

25<sup>th</sup> March 09

## REGISTRATION FORM - STAR CLUB

Community Rooms, Starcross Primary School, New Road, Starcross, EX6 8QD

Telephone 07591089094 - Ofsted Reg No 106227

Welcome to Star Club! We would appreciate it if you would take some time to complete this form and return it to us before your child joins our setting. **These details are a requirement of Ofsted and will be held confidentially on file, but above all will enable us to provide a happy and safe environment for your child during their time with us.**

FAMILY NAME:	
CHILD'S NAME:	
DATE OF BIRTH:	
PREFERRED NAME AT STAR CLUB:	
1 <sup>ST</sup> CONTACT - PARENTS (MAIN CARERS) NAMES: (ADDRESS WHERE THE CHILD LIVES) ADDRESS:	
POSTCODE:	HOME TELEPHONE:
WORK TELEPHONE/S:	
MOBILE TELEPHONE/S:	
EMAIL:	
2 <sup>ND</sup> CONTACT NAME	RELATIONSHIP
TELEPHONE NUMBER	
ANY KNOWN ALLERGIES	HYPOALLERGENIC WIPES
FOOD ALLERGIES	ANTISEPTIC WIPES/PLASTERS
NAME OF CHILD'S DOCTOR	
DOCTOR'S ADDRESS:	
TELEPHONE NUMBER:	
HAS YOUR CHILD HAD ANY MAJOR ILLNESS/OPERATION?	
HAS YOUR CHILD BEEN IN HOSPITAL RECENTLY?	
HAS YOUR CHILD ANY ONGOING HEALTH PROBLEMS?	

## EMERGENCY CONTACT DETAILS

Occasionally, it is necessary to contact somebody when your child is with us, eg if they are feeling poorly or if you are running late to collect your child. Please, therefore let us have alternative contact persons whom we could contact should the need arise, eg childminder, relative or friend who your child is happy with. These persons will be registered as authorised to collect your child from pre-school. It is important, therefore, that you advise us of any changes. **IF YOU HAVE ARRANGED OR WISH FOR SOMEONE OTHER THAN YOURSELF TO COLLECT YOUR CHILD FROM THE CLUB, PLEASE ENSURE THAT YOU HAVE LET A MEMBER OF STAFF KNOW WHEN BRINGING YOUR CHILD AT THE BEGINNING OF THE SESSION. STAFF WILL NOT LET A CHILD LEAVE THE SETTING WITHOUT PRIOR NOTICE.**

1. NAME:

RELATIONSHIP:

TELEPHONE/S:

ADDRESS:

2. NAME:

RELATIONSHIP:

TELEPHONE/S:

ADDRESS:

### FURTHER INFORMATION

HAS YOUR CHILD BEEN IMMUNISED AGAINST THE FOLLOWING?

TETANUS

POLIO

MEASLES

HIBS

PLEASE NAME ANY OTHERS

DOES YOUR CHILD TAKE ANY REGULAR (SHORT OR LONG TERM) MEDICATION? IF SO PLEASE ASK THE STAFF FOR DETAILS OF OUR MEDICATION/SICKNESS POLICY AND YOU WILL NEED TO FILL IN ADDITIONAL FORMS.

SPECIAL EDUCATIONAL NEEDS - does your child have any special needs which you would like to discuss with the staff ?

BACKGROUND INFORMATION - ANY OTHER DETAILS

(for example:- family details, likes and dislikes etc)

CHILD'S FIRST LANGUAGE:

OTHER LANGUAGES SPOKEN AT HOME:

HAS YOUR CHILD PREVIOUSLY ATTENDED ANOTHER PLAYScheme/CHILDminder AND DO THEY STILL ATTEND EITHER GROUP? WHICH PRIMARY SCHOOL DO THEY ATTEND ?

## PARENTAL PERMISSION FOR EMERGENCY TREATMENT

In order to ensure your child receives the best possible treatment and care should an emergency take place either in the setting or on an authorised outing, you should complete and sign the declaration below.

I agree to the registered person in the setting (or deputy in charge) taking the necessary steps to ensure that my child ..... (name of child) receives the best and most appropriate care, attention and treatment should then be an emergency or accident in the provision or while my child is on an authorised outing. I understand that the registered person (or deputy in charge) will make every effort to inform me of any emergency or accident as soon as possible after the event but that they may have to accompany my child ..... (name of child) to hospital in the case of a serious accident in my absence. I give permission for the registered person in charge of the setting (or deputy in charge) to authorise hospital staff to administer essential treatment until my arrival.

Signed by parent/guardian: 1 ..... dated: .....

2 ..... dated: .....

If you do not agree with any or all of the above declaration, please do not sign it but make your views known below. The registered person in charge of the setting (or deputy in charge) will then discuss this with you and do their best to accommodate your particular wishes. I do not agree with the declaration and would prefer the following procedure to be followed for my child (name of child) in the event of an emergency:

.....  
.....  
.....

Signed by parent/guardian: 1 ..... dated: .....

2 ..... dated: .....

