come to collect.
- They should provide a unique password, which has been pre-arranged with the child's parent/guardian (as indicated below)

**Password:** .....

Other contacts:

1. Name: ..... Relationship to child: .....

Home telephone: ..... Mobile: .....

2. Name: ..... Relationship to child: .....

Home telephone: ..... Mobile: .....

3. Name: ..... Relationship to child: .....

Home telephone: ..... Mobile: .....

**Personal details of child**

Name of child's doctor: ..... Telephone no: .....

Name of Health visitor/midwife: .....

Address of surgery: .....

Does your child have any special dietary needs/allergies/intolerances? Yes/No (please circle)

If yes please provide details: .....

.....

.....

Does your child have any medical conditions or concerns? Yes/No (please circle)

If yes please provide details: .....

.....

.....

Does your child have any birthmarks or distinguishing scars? Yes / No (please circle)

If yes please provide a description and location: .....

.....

.....

Is there an Early Help Assessment in place for your child/family? Yes / No (please circle)

.....

.....

If you have answered yes to any of the above please provide a separate letter explaining in detail as much background information as possible including any doctors/hospital letters if possible.

Additional information (Premature birth, Speech and Language Therapy, CAF, LAC)

Please provide details:

.....

.....

Is the District Team or Social Care involved with the child or family? Yes / No (please circle)

Does your child's family access services at a Children's Centre Yes/No (please circle)

If yes please provide names: .....

Contact details/telephone numbers: .....

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

What is the main religion in your family? .....

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 (please circle)

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in that you would like to see acknowledged and celebrated while he/she is in our setting? Yes/no (please circle) If yes provide details;

.....  
.....

**Starting details:**

Date: ..... Number of sessions: .....

Preferred days: .....

Hemingford Grey playgroup policies and procedures are available to read on our website:

[www.hemingfordsplygroup.org.uk](http://www.hemingfordsplygroup.org.uk)

**Consent clauses:**

If we were unable to contact you in an emergency and medical treatment is required for your child, it would be useful if you could sign below, giving your consent for this.

I give my consent for appropriate medical treatment to be given to my child

..... if I cannot be contacted.

Signed: ..... Date: .....

Print name: .....

I consent to observation and records being held in respect of my child and understand that I may have access to these records in request.

Signed: ..... Date: .....

Print name: .....

We are required to advise you that we have a Safe Guarding Children's Policy and that as childcare providers we have a duty to report suspected cases. Please sign to confirm that you are aware of this.

I am aware that playgroup has a Safeguarding Children's Policy and that as childcare providers they have a duty to report suspected cases.

Signed: ..... Date: .....

**Sunscreen Permission**

I give permission for the playgroup staff to support my child when applying sun cream at playgroup.

I agree to supply sun cream in a named bottle, and apply sun cream before my child attends playgroup.

Childs Name: .....

Signed: ..... Date: .....