Radmoor Childcare

Loughborough College
PART OF LOUGHBOROUGH COLLEGE GROUP

OUT OF SCHOOL CLUBS REGISTRATION FORM

# CHILD'S DETAILS

## Personal details

Forename

Surname

Also known as

Address

Post Code

Which parent or carer does the child normally live with

Date of birth

Gender ☐ Male ☐ Female

Nationality

Ethnicity

Religion

Festivals celebrated at home

Language spoken at home

## Out of school club sessions

Club booked:

☐ Camp Energy ☐ Radmoor Holiday Club

Please confirm the sessions you have booked with us (not applicable for the holiday club)

☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ Fri

Sessions attended will be as per the school's term time

Start date

Child's class /school year

# CHILD'S NEEDS & HEALTHCARE

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## Special Educational Needs

Does your child have any Special Education Needs that are statemented ☐ Yes ☐ No

Do you have any concerns about your child's development that you think we should know about ☐ Yes ☐ No

If yes, please state

Is your child known to any Education Services ☐ Yes ☐ No

Does your child require 1:1 support ☐ Yes ☐ No Where a child requires 1:1 support, please contact the nursery office. Your child will be able to attend the setting providing we are able to supply adequate 1:1 support to meet the needs of the child.

## Dietary Requirements

Does your child have any special dietary requirements? (e.g. vegetarian, dairy free) ☐ Yes ☐ No

If yes, please state

Please provide details if your child has a food Allergy / Intolerance

## Medical Details

Does your child have any medical conditions ☐ Yes ☐ No

If yes, please state

Does your child take regular medication ☐ Yes ☐ No

If yes, please state

Does your child have any allergies ☐ Yes ☐ No

If yes, please state

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

If yes, please state

## Healthcare Details

Doctors name

Telephone

Address

Post Code

Health Visitor's Name

Telephone

# PARENT / CARER DETAILS

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## Parent/Carer 1

Mr Miss Mrs Ms

Forename

Surname

Home address (if different from child's)

Post Code

Contact number/s

Email

Work name and address

Post Code

Contact number/s

Are you a critical worker? Yes No

If yes, what is your job title

## Parent/Carer 2

Mr Miss Mrs Ms

Forename

Surname

Home address (if different from child's)

Post Code

Contact number/s

Email

Work name and address

Post Code

Contact number/s

Are you a critical worker? Yes No

If yes, what is your job title

# EMERGENCY CONTACTS

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**Please supply names and addresses of contacts, who could attend at short notice in your absence should there be an emergency.**

## 1st Contact

Name

Relationship to child

Address

Post Code

Contact telephone number

Can this person collect your child in an Emergency? Yes No

## 2nd Contact

Name

Relationship to child

Address

Post Code

Contact telephone number

Can this person collect your child in an Emergency? Yes No

## Persons Authorised to Collect

**Please give names of persons authorised to collect your child INCLUDING Parents/Carers.**
**Please supply a photograph of all persons authorised to collect.**

1. Relationship to child
2. Relationship to child
3. Relationship to child
4. Relationship to child

**To ensure your child's safety and to avoid delays when collecting, please agree a password to be used on arrival by any of the individuals named above or to be provided in an emergency.**

The agreed password is

# CONSENTS

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| | | |
|---|---|---|
| I agree to **photographs/videos** of my child being used for the following:<br>• Within the setting (on displays to support activities for children to refer to and provide evidence for Ofsted etc)<br>• Promotional literature (displays for open evenings/events/supporting student-work experience placement/in the nursery prospectus/college advertising/ in newspapers etc)<br>• On the Radmoor Childcare website<br>• On the Radmoor Childcare Facebook page<br>• In other children's Learning Journeys (Group activities, within the background to evidence learning) | Yes | No |
| **Face painting** – I agree for my child's face to be painted | Yes | No |
| **Hypoallergenic plasters** – I agree to the use of hypoallergenic plasters on my child | Yes | No |
| **Pain and Fever relief** – I agree that my child can be given Calpol for pain and fever relief | Yes | No |
| **Allergic reaction relief** (1year+ only) I agree to Piriton Syrup being administered to my child in the event of an allergic reaction. I understand this permission will ONLY take affect following my child's first birthday. | Yes | No |
| **Sun Cream** – I agree that sun cream can be applied to my child | Yes | No |
| **Emergencies** – I agree that in the event of an emergency, staff can seek emergency medical advice or treatment and in the absence of a parent/carer will attend hospital with my child | Yes | No |
| **Offsite activities** – I agree that staff can take my child on walks in the local community and park. Where required, specific consent will be obtained for activities such as those that may include any form of transport | Yes | No |

The out of school clubs, where possible make use of onsite computer rooms, sports halls or library.

Some clubs may also attend the local parks or the close by forest/woodland area.
(This is dependent on the club attending) These are used to extend the children's learning.

# LEGAL PARENTAL RESPONSIBILITY

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It is a legal requirement that we now need authorisation from parents as to who has legal parental responsibility and who you authorise to take on legal parental responsibility in the event of your absence.

This relates to authorisation of medication, outings or any other documentation and acknowledgment of accidents or incidents that normally requires a parent's signature.

## 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 inspection and government or other regulatory bodies which.
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.

**IMPORTANT: Please enclose a copy of photographs of all persons authorised to collect.**

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

| | |
|---|---|
| Signed | |
| Please print | |
| Date | |

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# CONTACT DETAILS

## RADMOOR DAY NURSERY

Radmoor Road, Loughborough, Leicestershire, LE11 3BT

**01509 515456**
**nursery@loucoll.ac.uk**
**www.radmoornursery.co.uk**

Ofsted No. 223262

## RADMOOR HOLIDAY CLUB

Radmoor Road, Loughborough, Leicestershire, LE11 3BT

**01509 515456**
**nursery@loucoll.ac.uk**
**www.radmoornursery.co.uk**

Ofsted No. 223262

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