



RADMOOR

Nursery

Child Details

PLEASE WRITE IN BLOCK CAPITALS

Surname _____ Forenames _____

Address _____

Postcode _____

Which Parent or Carer does the child normally live with _____

Date of Birth _____ Gender Male Female

Nationality _____ Religion _____

Language spoken at home _____

Ethnicity *(Please tick)*

- | | | |
|--|--|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Mixed White & Black Caribbean | <input type="checkbox"/> Asian or Asian British |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White & Black African | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Traveller of Irish Heritage | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Gypsy/Roma | <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Chinese | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Black or Black British | <input type="checkbox"/> African |
| <input type="checkbox"/> Any other Black background | | |

HOLIDAY CLUB

Special Educational Needs

Does your child have any Special Educational Needs? Yes No

If yes, does your child have a Statement of Educational Needs maintained by the LEA? Yes No

Does your child have any Special Educational Needs but no statement? Yes No

Medical Details

Does your child have any medical conditions? Yes No

Details _____

Does your child take regular medication? Yes No

Details _____

Does your child have any allergies? Yes No

Details _____

Are there any medical procedures that are prohibited by family religion or beliefs? Yes No

If yes, please state _____

Does your child have a food allergy or intolerance? Yes No

Is your child vegetarian? Yes No

Can your child eat anything? Yes No

Please give details _____

Healthcare Details

Doctor's Name _____ Telephone _____

Address _____

_____ Postcode _____



Mother/Carer Details

Surname _____ Forename _____

Home Address *(If different from Child's)* _____

_____ Postcode _____

Home Telephone _____ Work Telephone _____

Mobile _____

Company Name _____

Company Address _____

_____ Postcode _____

Email _____

Father/Carer Details

Surname _____ Forename _____

Home Address *(If different from Child's)* _____

_____ Postcode _____

Home Telephone _____ Work Telephone _____

Mobile _____

Company Name _____

Company Address _____

_____ Postcode _____

Email _____



Emergency Contacts

Please supply names and addresses of contacts who could attend at short notice in an emergency if we are unable to contact you or child's Parent/Carer.

1st Contact

Name _____ Relationship to Child _____

Address _____

Telephone _____ Mobile _____

2nd Contact

Name _____ Relationship to Child _____

Address _____

Telephone _____ Mobile _____

Persons Authorised to Collect

Please give names of persons authorised to collect your child **INCLUDING** Parent/Carers.

1. _____ Relationship to child _____

2. _____ Relationship to child _____

3. _____ Relationship to child _____

4. _____ Relationship to child _____

Password

Please supply a password that the above authorised persons will need to use on collection of your child.



Consents

Offsite Activities

Yes No

I agree that Staff can take my child on walks in the local community and visits to the local park for play activities. Staff will inform me in writing and request specific consent for activities that involve the use of public and or any other forms of transport.

Photographs

Yes No

I agree to photographs of my child to be used on displays to support activities and provide evidence for Ofsted. These photographs can also be used for the children to refer to.

Photographs for Promotional Use

Yes No

I agree to the use of photographs of my child on displays, to put on promotional literature and displays for Open Evenings

Face Painting

Yes No

I agree for my child's face to be painted.

Hypoallergenic Plasters

Yes No

I agree for hypoallergenic plasters to be administered to my child.

Pain and Fever Relief

Yes No

I agree that my child can be given Calpol for pain and fever relief.

Allergic Reaction Relief

Yes No

I agree to Piriton Syrup being administered to my child in the event of an allergic reaction to food, insect bites/stings, plants, grasses, animals, heat rash etc.

Emergencies

Yes No

I agree that in the event of an emergency, staff can seek emergency medical advice or treatment.

Sun Cream

Yes No

I agree that sun cream can be applied to my child.

DVD Viewing

I consent to my child watching a Certificate 'U' film.

Yes No

I consent to my child watching a Certificate 'PG' film.

Yes No

With changes in recent legislation we now need authorisation from parents as to who has legal parental responsibility and whom you authorise to take on legal parental responsibility in the event of your absence.

This relates to authorisation of medication, outings, activities undertaken and any other documentation produced that requires a signature e.g. acknowledgment of accidents, administration of medication etc.

Legal Parental Responsibility:

Name *(please print)* _____ **Signature** _____

Name *(please print)* _____ **Signature** _____

Name *(please print)* _____ **Signature** _____

Persons Authorised to take on Legal Parental Responsibility in the absence of the parent:

Name *(please print)* _____ **Signature** _____

Name *(please print)* _____ **Signature** _____

Name *(please print)* _____ **Signature** _____

Name *(please print)* _____ **Signature** _____

The information you provide on this form will be shared within Loughborough College for administrative and health and safety purposes and with other organisations which will include Ofsted and the LEA. The college will not divulge any information on this registration to any unauthorised agency without your prior written consent. At no time will any personal information about you or your child be passed on to organisations for marketing purposes. Because of the Data Protection Act 1988 we need you to sign the following "consent to process" clause. If you require any further information about this please contact the MIS Manager at the college.

I agree to Loughborough College processing my child's personal data or any other data the college may obtain from me or other people. I agree to the processing of such data as detailed above for any purposes connected with my child whilst on college premises, or for any legitimate reason. I have read the statement above relating to the Data Protection Act 1998 and agree.

**Signed by the Person with Legal Parental Responsibility
Parent/Legal Guardian**

Signed _____ **Date** _____

Please Print _____

Please return this form to: Radmoor Day Nursery
Radmoor Road, Loughborough, Leicestershire LE11 3BT
nursery.enquiries@loughcoll.ac.uk | T: 01509 515456 | W: radmoornursery.co.uk