

Holidaytime registration form- 14/15

Child's Full Name	Preferred Name	Age	Date Of Birth
Racial Origin	Languages	Religion	

Childs Address:.....

.....Postcode:.....

Parent/Guardian 1:

Home Telephone:Mobile:.....

work:.....

Relationship to child:.....

Parent/Guardian 2:

Home Telephone:Mobile:.....

Work.....

Relationship to child:.....

Please provide an emergency contact name & number other than yourself. (This is required by Ofsted):

.....**Relationship**.....

Please provide details of anyone other than yourself you give permission to pick up your child. You will need to inform us if you have asked someone else to collect your child. Identification will also be requires on the first pick up.

Full Name	Address	Contact number	Relationship to child
1.			
2.			
3.			
4.			
5.			

Immunisation & Medicine					
Name and address of child's doctor:					
Are there any health problems or conditions we should be aware of? (E.G Asthma, Eczema, Allergies, ADHA, ADD, Autism , etc)					
Has your child been vaccinated against the following:-	Diphtheria	Hib	Meningitus	Polio	Measels
	-Tetanus		C		-Mumps
	-Pertussis				-Rubella
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
I am aware & understand that any carer, who Suspects that a child in his/her care may have Been abused or neglected, has a duty to Report this to Social Services.		<u>SIGN</u>			
I give my consent to my child receiving any Medical treatment in the case of an emergency, except:		1. 2. 3. Sign			

Participation in trips to the park for walks and play game	Yes /No
Face Painting	Yes/No
Cooking	Yes/No
With meat	Yes/No
Without meat	Yes/No
Is your child a vegetarian	Yes/No
Vegan	Yes/No
<u>Other dietary requirements, please give full details below. Feel free to talk to staff on days of activities if you wish.</u>	

I have read, accept and understand all Holidaytime Policies, and agree to abide by them at all times.

Name:.....

Date:.....

Signature:

Manager Signed:.....

This form must be submitted before your child comes into our care.